

Vastly differing opioid prescribing patterns in England even in similarly deprived areas

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Opioid prescribing patterns vary hugely across England, even in similarly deprived areas, reveals an analysis of general practice data, published online in the *Journal of Epidemiology & Community Health*.

Rates in the areas of greatest [deprivation](#) in the North of the country are more than 3 times higher than those in the most deprived parts of London, the data show.

Opioids are highly effective for acute pain, but not for [chronic pain](#): taking them for any length of time risks dependence, overdose, and addiction, say the researchers.

But between 2008 and 2018, [opioid](#) prescribing in England increased by 34%, with more than 231 million prescriptions dispensed in primary care in 2018-19 alone. And worldwide, in 2017, an estimated 53.4 million people were on opioids, and these drugs made up two thirds of deaths related to drug misuse.

To analyse prescribing patterns across the country at the local level and delve deeper into the recognised links with deprivation, as measured by the 2019 Index of Multiple Deprivation, the researchers analysed national primary care prescribing data for 2018-19.

They focused on data for the administrative bodies responsible for delivering health services in England—Clinical Commissioning Groups (CCGs)—broken down into 32,844 smaller local areas of around 1500

people.

Higher prescribing rates were associated with a higher prevalence of rheumatoid arthritis in [local populations](#); [urban areas](#); and higher levels of socioeconomic deprivation.

In total, 624, 411,164 doses of opioids were prescribed every day in England in 2018-19, averaging more than 30 doses per 1000 people every day. But local area rates varied considerably from 1.7 to 121.04 daily doses/1000 people/day.

Higher prescribing local areas were located in the Midlands, the North, Cornwall (South West) and the [coastal areas](#).

Prescribing in the most deprived areas of England was 9.7 doses/1000 people/ day higher, on average, than it was in the least deprived areas. But this wasn't consistent between or within CCGs.

In the CCGs with the greatest socioeconomic inequalities, the prescribing rate in the most deprived areas was twice that of the least deprived. But in some CCGs opioid prescribing was higher in the more affluent areas than in the most deprived ones; in others, on average, more than 40 doses per 1000 people/day were prescribed in the most deprived compared to the least deprived areas.

And prescribing in the most deprived local areas in the North of England was 20% higher than the national average for areas with similar deprivation levels, and more than 3 times higher than in the most deprived areas of London.

The researchers acknowledge that they didn't have data on the actual number of prescriptions for people living in each local area and that these will vary for each person. Nor did they have information on the

dose or duration of treatment in some regions.

Nevertheless, they conclude: "Our study provides evidence that levels of opioid prescribing differ significantly across small geographical areas in England, even after adjusting for population structure."

And they add that it: "highlights that some geographical [areas](#) experience vastly different levels of opioid prescribing even with similar deprivation levels. This suggests that the relationship between socioeconomic deprivation, as measured by Index of Multiple Deprivation, and opioid prescribing is not uniform across the country."

More information: Association of socioeconomic deprivation with opioid prescribing in primary care in England: a spatial analysis, *Journal of Epidemiology & Community Health*, [DOI: 10.1136/jech-2020-214676](https://doi.org/10.1136/jech-2020-214676)

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