



ADDRESSING PROBLEMATIC OPIOID USE IN OECD COUNTRIES

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Both prescription and illegal opioids contribute to the crisis

Illegal opioids

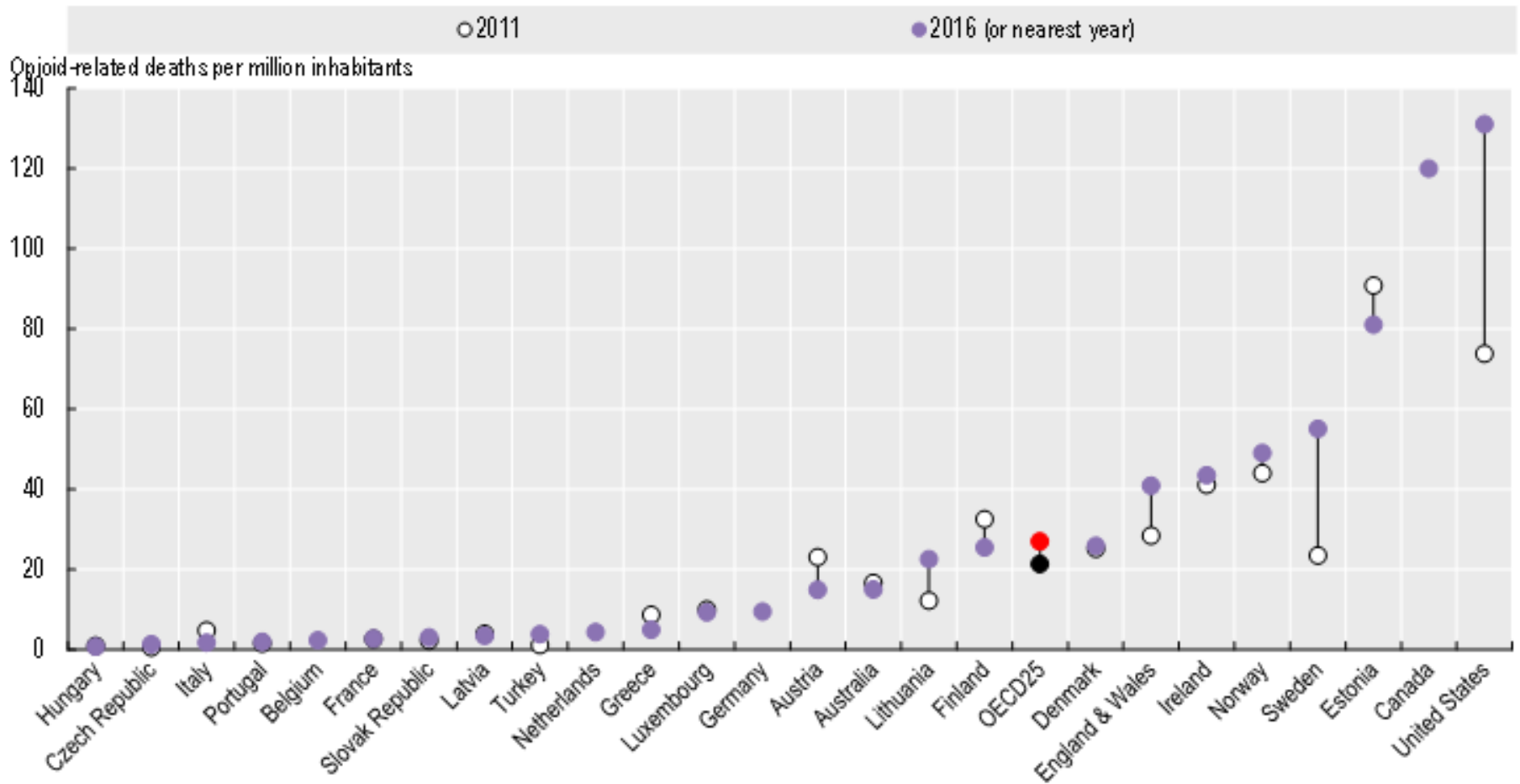
- Opioid use is fuelled by illicit markets.
- Heroin has been the most prevalent illicit opioid worldwide.
- Recently, much stronger analogues have taken the scene. Carfentanil that can be 10,000 times stronger than morphine.

Prescription opioids

- They are used in the therapy of moderate to severe pain, palliative care and opioid use disorders.
- Over-prescription and misuse can lead to abuse and dependence.



Opioid-related deaths have grown by 20% since 2011



Note: Canada's data corresponds to 2018.

