

WFSA Statement on Opioids

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Opioids are a class of essential medications in the treatment of pain that also have a strong potential for abuse.¹ The dilemma with these powerful medications is to provide access for conditions where benefit has been demonstrated while protecting the public from the potential harms. There is strong evidence to support the use of opioids in acute pain and pain at the end of life.^{2,3} Although a few carefully selected patients may benefit, population-based studies provide limited evidence to support the use of opioids in chronic pain and clearly demonstrate the harm they can cause.⁴⁻⁶

It is important that pain is recognised, assessed and treated in a manner that accounts for the risks and benefits of treatment options - which may include opioids. Clinical monitoring and re-assessment should continue for all patients, regardless of treatment, and is particularly important for those taking opioids. It is essential to note that even with the highest quality of medical pain management, complete pain relief may not be achievable.⁷

Internationally two problems exist simultaneously. In low- and middle-income countries access to pain management is very limited and the use of opioids is extremely low.⁸ This is due to a combination of poor availability, over-stringent and restrictive legislation and low levels of awareness of how to use them.⁹ Consequently, patients are frequently denied access to essential pain treatment. Conversely, there is a problem of opioid over-use in high-income countries and notably in North America.¹⁰ This over-use is attributed in part to over-zealous prescribing of opioids to treat chronic pain.¹¹

The problems of over- and under-use of opioids cause widespread suffering to individuals and to wider society.^{8,12} These issues are inextricably linked and cannot, therefore, be tackled effectively in isolation. However, most initiatives aimed at increasing the use of opioids in low- and middle-income countries have targeted their use in palliative care and have tended to overlook their use in acute and chronic pain.^{8,13,14}

Palliative care is widening its remit to incorporate the treatment of a broader range of medical conditions and at an earlier stage of disease trajectory.^{8,15} With this expansion the imperative to highlight the limited efficacy of opioids in chronic pain is increasingly important.

The strategy to improve the use of opioids at a global level, for all types of pain, will involve addressing both over- and under-use *concurrently*. Engagement should occur with patients and clinicians working in multiple medical fields including anaesthesiology, pain medicine, palliative medicine and primary care. Education should be provided for all groups (including patients, families, prescribers and regulators) to encourage the responsible use of opioids to treat acute pain and pain at the end of life whilst simultaneously highlighting the limited evidence for their benefit when treating chronic pain.

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