

New report reveals stark north-south divide in painkiller prescribing in England

January 14 2019, by Jane Icke



Credit: University of Nottingham

A new report has revealed that patients in the north of the country are being prescribed almost four times more opioids to relieve pain than those in the south.

The research by the University of Nottingham's School of Pharmacy and the University of Manchester is the first national study to examine the regional variations in opioid prescribing and how this links with socioeconomic status.

The findings, published in the *International Journal of Drug Policy*, show a significant variation in [prescription opioids](#) from northern and eastern England compared to southern England, which mirrors general health inequalities between those from deprived and affluent areas.

The research also shows how smoking, obesity and depression are all

associated with more prescribing of opioid drugs.

North-South divide

Data was analysed from Clinical Commissioning Groups (CCGs) of 7856 GP practices across four primary urban areas – Birmingham, Manchester, Newcastle and London. GP practices in the north and east were found to be prescribing up to four times more opioid medicines than the south.

GPs in NHS Blackpool CCG and NHS St Helens CCG prescribe the highest levels of opioids in England. Five areas in North East England and four areas in the North West are in the top ten highest prescribers.

The highest number of opioids given on a single day was found across Manchester, which equated to approximately 10% of the registrants in that area. The lowest number was in London. Researchers found a direct link between opioid use and socioeconomic status, finding that more opioids being prescribed in poorer areas were, in particular areas with higher rates of obesity and smoking and an ageing population.

Potent medicines with modest benefits

Dr. Roger Knaggs from the University of Nottingham is a leading UK expert on opioid use and was involved in the study. He says: "Opioids are some of the most potent medicines for [pain relief](#) available at present, however they do not work for all types of pain or for everybody. Whilst they often are of help for pain following injury or an operation, and for pain at the end of life, there are only modest benefits for many types of chronic pain, such as back pain, arthritis and nerve (neuropathic) pain."

The results from our study confirm the substantial variation in opioid

prescribing throughout the UK from two other studies published earlier in 2018.

We need to understand more about why opioids are prescribed more commonly in areas of greater deprivation and to ensure there is collaboration between different parts of the healthcare system to provide appropriate services and support are available for people who are prescribed opioids."

Opioids contain chemicals that relax the body and can relieve pain. They work by binding to [opioid](#) receptors in the brain, spinal cord, and other areas of the body. They reduce the sending of pain messages to the brain and reduce feelings of pain. Commonly prescribed opioids in the UK include: codeine, tramadol, fentanyl, morphine, buprenorphine and fentanyl.

Prescription opioids are used mostly to treat moderate to severe pain, though some opioids can be used to treat cough and diarrhoea. Opioids can also make people feel very relaxed and "high—which is why they are sometimes used for non-medical reasons. This can be dangerous because opioids can be highly addictive, and overdoses and death are common.

Joined-up system

Dr. Li-Chia Chen from the University of Manchester who carried out the research while at Nottingham said: "There's no guarantee that long term use of analgesia can resolve chronic pain. Indeed the risk of opioid side-effects such as dependency, respiratory depression and immunosuppression may sometimes outweigh the potential benefits.

We feel there needs to be more of a joined-up system of pain management and feel an interdisciplinary team approach is sorely

needed. One answer could be to give pharmacists more of a role in pain management and in our view are an underused resource."

Co-author Dr. Teng-Chou Chen, from The University of Manchester said: "This study shows that your socioeconomic status has a strong association with opiate prescribing for [pain](#).

"We don't yet know why this is, but if for example you are a manual worker, which is more likely in socially deprived areas, then you're more likely to have musculoskeletal problems and therefore need opiates.

"Smoking and depression are also more prevalent in poorer areas, but whatever the causes, it's clear that people living in more deprived areas are at more risk of overdose and it is helpful for clinicians to be aware of this."

Dr. Chen is also studying opiate prescribing internationally and will be publishing his results next year.

The highest 10 areas for GP opiate prescribing are:

1. NHS Blackpool CCG (North West)
2. NHS St Helens CCG (North West)
3. NHS Lincolnshire East CCG (East Midlands)
4. NHS Knowsley CCG (North West)
5. NHS Barnsley CCG (Yorkshire and the Humber)
6. NHS Corby CCG (East Midlands)
7. NHS Halton CCG (North West)
8. NHS Great Yarmouth and Waveney CCG (East Anglia)
9. NHS Doncaster CCG (Yorkshire and the Humber)
10. NHS South Tees CCG (North East)

Provided by University of Nottingham

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