

# The opioid epidemic: Spotlighting international efforts to address the crisis

**KPMG Government Institute**

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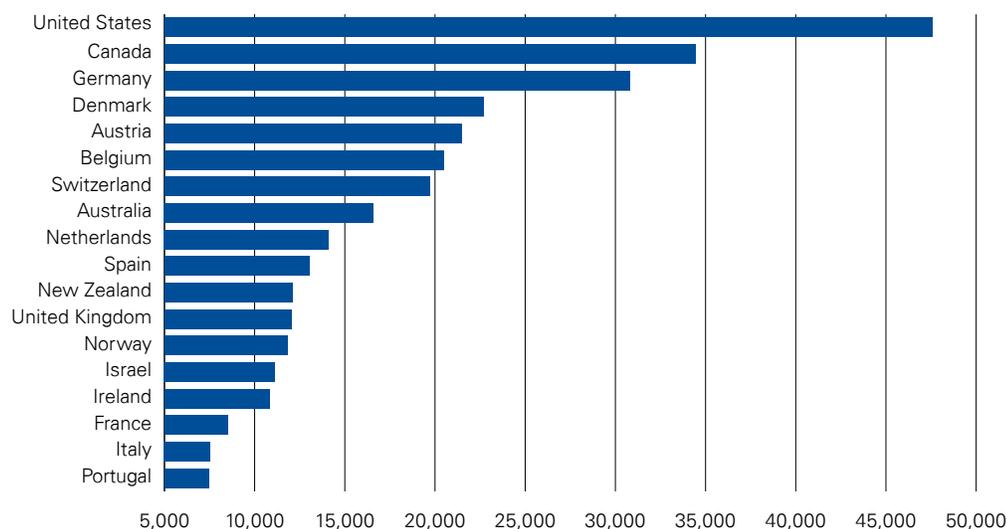


Opioid use is an epidemic in the United States and, as of October 26, 2017, also a public health emergency.<sup>1</sup> Over an estimated two million Americans are currently addicted to opioids,<sup>2</sup> while about 142 Americans die every day from opioid overdoses.<sup>3</sup> Approximately 80 percent of the global supply of opioids is consumed (see Figure 1) in the United States while the U.S. accounts for less than 5 percent of the global population.<sup>4</sup>

While the U.S. may be one of the hardest hit countries in terms of opioid addiction numbers, it is, sadly, by no means the only country struggling to control an opioid epidemic. This issue brief focuses on the strategies deployed in other countries and, where available, a reflection of the results achieved to date.

In examining international efforts we have also found that while every country will need to apply their own unique political, social and economic context to any opioid solution strategy, the solutions tend to fall within one or a combination of four discrete action areas (see Figure 2).

Figure 1: Narcotic drug consumption by country (Daily doses per 1 million people per day)



Source: International Narcotics Control Board, United Nations, Report 2016.

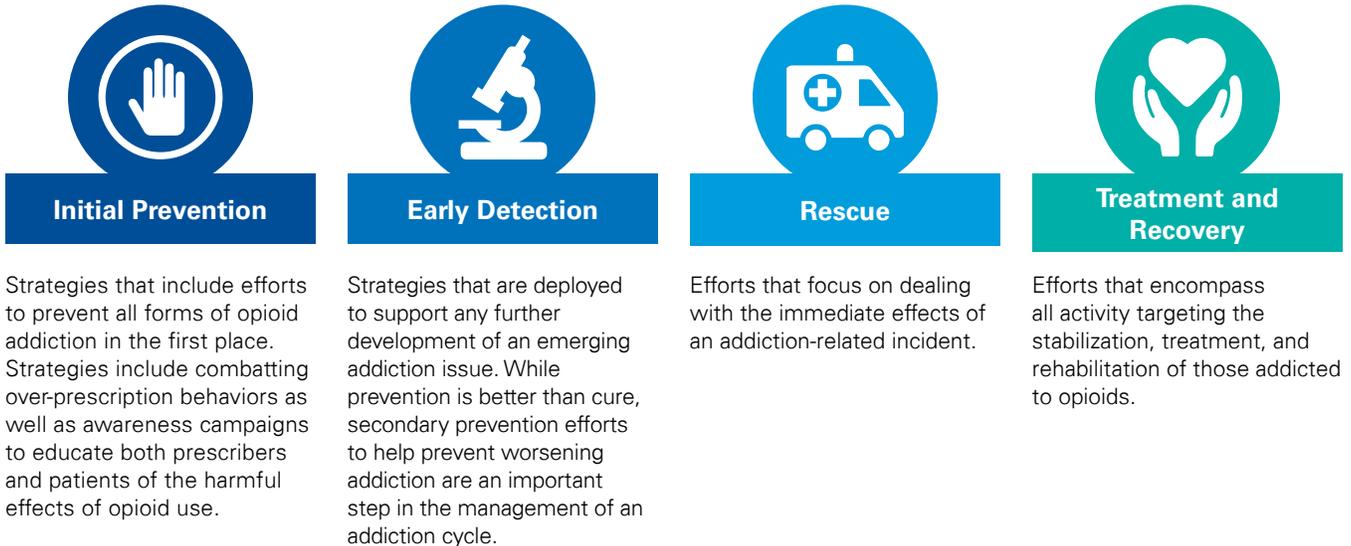
<sup>1</sup> <https://www.nytimes.com/2017/10/26/us/politics/trump-opioid-crisis.html>

