



Newcastle 2019



# Addiction to prescribed drugs: What next?

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# Disclosures

- No disclosures

Health

## 'Growing problem' of addiction to prescription drugs probed

By Michelle Roberts  
Health editor, BBC News online



SATURDAY APRIL 29 2017

# Thousands hooked on powerful painkillers doled out 'like sweets'

THE SUNDAY TIMES

NEWS NEWS

# We are sleepwalking towards carnage in our communities

Evening Standard.

Britain is in danger of replicating the painkiller epidemic that has ravaged the US – particularly in the north, where the drugs are prescribed four times more than in London



## GPs dish out deadly opioids amid lack of chronic pain care

Chris Smyth, Health Editor

February 13 2018, 12:01am, The Times

Health



News | Evening Standard investigation

MANY of us would get flogging a car or a and finding that nine out of 10 it doesn't fix. Yet this is what we are acquiring drugs for

lers fall into in every is suffers but, as we eg, constant on the pre- members, pulled by 'effective relief' to the gle in the UK who ad- tical pain. tical pillar of medi- is no harm'. When it is and chronic pain, e the harm outweighs so, they say, to let the

the country's leading out to do just that by tions called 'Opioid- uly of Pain Medicine e failed to change pre-

ment, led for chronic pain in the world. College of General Practitioners adds contributors to Opioids. Anas, said the new guidelines failed because they overemphasise reassurance. 'Many of us believe it will take nothing less than a public awareness effort to achieve the fundamental mind shift required to reverse our increasing, dangerous reliance on opioids' he said. Today, having gathered the views of experts, we did a short for readers and project the cost of the Opioid. Some guidelines to build on the conversation about the treatment of chronic pain. It's

### OPIOID TIMEBOMB

## PAINKILLERS THAT BARELY WORK AND MORE USERS THAN EVER. CAN DOCTORS GET US OUT OF THIS MESS?

The first part of our groundbreaking investigation exposed the UK's over-reliance on opioids. Today we ask the experts to offer a solution

David Cohen

Investigations Editor



at a glance. Unlike acute pain, the cause of chronic pain is unclear and often involves multiple factors. Yet the price of progress would be huge: improved quality of life for millions, fewer side-effects, fewer opioid-dependent rickons and a big boost to our economy. The current system's waste to the taxpayer is massive. One we waste £2.9 billion on drugs that don't work. Then we pay millions more again to treat the side-effects and impacts of addiction. The total cost of medical care and absenteeism due to chronic pain was calculated 10 years ago at £30 billion.

There has been no official update since, despite a quadrupling in prescriptions and the fact that chronic pain accounts for one in five GP appointments. Ultimately it is about changing behaviour. With 90 per cent of opioid prescriptions for chronic pain written by GPs, getting the message into doctor surgeries is the key. Dr Roger Knaggs, co-editor of the Opioids Aware guidelines, believes it is about empowering, not blaming, doctors. 'GPs are stretched to capacity and have a 10-minute slot to assess and prescribe opiates to their desperate patients. We need to educate our doctors and the public to encourage better choices to be made under pressure.' Where to begin? Perhaps with a surprising acknowledgment from pain specialists. They say that there is no way

of knowing whether we will be among the 10 per cent of people who respond well to opioid painkillers. Powered by 'opiate blindness' we all think that we will. It should all take long to find out. Dr Cady Stannard, who chairs and is co-editor of Opioids Aware, has proposed two golden rules when it comes to treating chronic pain: Patients who do not achieve useful pain relief within two to four weeks are unlikely to benefit in the long-term and their opioids should be discontinued. Short-term efficacy does not guarantee long-term efficacy and so even initial responders must be continually assessed. Dr Stannard said: 'The first message to get across is that if the painkiller is not treating what it's supposed to, you get none of the benefits and all the harms, so it is

News > UK

# The Opioid Timebomb: Special Evening Standard investigation into the overuse of prescription painkillers

**PAINKILLERS  
DON'T EXIST.**

MENU



**LONG-TERM PAIN  
MEDICATIONS  
DON'T KILL PAIN,  
THEY MASK IT.**

*(Source: Public Health England, 2019)*



# Session overview

- Plus ça change (and why)
- Addiction to medicines: What's the problem? (Uncoupling our thoughts from the US opioid epidemic)
- Facts and figures
- Using what we know to change what we do

“la plus ça  
change,  
plus c'est  
la même chose”

Jean-Baptiste Alphonse Karr

# Dependence on Hypnotic Drugs in General Practice

JOHN JOHNSON,\* M.D., M.R.C.P.ED., D.P.M. ; A. D. CLIFT,† M.B., M.R.C.G.P., D.R.C.O.G.

*Brit. med. J.*, 1968, 4, 613-617

**S**ummary : Of the patients in an industrial general practice 1.3% required hypnotic drugs regularly. They were predominantly in the older age groups (mean 62.7 years), with an excess of widows. Only 0.02% were severely dependent; the remainder were mildly so, though they had been taking hypnotics for long periods (mean 5.6 years). There were three main original indications for hypnotics—namely, medical (pain), psychiatric, and onset insomnia in anxious personality disorder. One-fifth of the patients first took hypnotics while in hospital. The group as a whole manifested a high degree of abnormal psychological disposition.

It is suggested that many patients who take hypnotics regularly may be placebo reactors, and a more critical attitude to hypnotic prescribing is required both in hospital and in general practice.

## Introduction

Concern is repeatedly expressed about the steep rise in the consumption of hypnotic drugs, particularly barbiturates, during the past 15 years (*Brit. med. J.*, 1965), and the fact that they constitute about one-fifth of all N.H.S. prescriptions (Brooke and Glatt, 1964). This has been reflected in the increase in incidents of self-poisoning by hypnotic drugs over the past 10 years (Kessel, 1965), and in the development of dependence on them (Bewley, 1968).

Mild and severe states of dependence on barbiturates are well-recognized complications (Jaffe, 1965), but their incidence in the population and the degree of risk and frequency with which

\* Senior Lecturer, University Department of Psychiatry, Manchester Royal Infirmary.

† General Practitioner, Middleton, Manchester.

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## REVIEW ARTICLE

# Benzodiazepines — a challenge to rational prescribing

V.W.M. DRURY, OBE, FRCGP

Professor of General Practice, University of Birmingham

**H**UMAN response to most things in life has a strong similarity to the swing of a pendulum. Great enthusiasm for the new drug, car, washing-machine is followed by an excess of caution about its faults or dangers. Eventually a proper balance between cost and

men had taken a tranquillizer in that year and that 600,000 people, 2 per cent of the population, took a tranquillizer every day or night. A MORI poll in 1983 suggested that 23 per cent of adults had taken a benzodiazepine at some time and that 25 per cent of these had taken one regularly.

## Review Articles

Drugs 25: 385-398 (1983)  
0012-6667/83/0400-0385/\$07.00/0  
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### Benzodiazepine Dependence A Review of the Evidence

*R.T. Owen and P. Tyrer*

Mapperley Hospital, Nottingham

#### Summary

*Classical pharmacological dependence accompanied by euphoria, clinical evidence of tolerance and escalation of dosage are very rare with the benzodiazepines. However, there*



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## The Art of Prescribing

### Risks and Benefits of Non-Benzodiazepine Receptor Agonists in the Treatment of Acute Primary Insomnia in Older Adults

Deborah Antai-Otong, MS, APRN, BC, FAAN

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Drug and Therapeutics Bulletin

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### Articles

#### What's wrong with prescribing hypnotics?

- Relevant BNF section: 4.1.1

#### Abstract

Expert bodies have long advised that use of hypnotic drugs should be limited to short courses for acutely distressed patients and should generally be avoided in elderly people.<sup>1-3</sup> Despite this, more than 10 million prescriptions for hypnotics continue to be dispensed each year in England alone, mostly for benzodiazepines and drugs with similar actions such as zaleplon, zolpidem (so called 'Z-drugs').<sup>4</sup> Around 80% of all such prescriptions are for people aged 65 years or over,<sup>5</sup> and many

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Drugs (2017) 77:403–426

DOI 10.1007/s40265-017-0700-x

## SYSTEMATIC REVIEW

# Abuse and Misuse of Pregabalin and Gabapentin

Kirk E. Evoy<sup>1,2</sup> · Megan D. Morrison<sup>1</sup> · Stephen R. Saklad<sup>1</sup>

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Articles

What's wrong with prescribing hypnotics?

