Understanding the current state of opioid addiction in the UK

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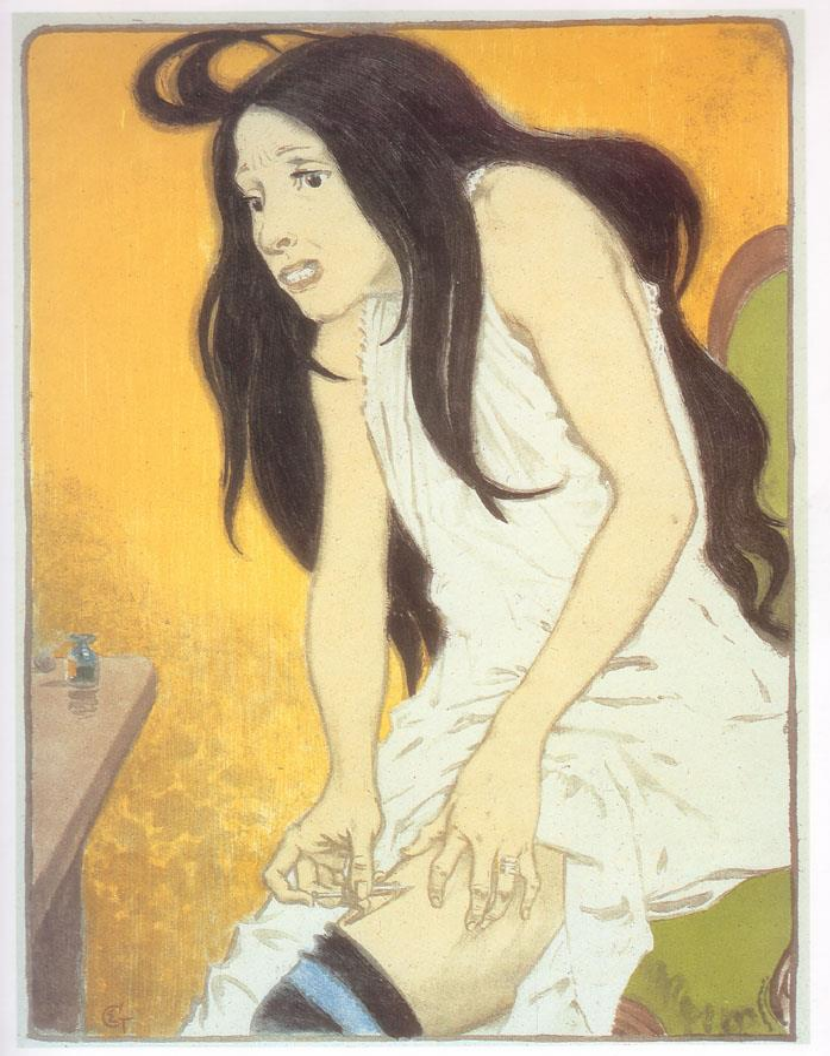

Morphinomaniac
Ambroise Vollard 1897

Morphinomania – Problems closely linked with the medical profession.

Opioids and Opiates

Opioids can be sourced synthetically or derived naturally from opium

Heroin is a semi-synthetic opioid still regarded as an opiate

All opiates are opioids, not all opioids are opiates

Remember this when testing – you must ask for the opioid in question

Synthetic opioids include Methadone, Oxycodone, Fentanyl and Pethidine

Natural opioids include Morphine, Codeine, and Thebaine

EXAMPLES OF OPIATES/OPIOIDS

OPIUM

HEROIN

MORPHINE

OXYCODONE

METHADONE

HYDROCODONE

CODEINE

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Who uses opioids?

Seven countries including the UK, the US, Australia, and Spain, use 77% of the world's available morphine.

This has implications for pain-management in poorer countries.

In the UK last year, 141 million prescriptions were written for them. 89 million in 2008

12.8% of the population.

There has been a 60% increase over the last 10 years.

Fatalities from recreational opioid-misuse are now overshadowed by prescription-related deaths.