<sup>2</sup> <https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse>

<sup>3</sup> <http://www.msn.com/en-us/video/news/the-opioid-epidemic-about-142-americans-die-everyday/vp-AApE8Wr>

<sup>4</sup> <https://www.cnbc.com/2016/04/27/americans-consume-almost-all-of-the-global-opioid-supply.html>

Figure 2: Framework to classify solutions to the opioid epidemic



**Australia: Using real time alerts**



Opioid use almost quintupled in Australia from 22 million doses annually in 2001 to 106 million doses in 2013.<sup>5</sup> The National Drug and Alcohol Research Centre found that opioid-related hospitalizations among Australians aged 30 to 59 years old have steadily increased from 2012 to 2017,<sup>6</sup> and legally prescribed opioids in Australia are now estimated to be killing more people than heroin.<sup>7</sup> The problem is particularly severe in rural and regional areas where the majority of an estimated 800 people a year die from opioid overdoses.<sup>8</sup>

The Australian Drug Law Reform Foundation has made a series of recommendations to help Australia combat the opioid issue. These recommendations are primarily focused on vastly increasing the scale of existing efforts, including expanding treatment for heroin users and people dependent on other opioids, providing heroin prescription treatment for select super users, supervised injecting centers in areas with large numbers of drug overdoses, and expanding distribution of naloxone which can reverse the effects of an opioid overdose in emergency situations.<sup>9</sup>

The latest approach—announced in July 2017—has been for the Australian federal government to commit an additional AU\$16 million (US\$12.5 million) to increase the pace of rollout for an existing initiative to implement a national real-time monitoring system to alert pharmacists and doctors if patients attempt to obtain multiple supplies of prescription drugs.<sup>10</sup> The government of the State of Victoria has already committed AU\$30 million (US\$23.4 million) for the implementation of Real Time Prescription Monitoring.<sup>11</sup> The rollout will include over 1,900 medical clinics, 1,300 pharmacies, and 200 hospitals across the state.<sup>12</sup>

**Canada: Investing in a coordinated, collaborative national response to promote access to treatment**



Recently published data shows almost 2,500 Canadians died from opioid-related overdoses in 2016, marking a 25 percent increase from the number of deaths in 2015.<sup>13</sup> Canada also has the highest rates globally of babies born with neonatal abstinence syndrome.<sup>14</sup> Nineteen million opioid prescriptions were issued in Canada in 2016, making it the second biggest consumer of medicinal opioids per capita globally.<sup>15</sup>

In 2017 the Canadian government announced a coordinated, national response to address the crisis, together with CAD\$65 million (US\$50.5 million) over five years to support measures outlined in an Opioid Action Plan.<sup>16</sup> The Opioid Action Plan outlines a response that is, “comprehensive, collaborative, compassionate and evidence-based.”<sup>17</sup> Key elements include an overarching public health emergency response, supported by a four-pillar focus on prevention, treatment, harm reduction and enforcement. Specific interventions include the rollout of a “Problematic Prescription Drug Use Strategy,” as well as a review of legislation to protect those seeking emergency assistance for an overdose. The role of an evidence base to underpin decision making and identify trends and best practices is also emphasized.<sup>18</sup>

<sup>5</sup> <https://www.theguardian.com/science/2016/feb/03/painkiller-use-quadruples-in-australia-as-codeine-and-other-opioids-abused>

<sup>6</sup> <http://www.smh.com.au/national/prescription-opioid-epidemic-coming-to-australia-20170803-gxobvt.html>

<sup>7</sup> <http://www.smh.com.au/national/health/prescription-opioids-are-killing-more-australians-than-heroin-australian-bureau-of-statistics-20170720-gxf5wa.html>

<sup>8</sup> <http://www.abc.net.au/news/2017-04-13/800-australians-overdose-on-prescription-drugs-per-year-experts/8443578>

<sup>9</sup> <http://www.smh.com.au/national/prescription-opioid-epidemic-coming-to-australia-20170803-gxobvt.html>