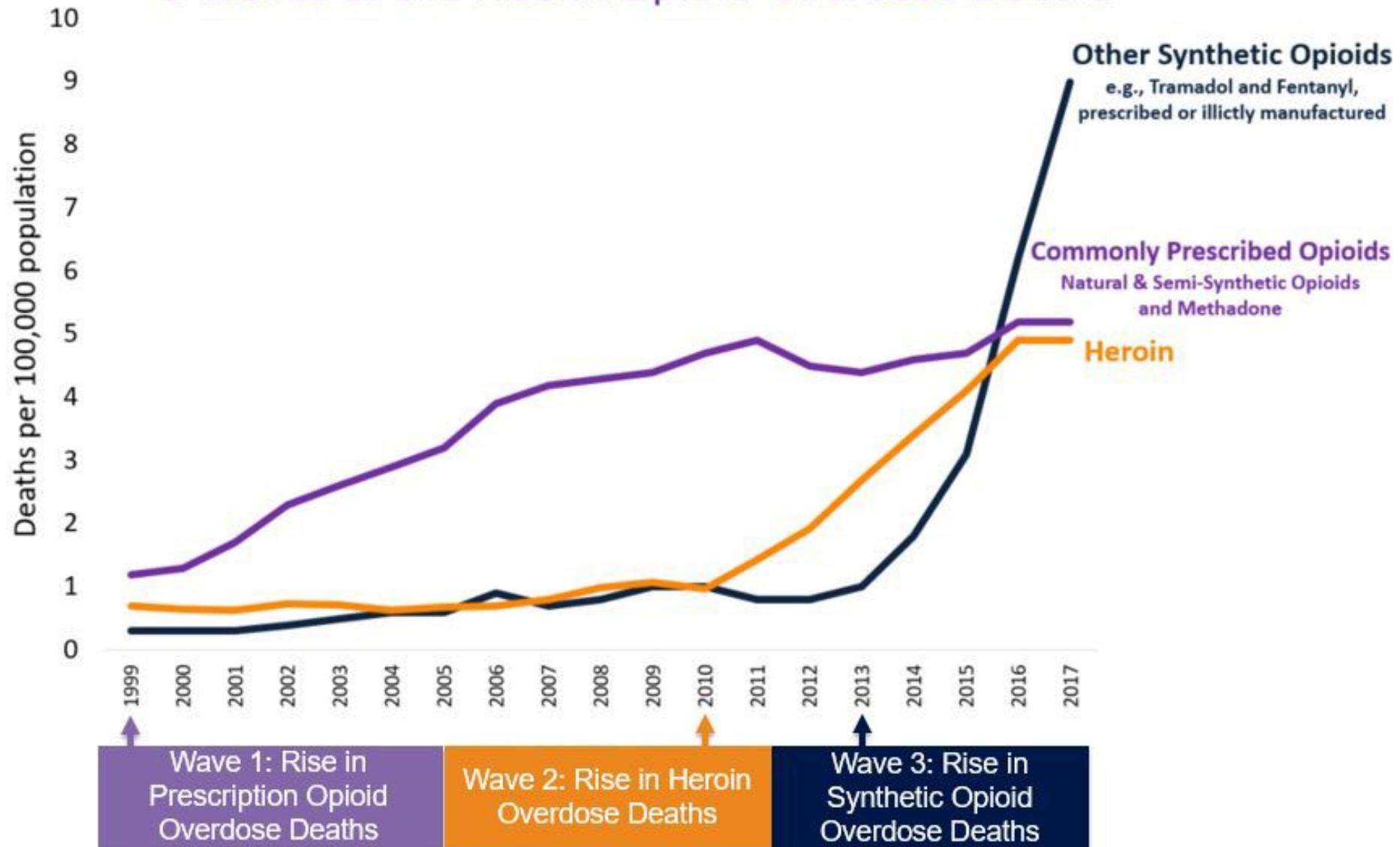
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Expert bodies have long advised that use of hypnotic drugs should be limited to short courses for a should generally be avoided in elderly people.<sup>1–3</sup> Despite this, more than 10 million prescriptions for zopiclone (so called 'Z-drugs').<sup>4</sup> Around 80% of all such prescriptions are for people aged 65 years or



## 3 Waves of the Rise in Opioid Overdose Deaths

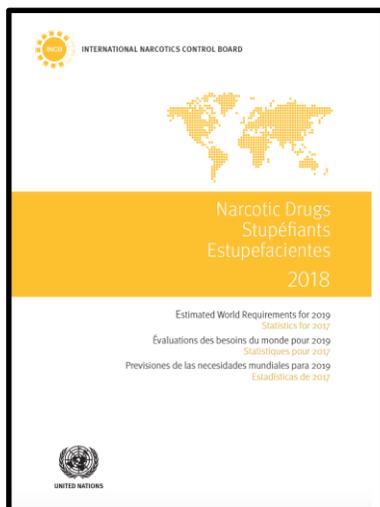


SOURCE: National Vital Statistics System Mortality File.

Addiction to prescribed drugs: what's next?

# **ADDICTION TO MEDICINES: FACTS AND FIGURES**

**Levels of consumption of narcotic drugs in defined daily doses for statistical purposes per million inhabitants per day (excluding preparations in schedule III)**

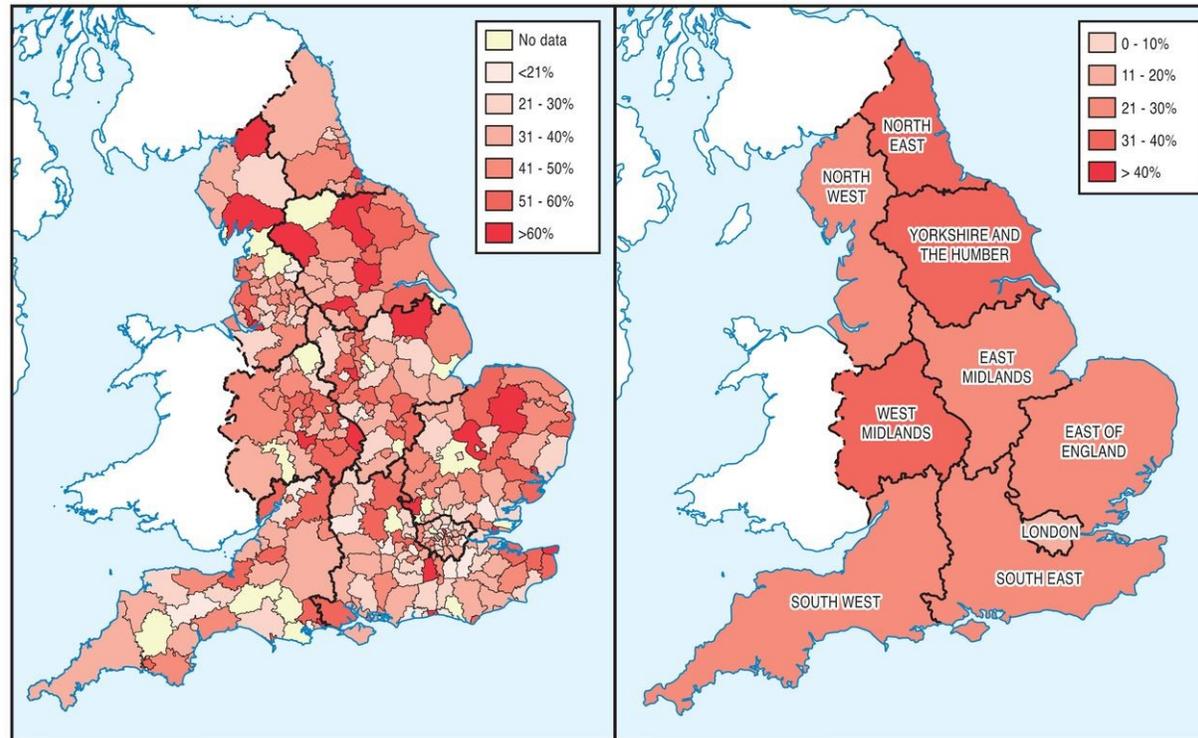


Global Ranking	Country	Total DDD
1	United States	40 240
2	Germany	28 862
3	Canada	26 029
4	Austria	21 109
5	Belgium	19 960
6	Switzerland	19 204
7	Denmark	17 270
9	Netherlands	16 114
11	Australia	15 272
13	Spain	13 385
15	United Kingdom	12 575



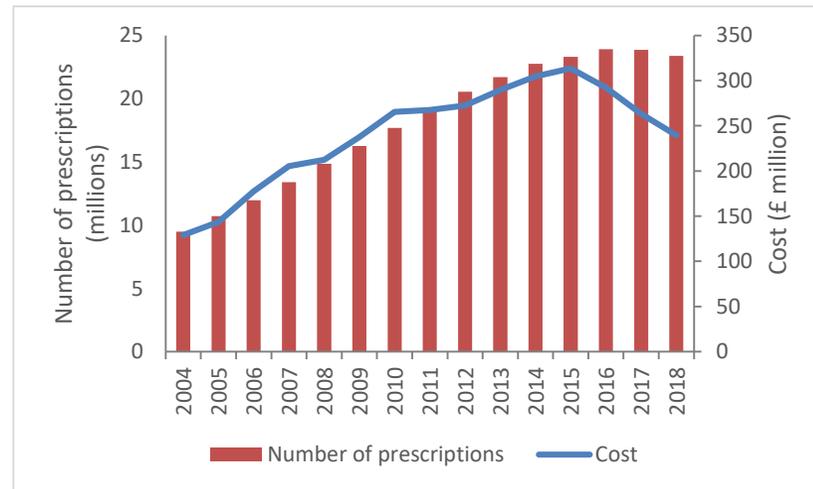
**Data extracted from  
International Narcotics Control Board Narcotic Drugs report 2018 Estimated World Requirements for 2019 - Statistics for 2017 (United Nations)**