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Office of National Statistics

There were 2503 deaths from drug poisoning in 2018. Similar to 2017

This was a 38% increase from 2007

It was the highest annual increase since records began in 1993

Male Deaths: 89.6/million in 2017 - 105.4/million in 2018

2/3 were linked to drug misuse

20% 16-24 had used an illicit substance.

Heroin and morphine remain the most frequently named drugs on death certificates

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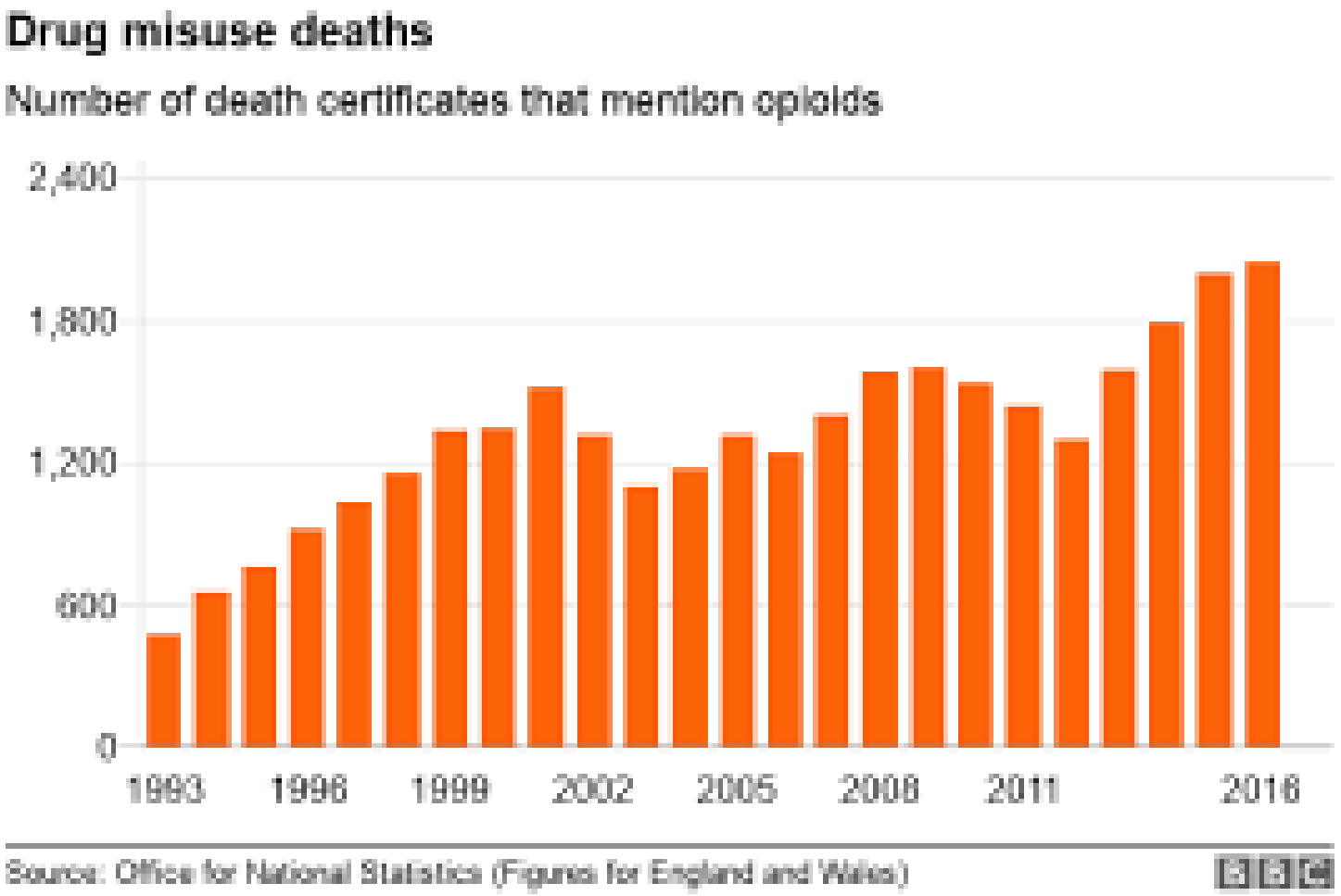
Opioid Deaths on Certificates



