The opioid epidemic

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It is safe to say that by now most people working in clinical or administrative health roles in Australia and many other parts of the world will have heard phrases such as "the opioid epidemic" or "the opioid crisis."

These terms have been in widespread use for several years and describe a serious phenomenon that certainly warrants the attention of everyone who has clinical contact with patients.

Although it is sometimes tempting to think of this kind of terminology as alarmist or an exaggeration, in this case the concept that is being described has claimed the lives of millions of people around the world, impacting particularly in North America, but increasingly also in Australia. So, what exactly is the opioid epidemic?

OPIOIDS – EFFECTIVE, BUT PROBLEMATIC

The term opioid is used to describe synthetic drugs (i.e. produced by chemical synthesis) that share properties in common with opiates, which are compounds derived from natural sources that produce effects by binding to endogenous receptors in various organ systems.

Commonly encountered examples of opioids include oxycodone (Endone, Oxycontin, Targin) and fentanyl, whilst examples of opiates include morphine and codeine.

In many ways the distinction between these is essentially semantic, in that all of these largely share the same properties and are widely prescribed for pain relief. Moreover, all of the agents have a relatively predictable pattern of adverse effects and other problems: these include the propensity to cause constipation and respiratory depression, and a tendency to be associated with tolerance, dependency and the propensity to produce unpleasant withdrawal reactions if treatment is suddenly discontinued.

In the past these medications tended to be reserved for use in situations where people were suffering from intractable, severe pain in the context of a life-limiting illness such as terminal malignancy. However, in more recent times the use of these drugs has expanded, and this phenomenon has been associated with some serious clinical and societal challenges.

HOW DID THE OPIOID EPIDEMIC COME ABOUT, AND WHY IS THIS TERM USED?

About 25 years ago, some pharmaceutical companies in the USA conducted a deliberate and orchestrated marketed campaign designed to convince prescribers that opioid pain relievers were not associated with a propensity to addiction and dependence, and as a result many doctors dramatically increased their prescribing of these drugs for chronic non-cancer pain, including that associated with other pain (such as that arising from degenerative joint disease, injuries and even sprains and strains, and minor dental procedures).

Within a relatively short period, the use of these drugs in North America increased dramatically, but other problems began to appear. Nevertheless, companies profiting from the production, distribution and prescribing of the opioids increased their promotional efforts and were rewarded with huge profits.

It was not long after this that changes in opioid prescribing patterns were associated with serious problems such as the potential for deliberate misuse and diversion. Prescribing patterns seen in the USA were emulated in Canada, albeit to a lesser extent, and it is now clear that the dramatic change in the use of these drugs is also very much occurring in Australia and other parts of the world, with devastating effects.

WHAT ARE THE CONSEQUENCES OF THE OPIOID EPIDEMIC?

Where the opioid epidemic has taken hold, serious opioid overdoses have vastly increased, with many thousands of people dying as a result. In fact, it is estimated that more American citizens now die every week from opioid overdose than are killed in motor vehicle accidents, leaving a huge wake of human misery.

Millions of people are now known to be dependent on opioids, and some of these people also abuse non-medical opioids such as heroin.

The US National Institute on Drug Abuse (NIDA) have recently published some startling statistics, suggesting that more than 20% of people who are prescribed opioids for chronic pain will misuse these drugs, with a significant proportion (perhaps as high as 4%) eventually going on to use heroin. NIDA also confirm a huge increase in opioid overdoses in much of the USA.

WHAT CAN BE DONE?

It is a difficult balance for prescribers to offer help for people with severe chronic pain, whilst at the same time avoiding the initiation of powerful opioids that can eventually lead to dependence, tolerance and potential for overdose.

If severe pain does necessitate opioid use, the treatment should be initiated at the lowest feasible dose, and should be time-limited. At the same time, alternative non-drug treatment options must be explored and a full and frank discussion about the risks and problems associated with the treatment should be undertaken and documented.

The opioid epidemic is already exacting its toll in Australia and all possible efforts need to be made to stop the situation from getting worse. This will not be an easy task, but the benefits will be important enough to warrant a serious investment of resources and effort.

FURTHER READING:

1. *Opioids Overdose Crisis. (2019)*
   Online access: www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis
2. *The Opioid Epidemic From Evidence to Impact. (2017)*
   Online access: www.jhsph.edu/events/2017/americas-opioid-epidemic/report/2017-JohnsHopkins-Opioid-digital.pdf

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