## Prevalence of chronic pain by local authority and English region.

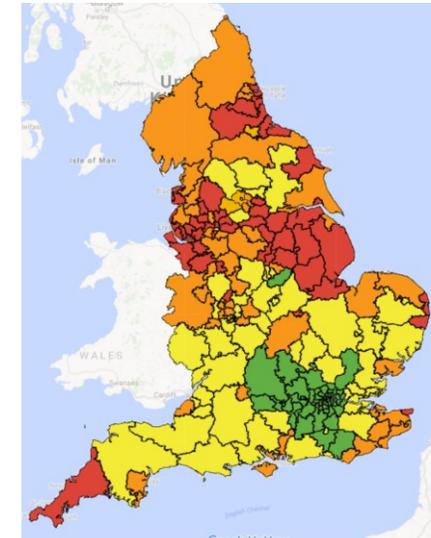


Todd A et al BMJ Open 2018 September 11;8(7) e023391

# Opioid prescriptions dispensed in the community in England (2018)



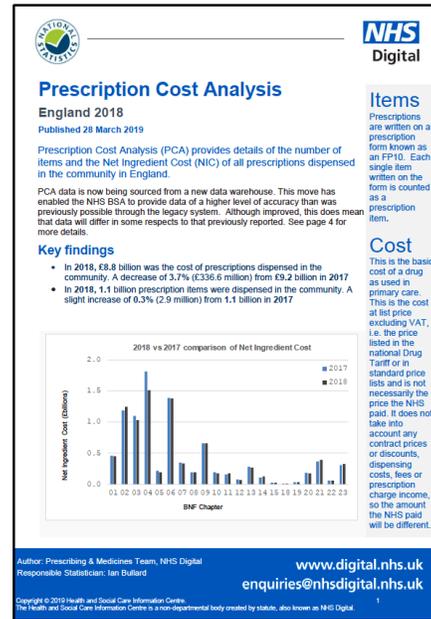
NHS Digital 2019



Upper (fourth) quartile – Opioid DDD per 1000 inhabitants per year > 18,775.57
Third quartile – Opioid DDD per 1000 inhabitants per year 14,414.95 – 18,775.57
Second quartile – Opioid DDD per 1000 inhabitants per year 10,726.82 – 14,414.95
Lower (first) quartile – Opioid DDD per 1000 inhabitants per year < 10,726.82