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Opioid Deaths by Region in the UK

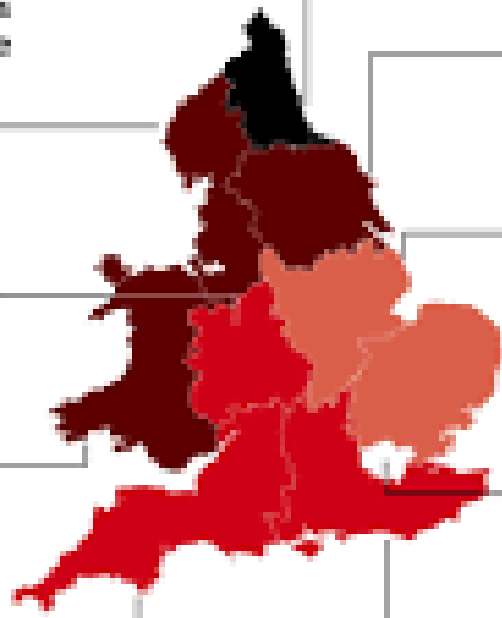
OPIOID PRESCRIBING BY AREA

1. Blackpool
2. St Helens
3. Lincolnshire East
4. Knowsley
5. Barnsley
6. Corby
7. Halton
8. Great Yarmouth and Waveney
9. Doncaster
10. South Tees

OPIOID DEATHS BY REGION

The death rate* in the northeast of England is more than three times higher than in London

