

In a glimpse

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Prescribing opioid analgesics in general practice: results of the Study on the use of analgesic opioid medicines (EMOA)

The French Monitoring Centre for Drugs and Drug Addiction (OFDT) publishes the first results of the Study on the use of analgesic opioid medicines (EMOA) launched in 2022. This study has been funded via the Fund for Combatting Addiction, managed by the National Health Insurance Fund (CNAM), as part of the 2019-2022 roadmap "to prevent and act against opioid overdoses" adopted by the Ministry of Health and Prevention.

This publication questions the practices of general practitioners administering initial prescriptions of analgesic opioid medicines in a context of increasing prescriptions of analgesic opioid medicines in the treatment of chronic pain unrelated to cancer over the past ten years, and in connection with the implementation of a pain control policy in France. How do they prescribe opioid analgesics? How do they deal with situations deemed "problematic"? The sociological analysis presented is based on the testimony of 23 general practitioners practising in different organisational contexts: health centre, private practice, multi-professional nursing home, care home for the elderly.

This *Tendances* no.156 therefore provides information covering the practices of prescribing opioid analgesics by these health professionals by focusing on the related issues, in particular the challenges involved in the cooperation between the actors within the healthcare system.

Prescribing or de-prescribing an opioid analgesic: the criteria behind the decision

This study shows the importance of multidisciplinary work in the identification and management of problems involving medications. The challenges involving cooperation between the various actors within the healthcare system (in particular between general practitioners and professionals working in entities specialising in the treatment of pain or addictions) are the main obstacle to de-prescribing, i.e. modification or termination of prescription.

Three elements are involved in the decision to prescribe or de-prescribe analgesic opioid medicines: collective networking (i.e. different professionals working as a care teams), scientific knowledge (the search for knowledge through specialised journals such as *Prescrire* and, less frequently, the recommendations of the National Agency for Medicines and Health Products Safety (ANSM) and practical experience of medicine use (reported by the patient, nurse or carer at home, and self-reported by the physician, i.e. experiences of use experienced by the doctor himself).

The analysis of these three elements that ground the prescribing practices of analgesic opioid medicines by general practitioners shows that the decisions to initiate, modify or stop prescribing requires collaboration.

Problematic situations: doctors poorly integrated into healthcare networks

The doctors surveyed encounter varying degrees of difficulty in terms of organising care to resolve a problem with analgesic opioids. It depends on their operating context, whether in a nursing home, health centre or private practice.

Three positions in the care chain stand out. First of all, some doctors are able to internalise the problem and take charge, especially when they work in environments where they are surrounded by professionals with various disciplines with whom they share the same working logics. Next, other doctors working in isolation can externalise the problem with the medicine, directing patients to structures or specialists deemed more competent in terms of treatment. Finally, a significant proportion of doctors may downplay the seriousness of problems caused by opioids (including addiction) and deal exclusively with the problem of pain.

This *Tendances* no. 156 finally emphasises that this study reveals the challenges involved in coordinating care between different stakeholders in the management of patients presenting with several kinds of pain and multiple diagnoses at the same time. Thus, taking an interest in access to care and its organisational scope makes it possible to better understand the challenges linked to the prescriptions of analgesic opioid drugs, resulting from problems of identification and of the management of addiction and overdoses, segmentation, and organisation of care in the face of complex care channels.

Further reading (in French)

Tendances no.156, [Pratiques de prescription d'antalgiques opioïdes en médecine générale](#), 8 p.

OFDT webinar – [Opioïdes : état des lieux des usages et mésusages en France et au Québec](#) [Opioids: an overview of use and misuse in France and Quebec] (video)