Chen TC et al *Int J Drug Policy* 2019

# Cost of analgesic prescribing in England



## Paracetamol

18.5 million prescriptions annually

Cost p.a. **£44** million

## Gabapentin and Pregabalin

14.5 million prescriptions annually

Cost p.a. **£84** million

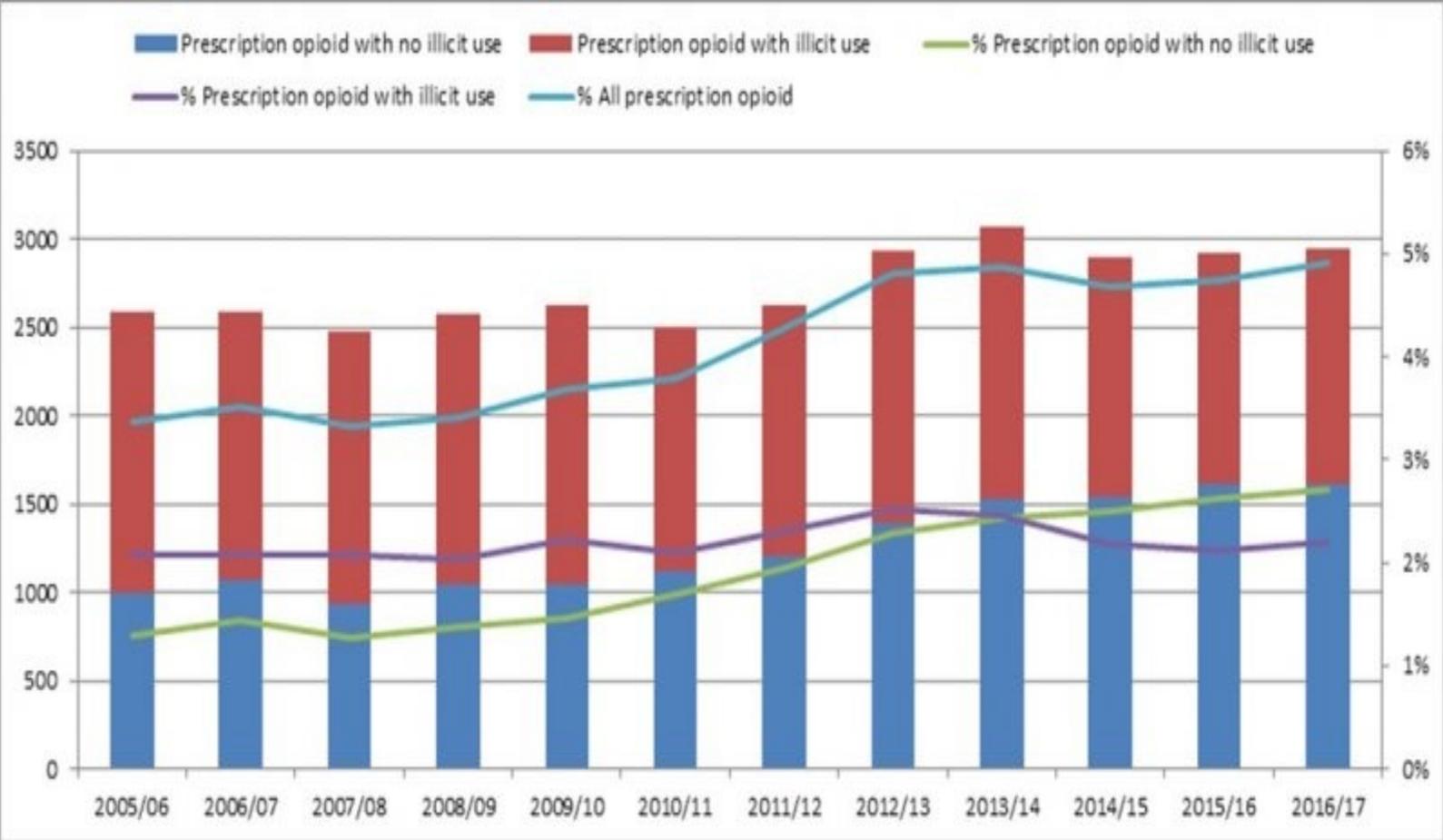
## Opioids

23 million prescriptions annually

Cost p.a. **£239.5** million

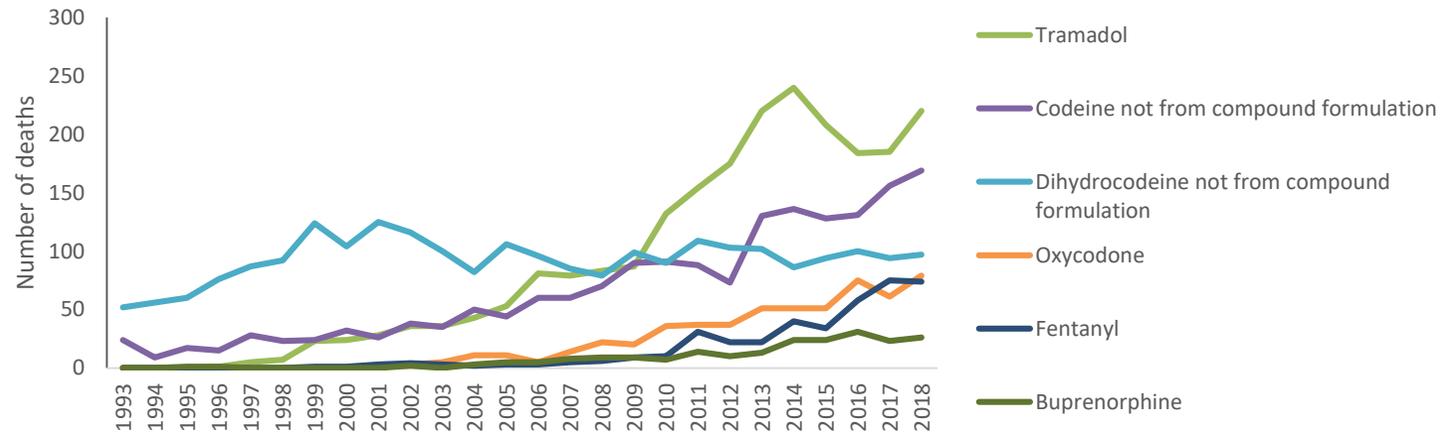


# Publicly funded substance misuse disorder treatment services: Trends and activity data



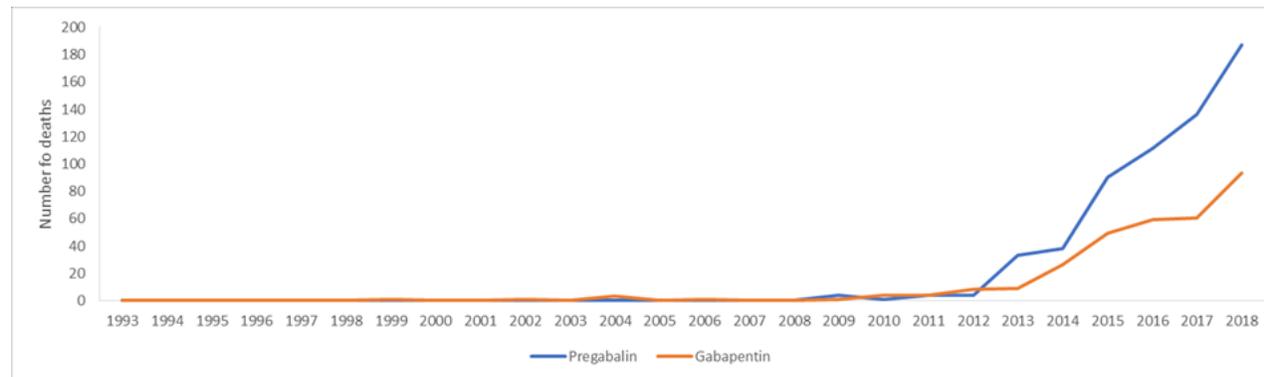
(NDTMS 2018)

# Deaths related to drug poisoning in England and Wales: 2018 registrations (Published September 2019)



**Deaths from selected substances: opioids**

## Deaths related to drug poisoning in England and Wales: 2018 registrations (Published September 2019)



**Deaths from selected substances: Gabapentin and Pregabalin**

Addiction to prescribed drugs: what's next?

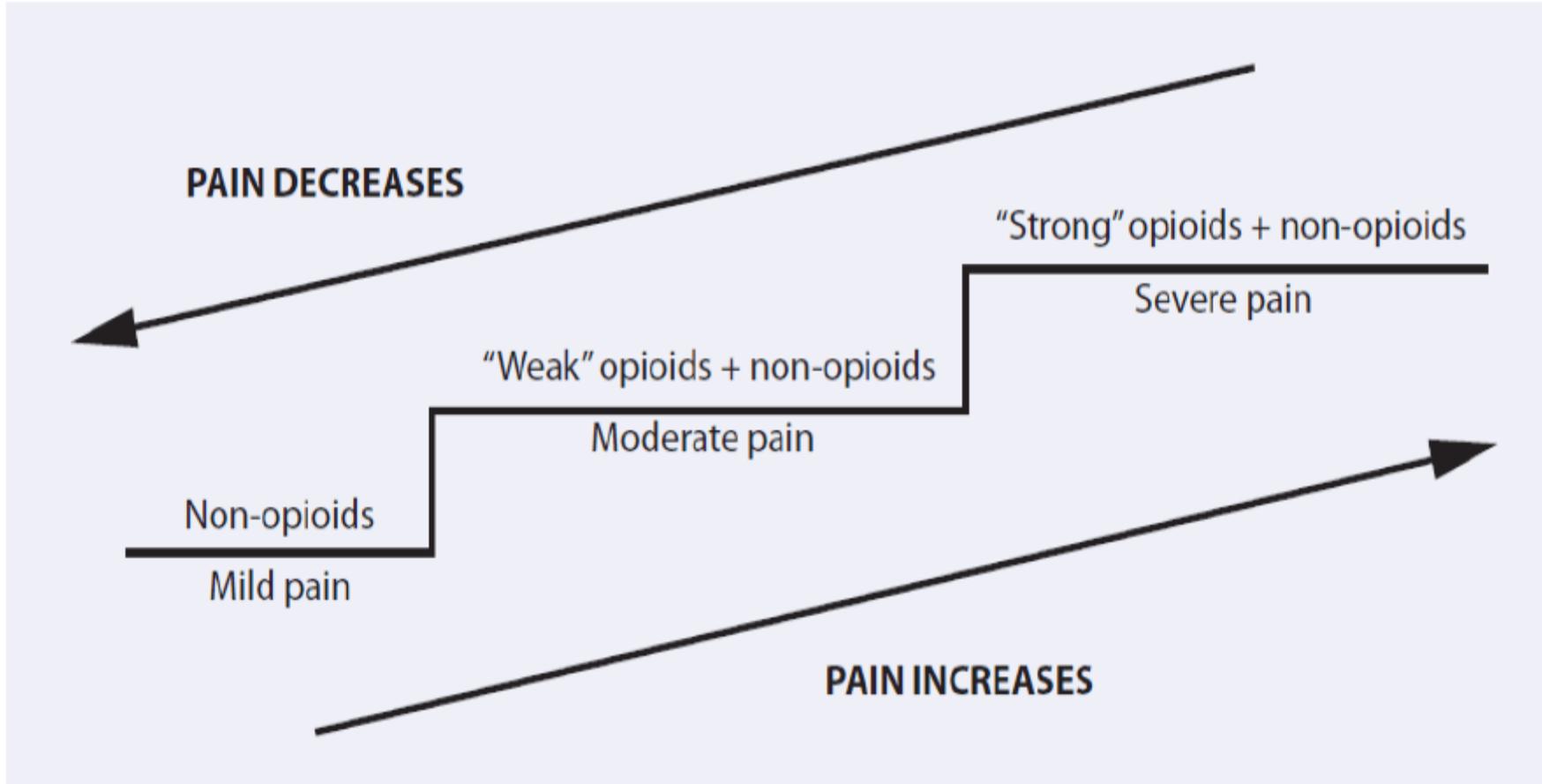
# **ADDICTION TO MEDICINES: WHAT'S THE PROBLEM?**

# Henry Beecher 1904-1976

“Investigators seem...determined to establish that for a given stimulus there must be a given response; that is for so much stimulation of nerve endings so much pain will be experienced. This fundamental error has led to enormous waste. It is evident...that **there is no simple relationship between stimulus and subjective response.**”



# The analgesic ladder



WHO 1986

## Acute pain

- Obvious tissue injury
- May be mild or severe
- Intensity related to extent of injury
- Predictable time course
- Treatments usually successful

## Chronic pain

- May be no obvious pathologic process
- Often severe
- Intensity unrelated to tissue injury
- Unpredictable time course
- Complex in relation to sleep and function
- Difficult to treat
- Usurps identity

## Acute pain

- Obvious tissue injury
- May be mild or severe
- Intensity related to extent of injury
- Predictable time course
- Treatments usually successful

## Chronic pain

- Burns
- Sickle
- RA flares
- May be no obvious pathologic process
- Often severe
- Intensity unrelated to tissue injury
- Unpredictable time course
- Complex in relation to sleep and function
- Difficult to treat
- Usurps identity



# Pain and evidence 8 November 2019

The screenshot shows the Cochrane Library search results for the query 'chronic pain'. The page is in English. The search results are displayed in a table with columns for Cochrane Reviews (518), Cochrane Protocols (21), Trials (24103), Editorials (5), and Special collections (0). The search results are filtered by date, showing 11 results from the last 3 months. The search results are displayed in a table with columns for Cochrane Reviews (518), Cochrane Protocols (21), Trials (24103), Editorials (5), and Special collections (0). The search results are displayed in a table with columns for Cochrane Reviews (518), Cochrane Protocols (21), Trials (24103), Editorials (5), and Special collections (0).

**Filter your results**

Date i

Publication date

The last 3 months..... 11

<b>Cochrane Reviews</b> 518	Cochrane Protocols 21	Trials 24103	Editorials 5	Special collections 0
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**518** Cochrane Reviews matching **chronic pain** in **Title Abstract Keyword**

**Cochrane Database of Systematic Reviews**  
Issue 11 of 12, November 2019

[Select all \(518\)](#) [Export selected citation\(s\)](#) [Show all previews](#)

Chronic pain **518** of which **165** relevant

Medicines **90**

Behavioural **24**

Exercise **14**

Other **41**

# Pain and evidence 8 November 2019

The screenshot shows the Cochrane Library search results for the query 'chronic pain'. The page includes the Cochrane Library logo and tagline 'Trusted evidence. Informed decisions. Better health.' in the top left. A language dropdown menu is set to 'English' in the top right. A search bar contains the text 'Title Abstract Keywor'. Below the search bar is a navigation menu with 'Cochrane Reviews', 'Trials', 'Clinical Answers', 'About', and 'Help'. A filter sidebar on the left is titled 'Filter your results' and shows 'Date' with a sub-filter 'Publication date' set to 'The last 3 months' with 11 results. A summary table shows 518 Cochrane Reviews, 21 Cochrane Protocols, 24103 Trials, 5 Editorials, and 0 Special collections. The main results section shows '518 Cochrane Reviews matching chronic pain in Title Abstract Keyword' from the 'Cochrane Database of Systematic Reviews', Issue 11 of 12, November 2019. Action links include 'Select all (518)', 'Export selected citation(s)', and 'Show all previews'.