*Number of deaths per 100,000 people



Northeast
6.2

Yorkshire and the Humber
4.2

East Midlands
2.6

East
2.7

London
1.8

Southeast
3

Southwest
3

Wales
4.9

Northwest
4.8

West Midlands
3.2

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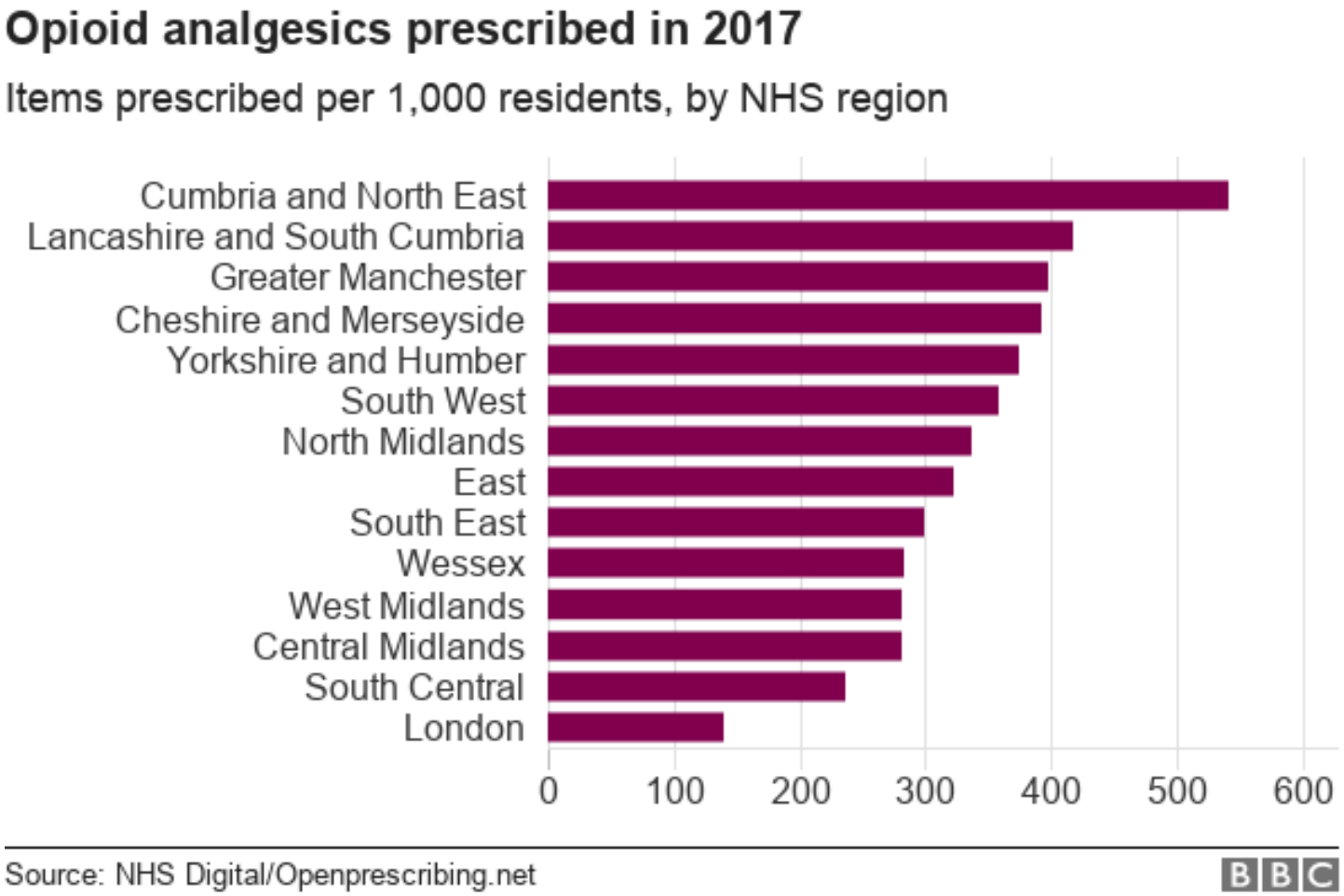
Opioid Prescriptions



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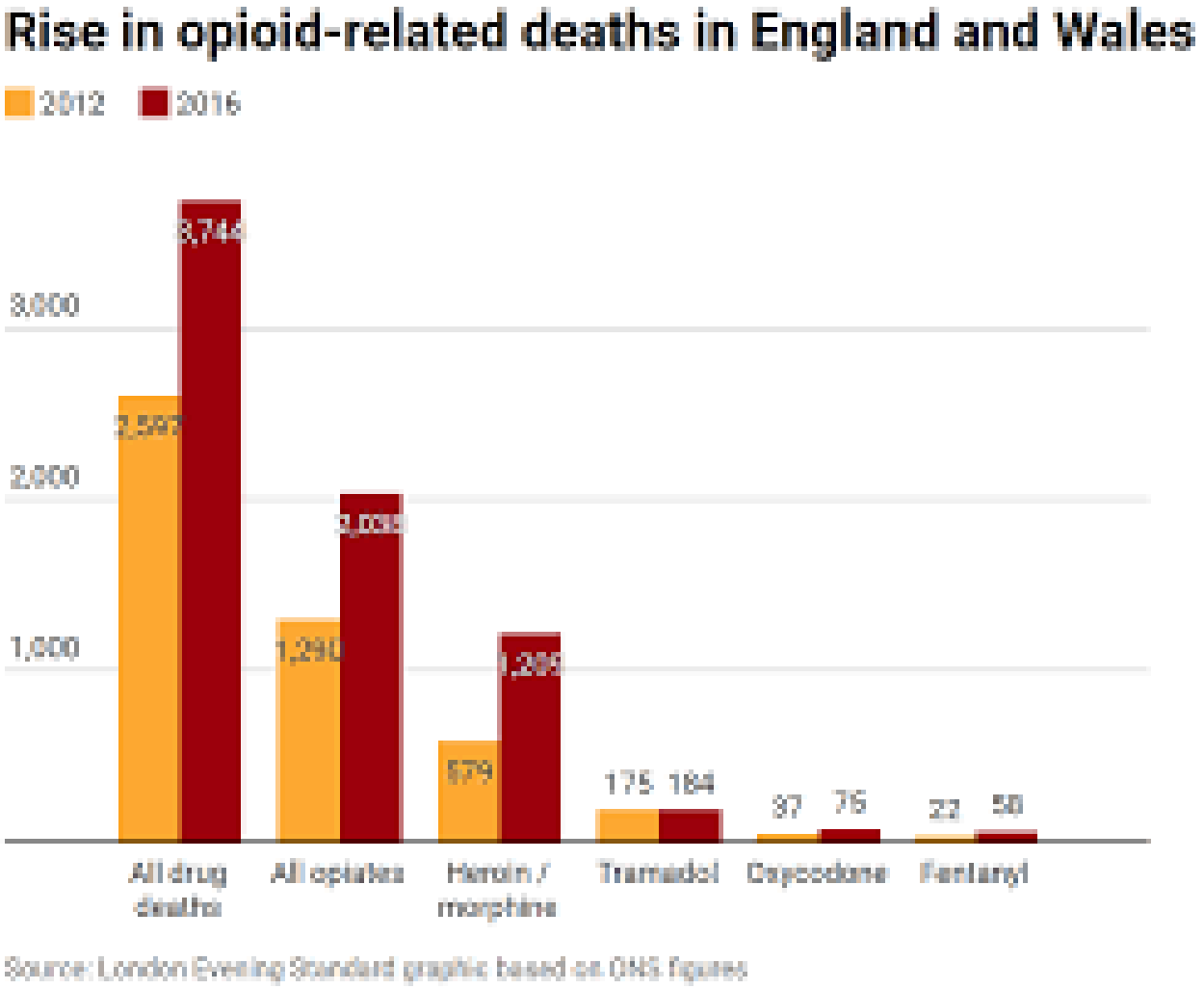
Opioid-related Deaths in England and Wales



