ADRESSING PROBLEMATIC OPIOID USE IN OECD COUNTRIES

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Opioid-related deaths have grown by 20% since 2011

Opioid-related deaths per million inhabitants, 25 OECD countries, 2011-2016 (or latest available)

Note: Countries ranked by latest year with available information. Source: EMCDDA and country contributions.
Four main factors fuelling the opioid crisis

**Opioids prescription and over-prescription in health systems**
- Uncorroborated claims of prescription opioids safety and risks
- Opioid manufacturers’ influence
- Poor opioid prescribing practices and insufficient education
- Insufficient alternatives for pain management

**Dynamic illicit market of opioids**
- Availability of low cost and high purity illicit opioids
- Polysubstance use and abuse
- Prison post-release period

**Treatment of opioid use disorder patients**

**Macroeconomic and social conditions**
Both prescription and illegal opioids contribute to the crisis

<table>
<thead>
<tr>
<th>Illegal opioids</th>
<th>Prescription opioids</th>
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<tbody>
<tr>
<td>• Opioid use is fuelled by illicit markets.</td>
<td>• They are used in the therapy of moderate to severe pain, palliative care and opioid use disorders.</td>
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<tr>
<td>• Heroin has been the most prevalent illicit opioid worldwide.</td>
<td>• Over-prescription and misuse can lead to abuse and dependence.</td>
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<td>• Recently, much stronger analogues have taken the scene. Carfentanil that can be 10,000 times stronger than morphine.</td>
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Availability of analgesic opioids grew almost 110% in the 2000s

Mean availability of analgesic opioids in OECD countries 2011-2016. S-DDDs per million inhabitants per day

Note: This does NOT include illicit opioids. Source: INCB 2018
Billionaire founder of opioid firm guilty of bribing doctors to prescribe drug

- John Kapoor, 75, also guilty of defrauding insurance companies
- Prosecutors say fentanyl drug Subsys fuelled opioid epidemic

The head of a leading drug manufacturer has been found guilty of bribing doctors to prescribe a dangerous painkiller to patients who did not need it, in the first criminal conviction of a pharma chief over the opioid epidemic.

A Boston jury also found John Kapoor, the 75-year-old billionaire founder of Insys Therapeutics, guilty of defrauding insurance companies in the push to sell Subsys, a spray made from fentanyl, a synthetic opioid many times stronger than morphine.
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**Treatment of opioid use disorder patients**
- Barriers to access medication assisted therapies
- Predominance of abstinence-only rehabilitation therapies
- Inadequate access to evidence-based harm minimisation interventions

**Macroeconomic and social conditions**
- Unemployment
- Housing
- Social exclusion
- Stigma
Addressing problematic opioid use: 4 areas of policy action

- Health system actions
- Social policies
- Opioid prevention and control
- Regulation and enforcement
- Information and knowledge
Social support and medical treatment are most common areas of policy action

- **Social reintegration support**
  - USA
  - SVN
  - SWE
  - NOR
  - LUX
  - LTU
  - KOR
  - JPN
  - ITA
  - IRL
  - FRA
  - EST
  - DEU
  - DEN
  - CZE
  - COL
  - CHE
  - CAN
  - AUS

- **Medical treatment**
  - USA
  - SVN
  - SWE
  - NOR
  - LUX
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  - IRL
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  - CAN
  - AUS

- **Needle/syringe programmes**
  - USA
  - SVN
  - SWE
  - NOR
  - LUX
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  - KOR
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  - ITA
  - IRL
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  - CAN
  - AUS

- **Self-help and mutual aid groups**
  - USA
  - SVN
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  - NOR
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  - KOR
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- **Clinical guidelines**
  - USA
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- **Disciplinary actions for physicians overprescribing**
  - USA
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- **Stewardship programmes**
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- **Drug consumption rooms**
  - NOR
  - LUX
  - JPN
  - FRA
  - DEU
  - DEN
  - CHE
  - CAN
  - AUS

**Note**: Countries in alphabetical order within each category. National level implementation in dark blue, sub-national level of implementation in light blue.

**Source**: OECD 2018 survey on opioids control
Identification of high risk shipments:
- Registration of precursors
- Pre-load or pre-arrival air security
- Open low-weight mail (30g or less in Canada)

- Inspection and education of regulated parties (e.g. storage)
- Prescription monitoring programmes

- First responders (e.g. training, availability)
- Public health perspective and promotion of interventions.
- Internet monitoring with machine learning techniques

- Drug treatment courts
- Good Samaritan laws
- Legal status of drug use and possession for personal consumption
Better research is needed for pain relief

Relatively small number of analgesic drugs approved in the last three decades

**Opioid analgesics**
- 1982: Pethidine
- 1968: fentanyl
- 1947: methadone
- 1943: hydrocodone
- 1926: hydromorphone
- 1914: morphine
- 1911: dihydrocodeine
- ~1900: codeine

**Non-opioid analgesics**
- 1950: acetaminophen
- 1965: aspirin
- 1973: diclofenac
- 1974: ibuprofen
- 1976: naproxen
- 1986: ketoprofen

1900-1989

1990-1999
- 1996: oxycodone
- 1995: tramadol

2000-2018
- 2008: tapentadol
- 2006: tilidine
- 2002: buprenorphine

**Note:** The timeline includes the main Mu opioid agonists, Acetaminophen, Nonsteroidal anti-inflammatory drugs (NSAIDs) approved by the F.D.A. (first approval date) and still marketed. The timeline does NOT include adjuvant analgesics or co-analgesics (e.g. anticonvulsants and tricyclic antidepressants) and local or topical anesthetics. **Source:** Authors’ elaboration on FDA and NCBI information.
In summary

Opioid use disorders should be considered as a **chronic health condition**, guiding the design of both short- and long-term health system, social policy and law enforcement strategies.

### Better prescribing

Improving **prescribing practices**, limiting over-prescription and enhancing opioid-related **literacy**.

### Better care

Expanding evidence-based **MAT and harm minimisation** with **quality** improvement and measurement strategies.

### More co-ordinated approach

Between **health, social and criminal justice systems**, facilitating access to patient care and support.

### Better knowledge & research

Big **data** with advanced **analytics**, impact **evaluations** and **R&D** for pain and OUD care.
Thank you!

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