**Cochrane Library** Trusted evidence. Informed decisions. Better health.

English

Title Abstract Keywor

Cochrane Reviews ▾ Trials ▾ Clinical Answers ▾ About ▾ Help ▾

Filter your results

Date i

Publication date

The last 3 months..... 11

Cochrane Reviews	Cochrane Protocols	Trials	Editorials	Special collections
518	21	24103	5	0

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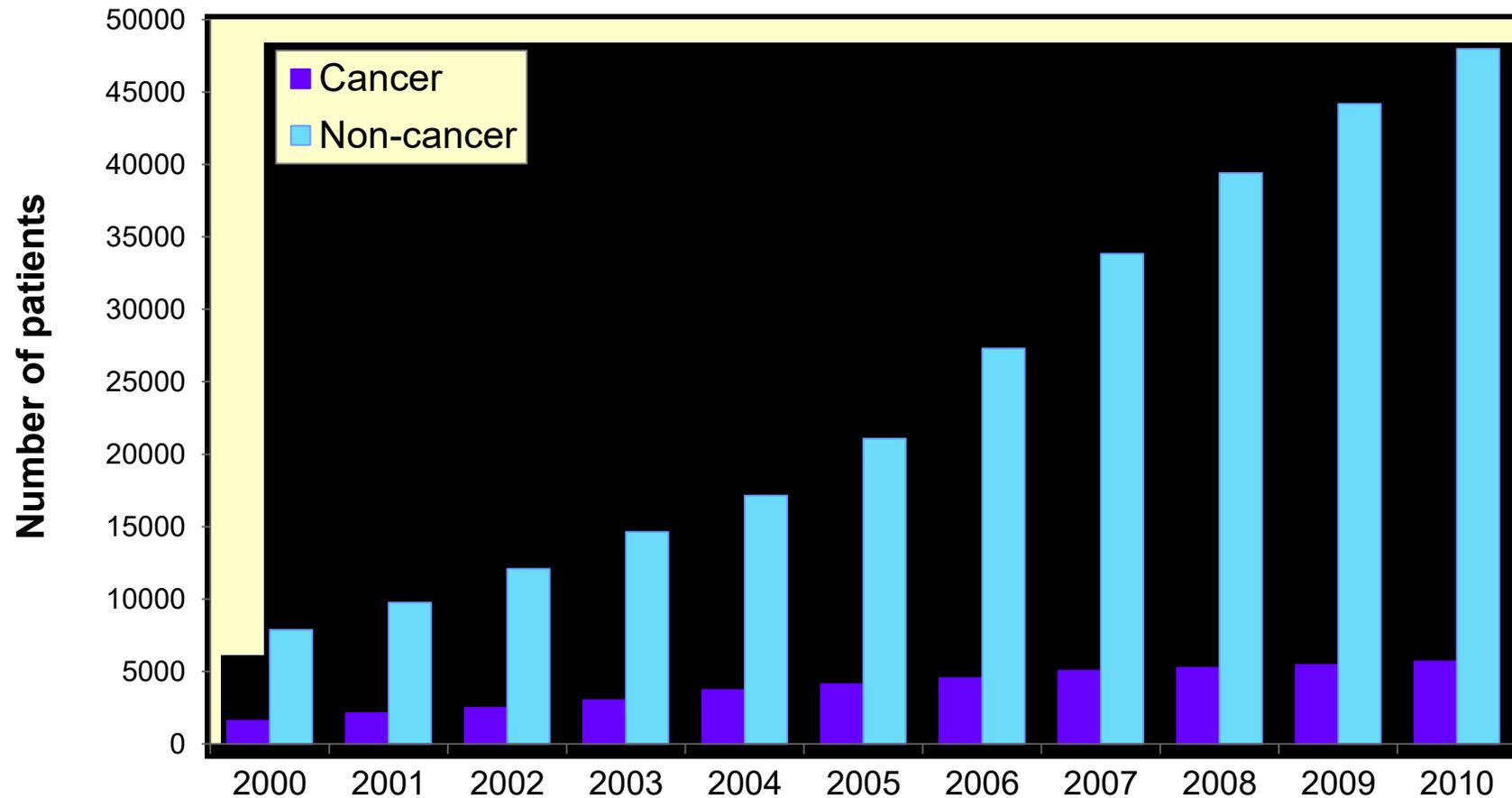
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Signals for

- **CBT**
- **Exercise**

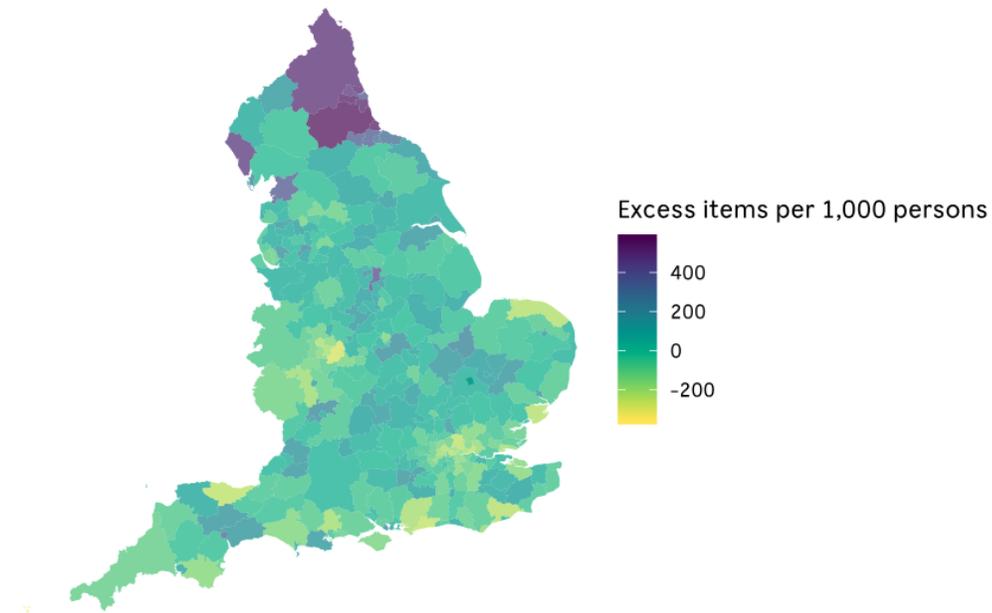
Mixed signals **Pain Management Programmes**

# Number of patients prescribed opioids (England)



Zin C et al. *Eur J Pain* 2014; 18: 1343 – 1351.

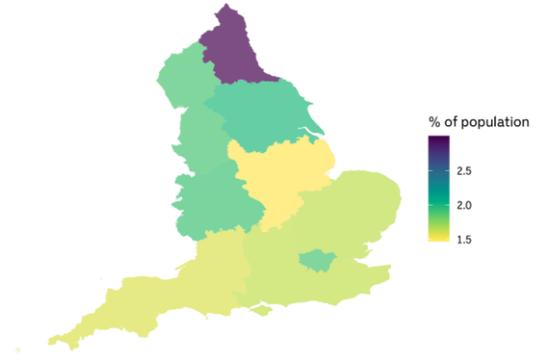
North East has highest level of 'excess' opioid prescriptions  
NHS England opioid prescription items per 1,000 persons after controlling  
for deprivation & population ageing, England 2017-18



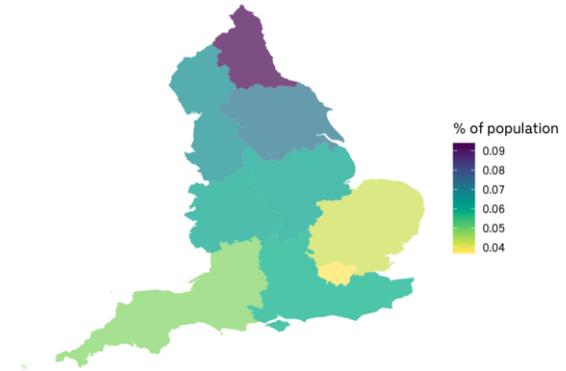
Tom Goulding: Tortoise Media *Personal communication January 2019*



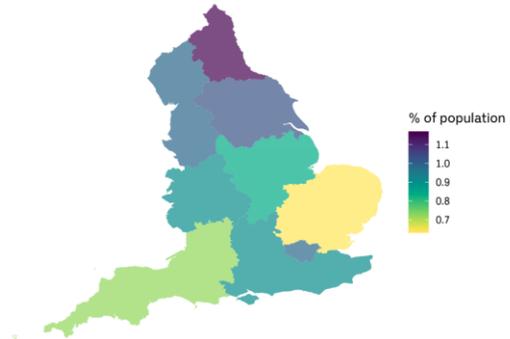
North East has highest regional rate of domestic abuse incidents  
Domestic abuse-related incidents % of population, 2013-16