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Tramadol

Tramadol filled the void left by coproxamol when it was withdrawn around 2005

GP's may consider it "relatively safe" as

It appears to be neither a "weak opioid" nor a "strong opioid"

This removes the stigma attached to prescribing strong drugs

This provides a false sense of security

It is the most commonly prescribed drug after codeine

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Ashaye et al BMJ 2017

- Looked at 25 GP surgeries across London and the Midlands
- 703 patients presented with musculoskeletal problems
- 59% were prescribed opiates – mainly tramadol and codeine.
- 25% of these prescriptions were outside NICE guidelines:
- That prescriptions should be short-term and not exceed 3 per year
- At a cost to the NHS of £100 million per year.

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Tramadol-related deaths

Whether it be considered a “weak” or a “strong” opioid is irrelevant; it is the dose that matters.

Deaths of those using Tramadol within the opioid group increased from 9% in 2011 to 40% in 2017

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Overdoses and Deaths from opioids

Overdoses have increased by 87% over 10 years to 12000 per year

Deaths have increased by 41% to 2000 per year. 389 were suicides.

There are three times more fatalities in the North East of the UK than in London

This probable reflects a higher usage in socially disadvantaged areas.

Of 115,000 prescriptions issued for opioids every day, five result in a death.

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Confounding factors

OPIOID USERS OFTEN ADD OTHER SUBSTANCES

POLYSUBSTANCE USAGE IS COMMON

COCAINE IS FOUND REGULARLY

DEATHS FROM COCAINE MISUSE HAVE DOUBLED BETWEEN 2015 AND 2018

DEATH MAY BE DUE TO A SEROTONIN SYNDROME OR

A COCAINE-INDUCED HYPERPYREXIA. BOTH UNDIAGNOSABLE AT PM

COCAINE- INDUCED MYOCARDITIS AND FULMINANT HEPATIC-FAILURE CAN BE DIAGNOSED.

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Co-morbid substance misuse

Polysubstance misuse confuses the opioid picture

We need to be mindful of the “club-drug” culture

“Chem Sex”

Novel psychoactive substance misuse

Benzodiazepines

All can bring their own complications: headache, depression, anxiety, hypertension, diversion, overdose, coma, and death.