Source: EMCDDA for European countries and country responses to OECD opioid data questionnaire 2018.



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
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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

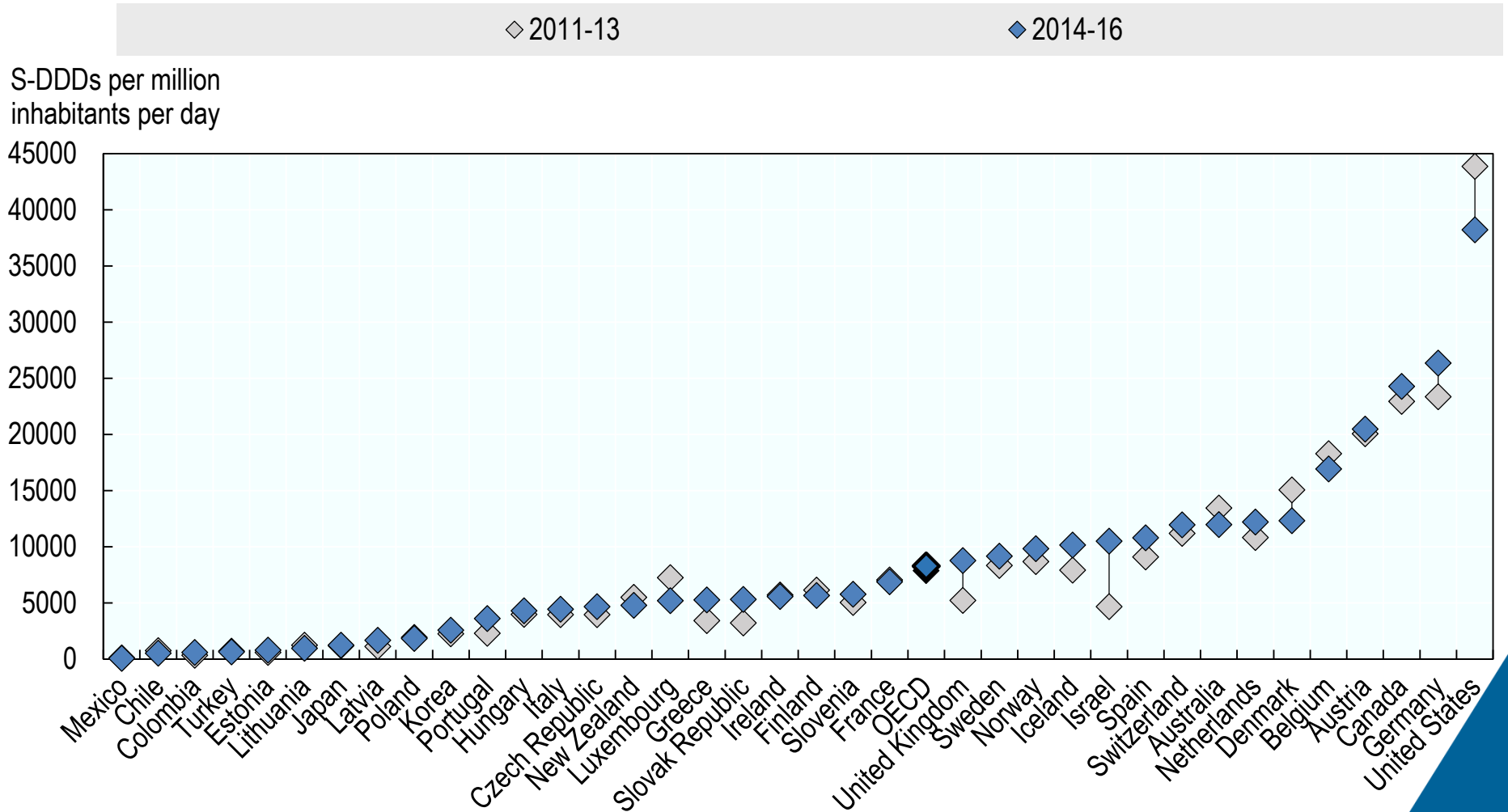


Macroeconomic and social conditions



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



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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