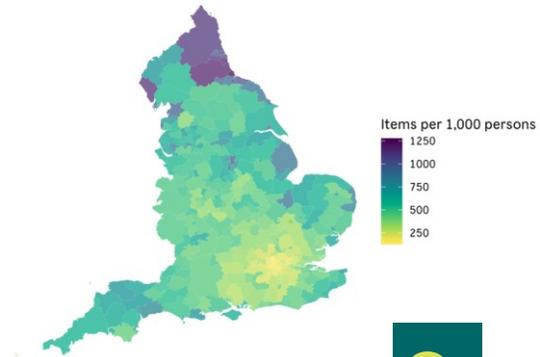
North East has highest regional rate of sexual abuse cases  
Sexual abuses cases % of population, 2018



North East has highest regional rate of child protection cases  
Total child protection cases % of population, 2013-16



Opioid prescription rates are highest in the North East  
NHS England opioid prescription items per 1,000 persons, England 2017-18

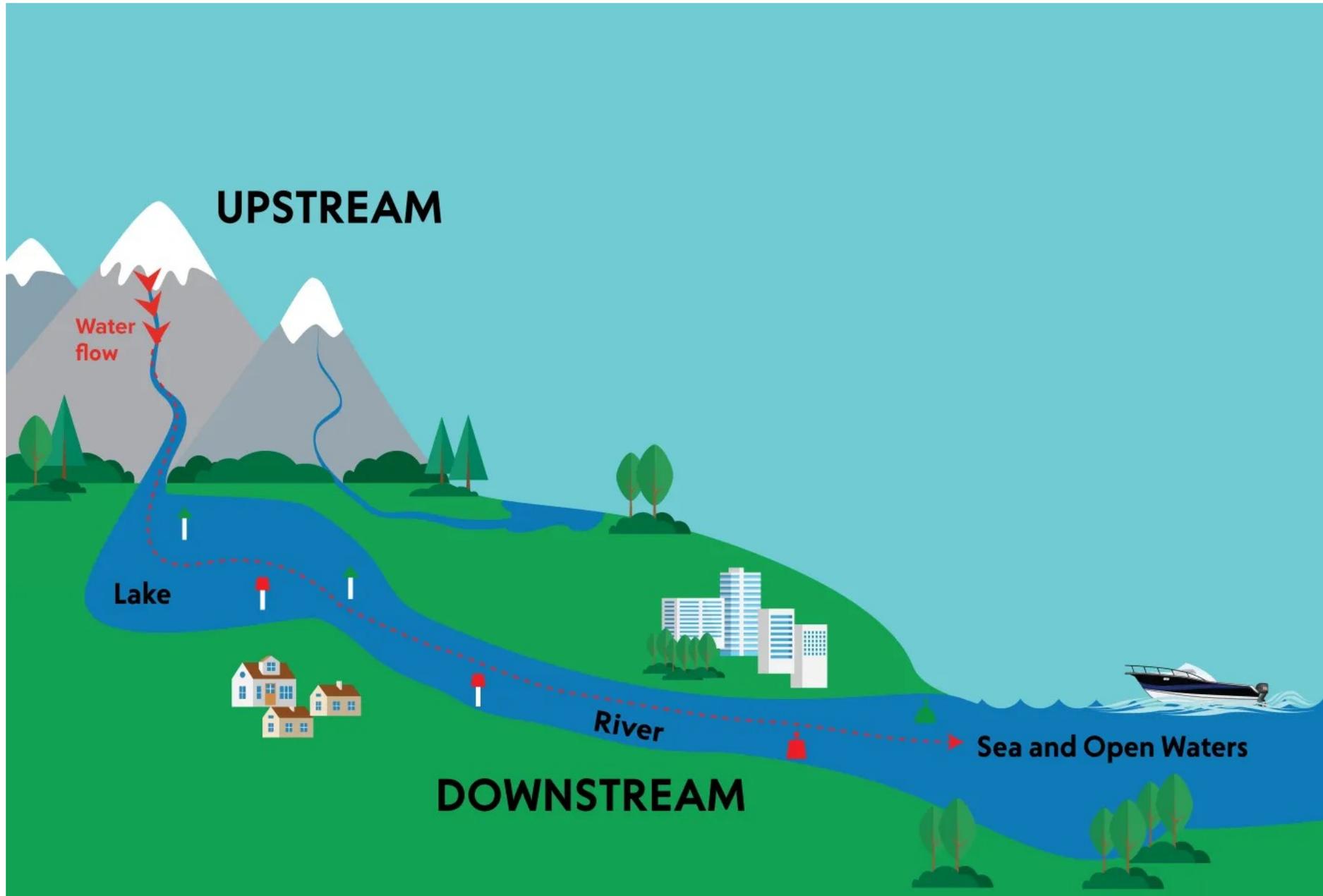


Tom Goulding: Tortoise Media *Personal communication January 2019*



Pain and opioids for pain

**USING WHAT WE KNOW TO CHANGE WHAT WE  
DO**



**UPSTREAM**

Water flow

Lake

River

Sea and Open Waters

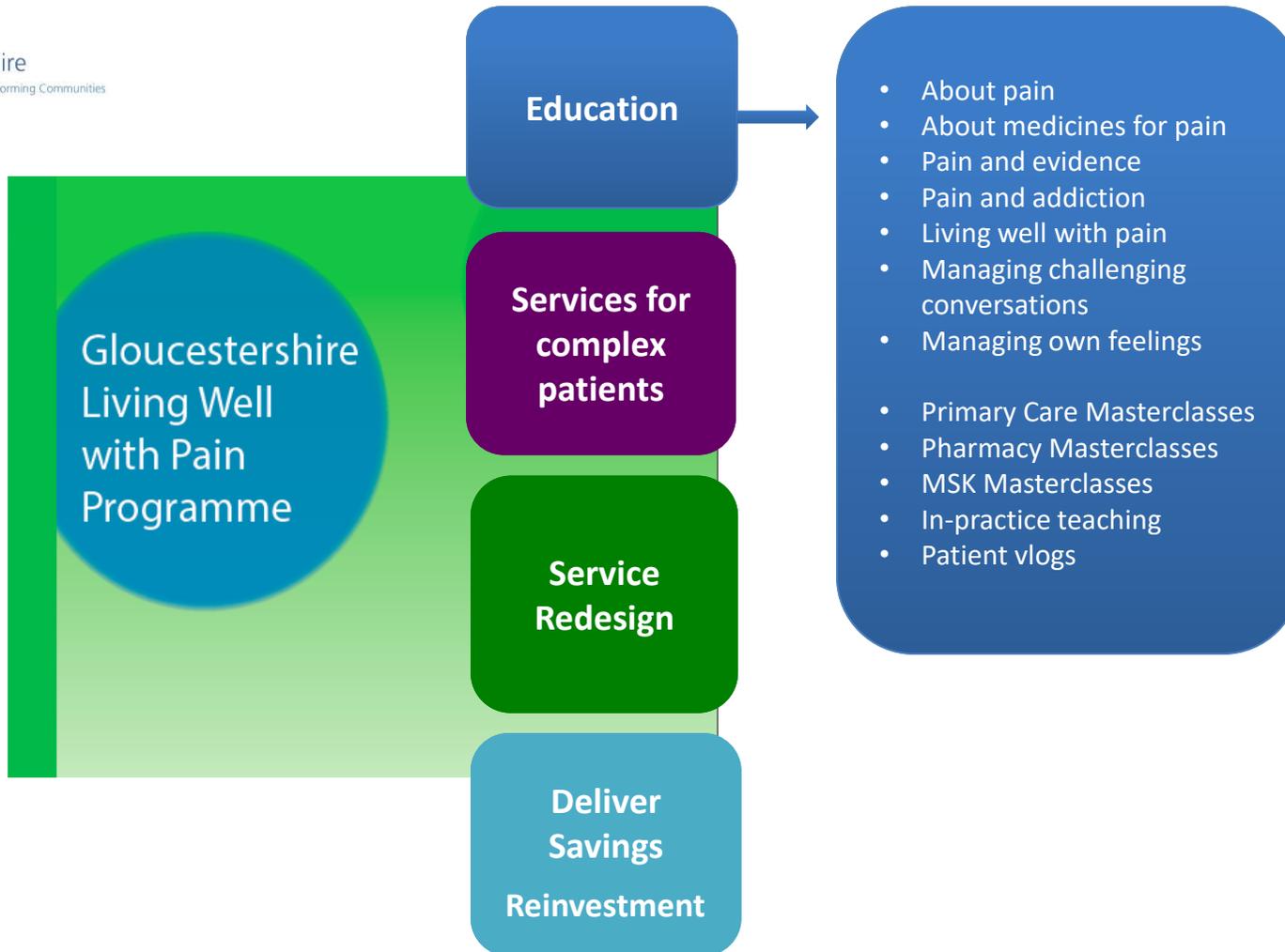
**DOWNSTREAM**

Gloucestershire UK

Population  
633 705

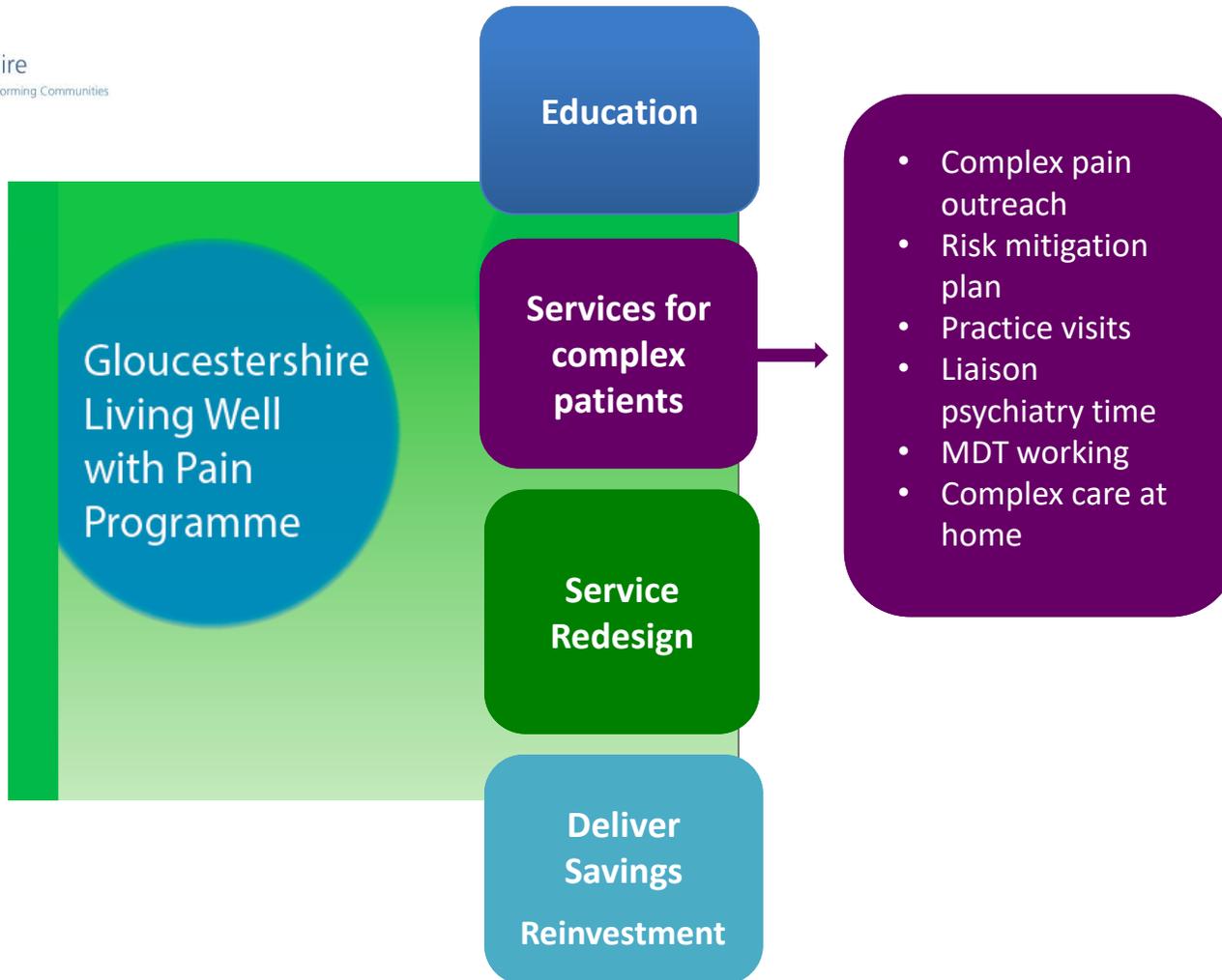


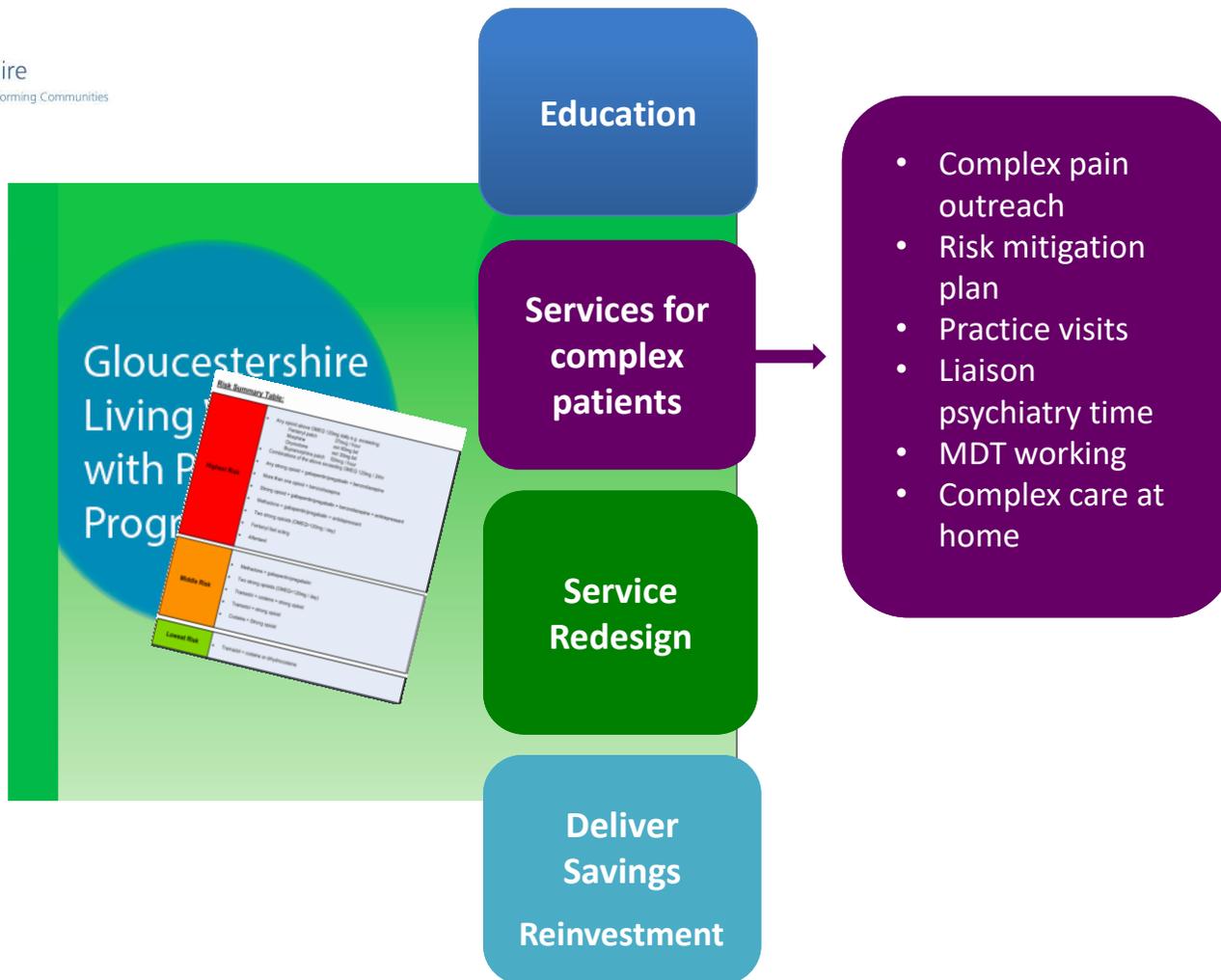






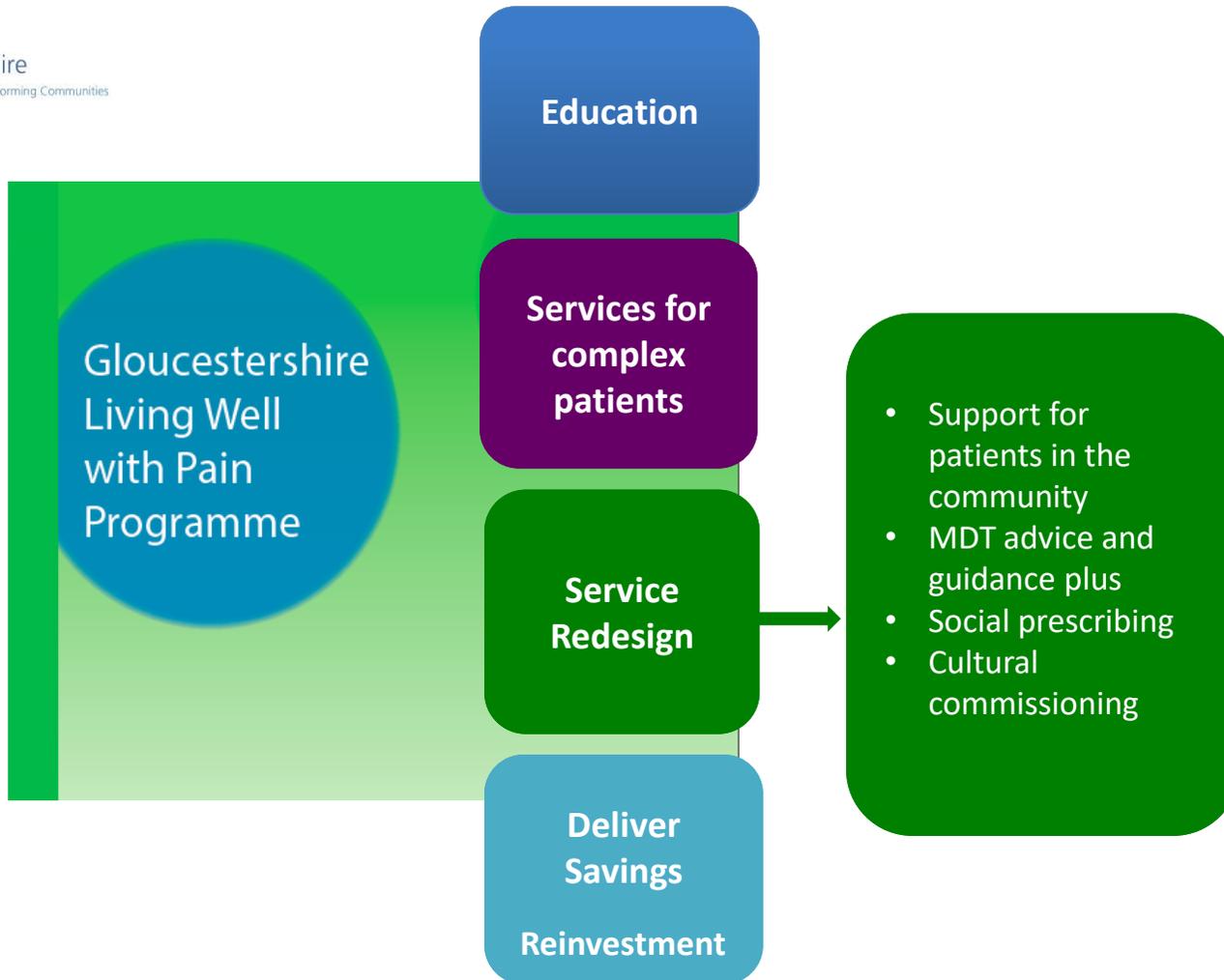
- About pain
- About medicines for pain
- Pain and evidence
- Pain and addiction
- Living well with pain
- Managing challenging conversations
- Managing own feelings
  
- Primary Care Masterclasses
- Pharmacy Masterclasses
- MSK Masterclasses
- In-practice teaching
- Patient vlogs





## Snapshot of potentially hazardous opioid prescribing in Gloucestershire March 2017

Combination of medicines	Number
Opioid + BDZ + gabapentinoid	566
Morphine + oxycodone + BDZ	25
Strong opioid + gabapentinoid + BDZ + antidepressant	190
morphine + oxycodone/fentanyl excluding liquid	104
morphine + oxycodone including liquid	147
fentanyl patch + buprenorphine patch	8
tramadol + codeine/DHC	386
tramadol + codeine + other strong opioid	51
tramadol + other strong opioid	238
nasal alfentanil	5
Other fast acting fentanyl	4





Public Health  
England

Protecting and improving the nation's health

## **Dependence and withdrawal associated with some prescribed medicines**

An evidence review



FACULTY OF PAIN MEDICINE

## Opioids Aware: A resource for patients and healthcare professionals to support prescribing of opioid medicines for pain



FPM in partnership with Public Health England

Please note that we are in the process of updating the Opioids Aware resource so at times links or pages may not be working. If a page you require is not working it should be up and running again soon. If urgent please email [opactact@rcof.ac.uk](mailto:opactact@rcof.ac.uk)

Good practice in prescribing opioid medicines for pain should reflect fundamental principles in prescribing generally. The decision to prescribe is underpinned by applying best professional practice, understanding the condition, the patient and their context and understanding the clinical use of the drug. Initiating, tapering or stopping opioid medicines should be managed in agreement with the patient and all members of their healthcare team. This resource, developed by UK healthcare professionals and policymakers, provides the information to support a safe and effective prescribing decision.