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Fentanyl

Despite dire warnings from the US where fentanyl is causing huge problems accounting for up to 60% of opioid fatalities in some states, deaths in the UK have remained relatively stable.

There were 74 deaths from fentanyl usage in 2017 and 2018.

Most deaths were linked to its analogue carfentanil, said to be 80-1000 times more potent than morphine.

Respiratory depression occurs within 2 minutes and 2mg can be fatal.

Heroin can allow a window of 20-30 minutes after overdose.

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Fatal dose of fentanyl
(2 mg or 2000 mcg)
Fatal dose of carfentanil
(0.02 mg or 20 mcg)

Resurgence in heroin misuse

Unfortunately, the government's attempts to limit the supply of legally prescribed opioids may be driving users back to "street heroin".

This is cheaper and widely accessible.

Over the past year, presentations to drug-treatment centres increased from 120,000 to 250,000

Of these, 14,000 were linked to opioids of which

40% named heroin as their primary drug

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Multi-faceted treatment

- The 2017 Drugs Strategy aimed at:
- Reducing Demand
- Restricting Supply
- Improving Recovery
- Enhancing the Quality of Treatment
- Improving Treatment Outcomes

Care Quality Commission

Asked for treatment to be:

- Safe
- Effective
- Caring
- Responsive
- Well-Led

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Treatment Works

For every £1 spent on treatment, the local society saves £2.50.

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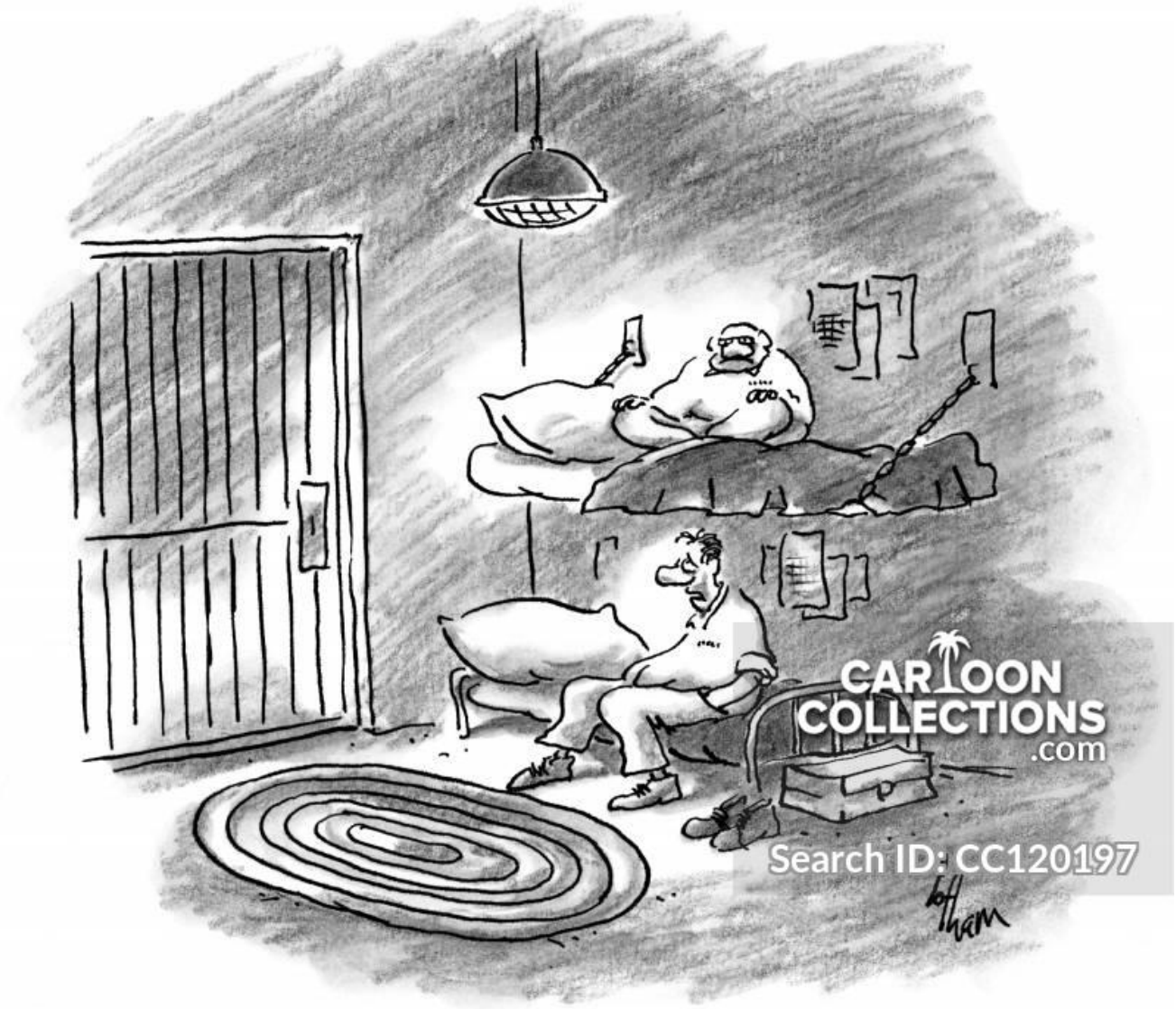
Reality bites