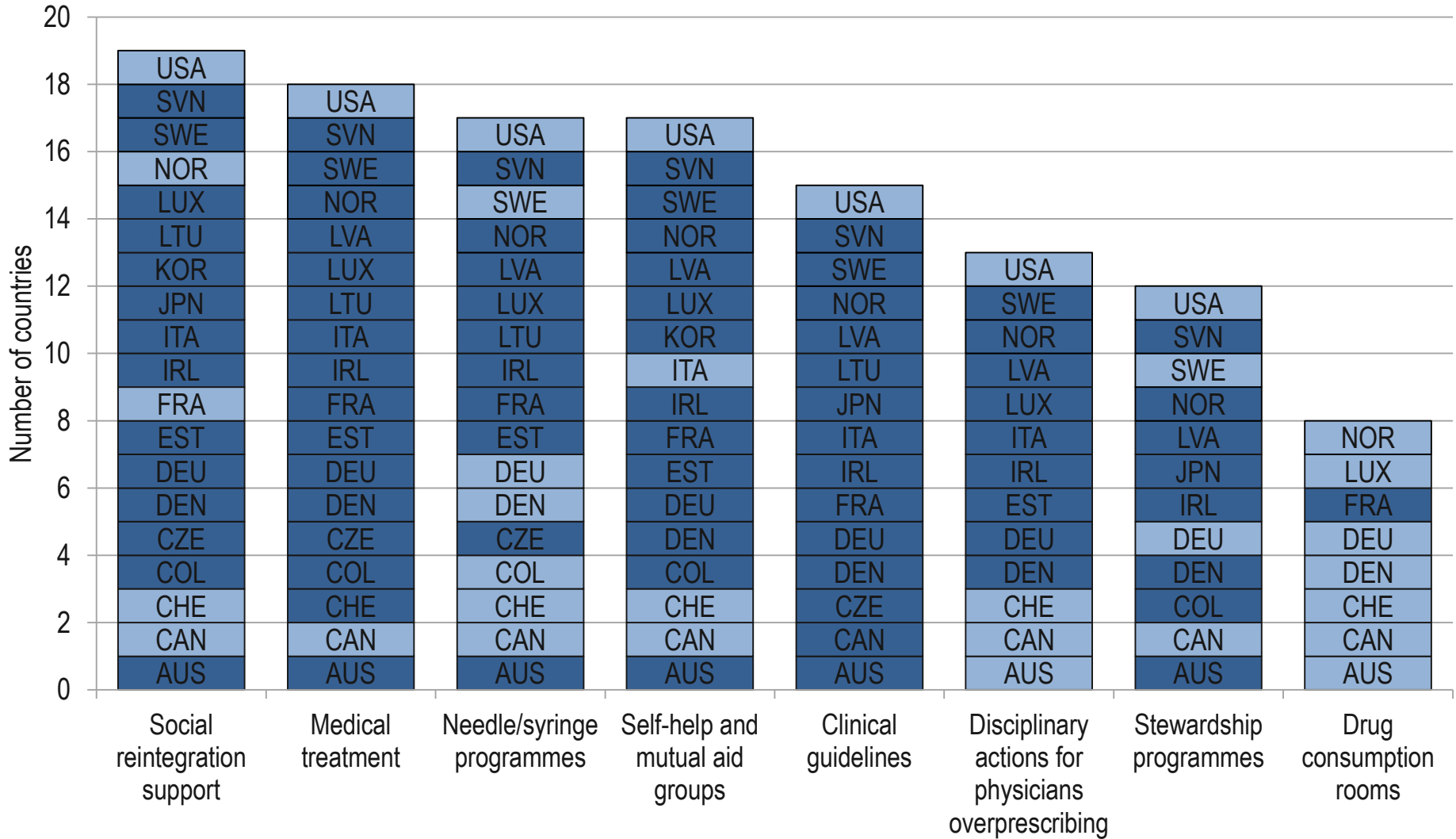
**Regulation and
enforcement**



**Information and
knowledge**



Social support and medical treatment are most common areas of policy action



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



Regulation and enforcement actions

Customs

Identification of high risk shipments:

- Registration of precursors
- Pre-load or pre-arrival air security
- Open low-weight mail (30g or less in Canada)

Medication diversion

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

Law enforcement officials

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

Criminal justice system

- 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

1996: oxycodone
1995: tramadol

2008: tapentadol
2006: tilidine
2002: burprenorphine

1900-1989

1990-1999

2000-2018

Non-opioid analgesics

1950: acetaminophen
1965: aspirin
1973: diclofenac
1974: ibuprofen
1976: naproxen
1986: ketoprofen

1998: celecoxib

2000: meloxicam

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**.



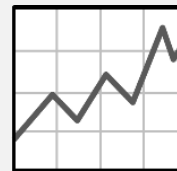
Better care

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



Better intersectoral coordination

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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