- Opioids are very good analgesics for acute pain and for pain at the end of life, but there is little evidence that they are helpful for long-term pain.
- A small proportion of people may obtain good pain relief with opioids in the long-term. If this does not help, low and equivalent doses are recommended (however it is difficult to identify these people at the point of opioid initiation).
- The risk of harm increases substantially as doses above an oral morphine equivalent of 10mg/day are used. If this is increased, careful tapering or stopping high-dose opioids needs careful planning and collaboration.
- If a patient has pain that cannot be managed with other treatments, it might be that they are not working, and should be stopped. Care of the patient is essential.
- Choosing pain is very complex, and if patients have refractory and disabling symptoms, particularly if these are on high-dose opioids, a very detailed assessment of the many emotional influences on their pain experience is essential.

This resource has been written and edited by healthcare professionals with the support of stakeholder groups.

Contributors to the resource have included representatives from:

- British Pain Society
- Care Quality Commission
- Faculty of Addiction, Royal College of Psychiatrists
- Faculty of Pain Medicine, Royal College of Anaesthetists
- NHS England
- NHS
- NHS Business Services Authority
- Public Health England
- Royal College of General Practitioners
- Royal Pharmaceutical Society

### Resource at a Glance

- [A sitemap of the Opioids Aware Resource.](#)

### Quick Links

- [Pain Assessment](#)
- [The opioid trial](#)
- [Dose equivalence](#)
- [Tapering and stopping](#)
- [Oxycodone Analgesic Liaison Table](#)

### What's New?

- [Opioids and driving](#)

### Best Professional Practice

Opioids and the law, writing opioid prescriptions, patient safety, reporting harms, record keeping, prescribing

### Understanding Pain and Medicines for Pain

Assessment and challenges of long-term pain, the role of medicines, a stepped approach to opioid prescribing

### Clinical Use of Opioids

Opioids for different types of pain, their effectiveness and harms.

### A Structured Approach to Opioid Prescribing

Patient assessment, the opioid trial, long-term prescribing, stopping opioids, equivalents, the addicted patient

### Opioids and Addiction

Diagnosis, treatment and management of patients with current of previous history of opioid addiction.