"Everybody thinks I'm in rehab."

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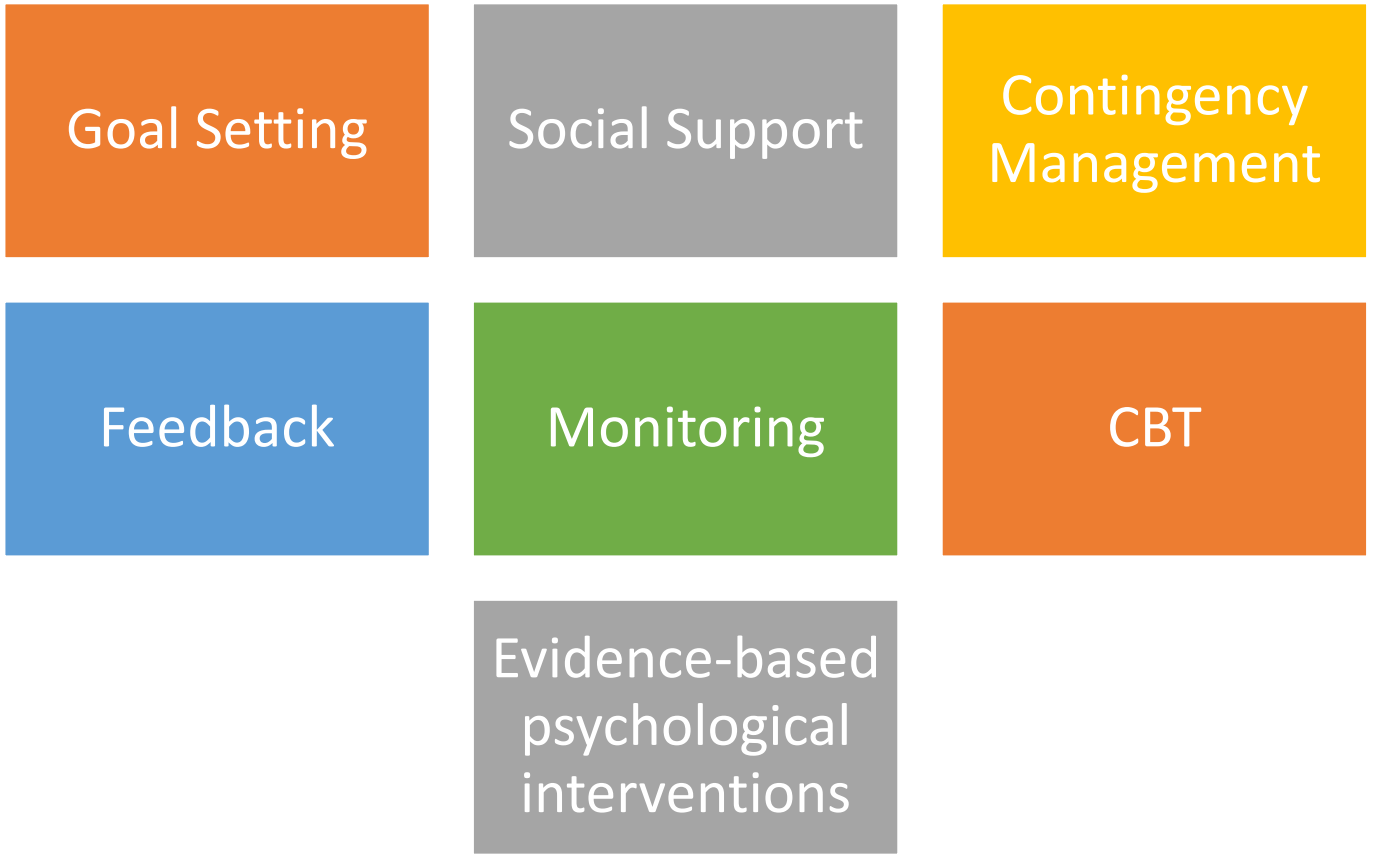
Treatment Aims