<sup>10</sup> <http://www.abc.net.au/radio/programs/am/real-time-prescription-monitoring-to-be-introduced/8751550>

<sup>11</sup> <https://www.guild.org.au/guild-branches/vic/news-and-events/victorian-news/2016/04/26/realtime-prescription-monitoring>

<sup>12</sup> <https://www2.health.vic.gov.au/Api/downloadmedia/%7BEED2AED1-3FBA-480C-BA4C-BD8A15FA0456%7D>

<sup>13</sup> <https://www.canada.ca/en/health-canada/services/substance-abuse/prescription-drug-abuse/opioids/national-report-apparent-opioid-related-deaths.html>

<sup>14</sup> <http://calgaryherald.com/storyline/canadas-opioid-crisis-is-leading-to-more-babies-born-addicted-study>

<sup>15</sup> [https://www.incb.org/documents/Narcotic-Drugs/Technical-Publications/2016/Narcotic\\_Drugs\\_Publication\\_2016.pdf](https://www.incb.org/documents/Narcotic-Drugs/Technical-Publications/2016/Narcotic_Drugs_Publication_2016.pdf)

In addition to this comprehensive national strategy, there have been various initiatives to improve access to life-saving drugs and therapies. In March 2016, the Government of Canada made changes to the prescription drug list so naloxone could be dispensed out of hospitals. A direct result was that Alberta, Ontario and British Columbia's provincial governments have reclassified the drug so that it can be available without prescription. Other Provinces, such as Manitoba, Nova Scotia, Quebec and Saskatchewan, have created take-home naloxone programs where many social services providers—including first responders, paramedics, firefighters, and law enforcement—are trained to use naloxone kits. Furthermore, in July 2016, the Canadian government signed an interim order to authorize the sale of Narcan, a naloxone nasal spray, without prescription.<sup>19</sup>

Canada has actively worked to improve access to naloxone to prevent overdoses, and has also invested in improving therapies for opioid addiction. Currently, for physicians to administer a medication-assisted treatment (MAT), such as methadone, they must be exempted under section 56 of the Controlled Drugs and Substances Act. However many Provinces are looking into options that would allow Suboxone (a new MAT drug with purported less risk of abuse than methadone) to be prescribed without requiring such an exemption. The Canadian Agency for Drugs and Technologies in Health has begun a study on the comparison of the safety and effectiveness of methadone and buprenorphine (i.e., Suboxone) treatments.<sup>20</sup>

 **Europe:**  
**A balancing act - reducing demand versus reducing supply**



The European Drug Report 2017, published by the European Monitoring Centre for Drugs and Drug Addiction, reported that there are currently 1.3 million high-risk opioid users across the Europe. Five countries account for 76 percent of these people (Germany, Spain, France, Italy, and the United Kingdom).<sup>21</sup> Two particular emerging trends are noted among this population – the growing use of synthetic opioids and the ageing population of opioid users. This latter group is people in their 40s and 50s with multiple health issues that place significant burden on healthcare resources.

The European Union Drugs Strategy 2013-2020 outlines a “five pillar” approach to tackling drug use. The strategy promotes a balanced perspective, placing equal emphasis on two policy areas—reduction of drug demand and the reduction of drug supply. Supporting these two policy areas are three cross-cutting themes—coordination, international cooperation, and research and evaluation.<sup>22</sup>

The strategy has recently been updated with a 2017–2020 action plan, including amendments to focus on emerging challenges and opportunities. These include encouraging stronger synergies in the use of information and communications technology for prevention purposes, complementary drug data collection across E.U. member states, as well as actions to further engage “civil society” in the formulation and evaluation of drug policies.<sup>23</sup> Two opioid-specific intervention programs are prioritized—opioid substitution treatment and take-home naloxone programs.

It is estimated that half of opioid users across the European Union (E.U.) are receiving substitution treatment, and the majority of this treatment is provided in outpatient and community settings. In places such as Germany and France, this includes general practitioners (primary care providers) as important prescribers of substitution treatment. In some places, such as Slovenia, mental (behavioral) health facilities are important coordinators of care. Psychosocial intervention is also typically included within these treatment programs.<sup>24</sup>

Building on World Health Organization guidelines from 2014, ten EU countries currently support take-home naloxone programs. Based upon the community management of opioid overdose, these approaches include providing training and access to nonmedical individuals who are likely to witness an opioid overdose, including friends and family of victims, as well as staff at services such as hostels and shelters.<sup>25</sup>