### Information for Patients

Types of pain, thinking about starting opioid medication and frequently asked questions about taking opioids

[www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware](http://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware)



## Improving health and social care through evidence-based guidance

Home > NICE Guidance > Conditions and diseases > Neurological conditions > Neuropathic and persistent pain

### Neuropathic pain in adults: pharmacological management in non-specialist settings

Clinical guideline [CG173] Published date: November 2013 Last updated: April 2018

Home > NICE Guidance > Service delivery, organisation and staffing > End of life care

### Palliative care for adults: strong opioids for pain relief

Clinical guideline [CG140] Published date: May 2012 Last updated: August 2016

Home > NICE Guidance > Service delivery, organisation and staffing > Medicines management > Medicines management: general and other

### Controlled drugs: safe use and management

NICE guideline [NG46] Published date: April 2016

Home > NICE Guidance > Conditions and diseases > Musculoskeletal conditions > Low back pain

### Low back pain and sciatica in over 16s: assessment and management

NICE guideline [NG59] Published date: November 2016

Home > NICE Guidance > Service delivery, organisation and staffing > Medicines management > Medicines management: general and other

### Medicines optimisation in long-term pain

Key therapeutic topic [KTT21] Published date: January 2017 Last updated: February 2018

Home > NICE Guidance > Conditions and diseases > Musculoskeletal conditions > Low back pain

### Chronic pain: assessment and management

In development [GID-NG10069] Expected publication date: 20 January 2020 [Register as a stakeholder](#)

Home > NICE Guidance > Health and social care delivery > Medicines management

### Safe prescribing and withdrawal management of prescribed drugs associated with dependence and withdrawal

In development [GID-NG10141] Expected publication date: 17 November 2021 [Register as a stakeholder](#)

“We are in some danger of concentrating too much on the final act of prescribing, the pressing of the ‘enter’ key and the spitting out from the printer of the green piece of paper. The prescribing decision is simply the end of a complex interaction between the doctor, the patient, the illness, and society, and while we continue to live in a fragmented unequal world, with poor access to acute mental health services, and with GPs who have less time to spend with their patients than those in other comparable countries, prescribing will continue to be higher than it might.”

Andrew Green  
BMA GPs committee clinical policy lead

25 October 2016