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Is it time to broaden thinking?

Should cannabis and cannabinoids be considered as useful substitute pain-killers for opioids?

In US states, where cannabis is legal, opioid-related overdoses resulting in death fell by 25%.

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Evidence that opioids work?

- There is a lack of convincing evidence that opioids are efficacious in the management of non-malignant pain.

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Pain management

Refer to a pain-management clinic

Do not prescribe opioids regularly

Focus on function rather than pain management

Beware of the risk of overdose and death

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Overview

Opioid usage is increasing rapidly

Codeine and Tramadol and the most prescribed

Heroin and morphine still predominate on death certificates

Additional drugs such as etizolam are causing major problems

Fentanyl and its analogues are highly dangerous

Respiratory failure can be rapid

Consider the use of Naloxone

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Naloxone

Naloxone saves lives.

People who inject drugs should be given take-home naloxone and they, and their associates should be instructed in how to administer it.

It is very safe and difficult to misuse.

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Naloxone Administration

#EndOverdose

Save a Life!

How You Can Stop an Opioid Overdose:
A Step-by-Step Guide to Using Naloxone

We are the Drug Policy Alliance.

Administering Nasal Naloxone (Narcan®)

1 First, do rescue breathing – tilt the person's head back, remove anything that might be in their mouth, plug their nose with one hand, and blow air into their lungs through their mouth. Give two regular breaths and then one breath every 5 seconds.

2 Pull yellow cap from needleless syringe and red/purple cap off naloxone.

3 Attach the soft white piece (nasal atomizer) to the needleless syringe and screw naloxone capsule into barrel of syringe.

4 Tilt the person's head back, insert the white cone into their nostril and spray approximately half the naloxone into each nostril.

5 If the person isn't breathing, continue to perform rescue breathing until the naloxone takes effect.

6 Wait for 3 minutes. If there is no change, give the person another dose of naloxone and continue to do rescue breathing.

Source: Harm Reduction Coalition, *Administering Nasal Naloxone (Narcan®)*

NOTES

- If there is still no change after the second dose, it could mean the opioids are exceptionally potent and require more naloxone. It could also mean it's been too long since their heart stopped, there are no opioids in their system, or that opioids aren't the primary cause of overdose.
- Naloxone has no psychoactive or adverse physical effects.

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Safer prescribing is critical

1

Prescribing morphine-equivalent doses of 50mg-99mg increases the risk of overdose by 4 times.

2

Prescribing morphine-equivalent doses of over 100mg increases the risk of overdose 10 fold.

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Thank You

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