Among E.U. countries, Portugal has taken a radical approach in combatting opioid use. In the 1980s, drug use was a serious social and health issue. The Portuguese government increased investment in prosecution and administered severe punishments. Today, it is generally accepted in Portugal that this approach exacerbated the crisis. By the end of the 1990s one percent of the entire population (100,000 people) were addicted to heroin.<sup>26</sup> In 2001, Portuguese leaders implemented a paradigm shift and decriminalized the personal use of illegal drugs. The country began to attack the crisis as a public health issue rather than one of criminality. Drug addiction was viewed through the lens of being a chronic disease, and medical care became the focus of intervention. The distribution of drugs remains illegal in Portugal; however those caught with less than a 10-day supply are brought before the Commission for the Dissuasion of Drug Addiction. A panel of three members, generally comprised of a mix of a lawyer, judge, doctor, psychologist, and a social worker, has three options—recommend treatment, a small fine, or do nothing. Counselling is the most common outcome.

Serious drug use in Portugal is down by half since the introduction of these changes, and current drug mortality is the lowest in Western Europe.<sup>27</sup> The criminal justice system has been relieved of the strain of processing high volumes of drug offense charges.

<sup>16</sup> [https://www.canada.ca/en/health-canada/news/2017/02/government\\_of\\_canadaannouncesnewfundingtocombatopioidcrisis0.html](https://www.canada.ca/en/health-canada/news/2017/02/government_of_canadaannouncesnewfundingtocombatopioidcrisis0.html)

<sup>17</sup> <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/taking-action-canada-opioids-crisis.pdf>

<sup>18</sup> <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/taking-action-canada-opioids-crisis.pdf>

<sup>19</sup> [https://www.incb.org/documents/Narcotic-Drugs/Technical-Publications/2016/Narcotic\\_Drugs\\_Publication\\_2016.pdf](https://www.incb.org/documents/Narcotic-Drugs/Technical-Publications/2016/Narcotic_Drugs_Publication_2016.pdf)

<sup>20</sup> [https://www.incb.org/documents/Narcotic-Drugs/Technical-Publications/2016/Narcotic\\_Drugs\\_Publication\\_2016.pdf](https://www.incb.org/documents/Narcotic-Drugs/Technical-Publications/2016/Narcotic_Drugs_Publication_2016.pdf)

<sup>21</sup> [http://www.emcdda.europa.eu/system/files/publications/4541/TDAT17001ENN.pdf\\_en](http://www.emcdda.europa.eu/system/files/publications/4541/TDAT17001ENN.pdf_en)

<sup>22</sup> [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/20170315\\_evaluation\\_communication\\_en.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/20170315_evaluation_communication_en.pdf)

<sup>23</sup> [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/20170315\\_evaluation\\_communication\\_en.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/20170315_evaluation_communication_en.pdf)

<sup>24</sup> [http://www.emcdda.europa.eu/system/files/publications/4541/TDAT17001ENN.pdf\\_en](http://www.emcdda.europa.eu/system/files/publications/4541/TDAT17001ENN.pdf_en)

<sup>25</sup> [http://www.emcdda.europa.eu/system/files/publications/2089/TDXD15020ENN.pdf\\_en](http://www.emcdda.europa.eu/system/files/publications/2089/TDXD15020ENN.pdf_en)

<sup>26</sup> <https://www.newyorker.com/magazine/2011/10/17/getting-a-fix>

And importantly, young people have responded. In 2014 it was reported that the proportion of 15 to 24 year olds who said that they had used drugs in the last month had reduced by almost 50 percent since decriminalization in 2001.<sup>28</sup> Targeted education and community support have promoted an open dialogue about drug use and associated harm, with the conversation focused on helping those at risk avoid negative health and social consequences.

### Final thoughts

Examples from other countries such as Australia, Canada and across Europe—those next in line in the battle against opioid use—suggest that there are few easy wins or “magic bullets” to the crisis. The U.S. can take some assurance from the fact that strategies being implemented globally, including the provision of evidence-based MAT programs, enabling access to naloxone, and well-coordinated prescription monitoring, are aligned to many of the strategies states are already implementing.

Examples of radical and transformative approaches in how to tackle the opioid crisis are rare. However within international efforts there are common denominators—seeing opioid addiction as a long term medical condition that requires a medical and behavioral care plan, recognizing that there are a complex array of stakeholders to align, and the need for unwavering commitment and persistence to prevention and treatment.

The challenge then is perhaps less about “what” should be done, and is increasingly more about “how” interventions are being implemented to ensure they are effective, consistent and scalable.

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<sup>27</sup> <https://www.nytimes.com/2017/09/22/opinion/sunday/portugal-drug-decriminalization.html?mcubz=0>

<sup>28</sup> <http://www.tdpf.org.uk/blog/success-portugal%E2%80%99s-decriminalisation-policy-%E2%80%93-seven-charts>

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