

## **Briefing: Opioids**

Opioids (e.g. codeine, dihydrocodeine, tramadol, oxycodone, morphine, buprenorphine and fentanyl) are among the most commonly prescribed analgesics in the UK. This class of medicines includes many different natural or chemically synthesised substances with a wide range of clinical strengths. Opioids have a well-established role in situations such as acute pain and pain at the end of life. However, in long-term (also called persistent or chronic) non-cancer pain, only a small proportion of people obtain good pain relief from opioids. The difficulty for prescribers is predicting and assessing who will benefit. Therefore, there are concerns that some of the opioids prescribed for long-term pain are being used inappropriately, leading to health harms.

### **Where do we stand?**

- The Society is concerned about the inappropriate long-term use of opioids for chronic pain (where they can be ineffective and harmful) and about the hazards of overdose, dependence and withdrawal.
- We would like to see an improved and coordinated approach to opioid prescribing – opioid stewardship – to protect patients. We are also calling for investment into the development of safer pain relievers that are less likely to cause dependence, e.g. because they act on different neural pathways. We recognise that chronic pain is a complex condition and support the need for more research into its causes and management.

### **Why are we concerned?**

- In 2017/18, around 1 in 8 people (5.6 million) in England were given a prescription for opioids<sup>1</sup>. Whilst most people take these medicines for short durations (1-2 months), around 540,000 people had been using them continuously for at least 3 years. It is not clear how many people are deriving benefit from these medicines in the long-term, and what harms they may be experiencing.
- Although prescriptions of opioids in the UK appear to be falling after many years of rising, some researchers have noted that the strength of prescriptions is increasing. Therefore, the total amount of opioids being prescribed is likely to be greater than the number of prescriptions may suggest<sup>1</sup>.
- Opioid pain medicines are associated with a risk of dependence and withdrawal, which can affect well-being and an individual's ability to function in their home and working lives. Addiction can occur even after relatively short-term use and taking an opioid for longer than 90 days is associated with increased risks of overdose<sup>1</sup>.
- In 2018/19, 52% of all drug users in contact with drug and alcohol services in England were dependent on opioids and this group made up the largest proportion in treatment<sup>2</sup>.

### **What do we think needs to happen?**

We recommend investing in **medicines management, education & awareness** and **research**

- Medicines Management:
  - o Support for healthcare professionals in opioid stewardship activities, including clinical consultations for complex prescribing situations involving opioid medicines, with advice and guidance about limiting courses of treatment, having clear stop dates and deprescribing.
  - o Develop national advice for hospital drug formularies, including advice about which medicines to prescribe, which should be restricted and which should be avoided altogether.
  - o Improve the monitoring and reporting of opioid usage at all levels, including prescribing in the community, use in a hospital setting, and monitoring toxicology, harms and emerging patterns of use.

- Education and awareness:
  - o Provide comprehensive and tailored education and training for opioid prescribers, including prescribing guidelines and patient engagement strategies.
  - o Widen patient engagement campaigns, building on recent regulatory changes (such as enhanced drug labelling), providing information and guidance to support patients in talking to their prescribers about their opioid medication to help them receive the best advice and care.
  
- Research, into:
  - o The effectiveness of strategies intended to reduce risks associated with opioid use.
  - o Mechanisms of opioid addiction, including overlap with other forms of addiction and susceptibility markers to help assess risk.
  - o The development of safer pain relievers, e.g. those that act on non-opioid pathways
  - o The causes and management of chronic pain.

### **What's our role?**

- Pharmacologists and clinical (medically-trained) pharmacologists are experts in how drugs work. Working across the scientific spectrum from "bench to bedside", the Society supports our members in their work in identifying new drug targets, monitoring opioid use and misuse, looking after patients with adverse health effects of opioids, and developing and supporting prescribing across the healthcare system.

### **About us**

The British Pharmacological Society (BPS) is the primary UK learned society concerned with research into drugs and the way they work. The Society has around 4,000 members working in academia, industry, regulatory agencies and the health services, and many are medically qualified. The Society covers the whole spectrum of pharmacology, including laboratory, clinical, and toxicological aspects. Pharmacology is a key knowledge and skills base for developments in the pharmaceutical and biotech industries, and is therefore fundamental to a thriving UK industry and R&D. The Society publishes three scientific journals: the British Journal of Pharmacology, the British Journal of Clinical Pharmacology, and Pharmacology Research and Perspectives.

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<sup>1</sup> Public Health England (2019). Dependence and withdrawal associated with some prescribed medicines. Available online at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/829777/PHE\\_PMR\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/829777/PHE_PMR_report.pdf) [Last accessed 21 January 2020]

<sup>2</sup> Public Health England (2019). Substance misuse treatment for adults: statistics 2018 to 2019. Available at: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2018-to-2019> [Last accessed 31 January 2020]