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Her Excellency Toyin Saraki

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POSITION PAPER

The Rise in Opioids Abuse

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ABOUT

Her Excellency *Mrs Toyin Ojora Saraki*

As Founder-President of The Wellbeing Foundation Africa (WBFA), Her Excellency Mrs Toyin Ojora Saraki is a global advocate for women's and children's health and empowerment, with two decades of advocacy covering reproductive, maternal, new-born, child and adolescent health; ending gender-based discrimination and violence; and improving education, socio-economic empowerment, and community livelihoods in sub-Saharan Africa.

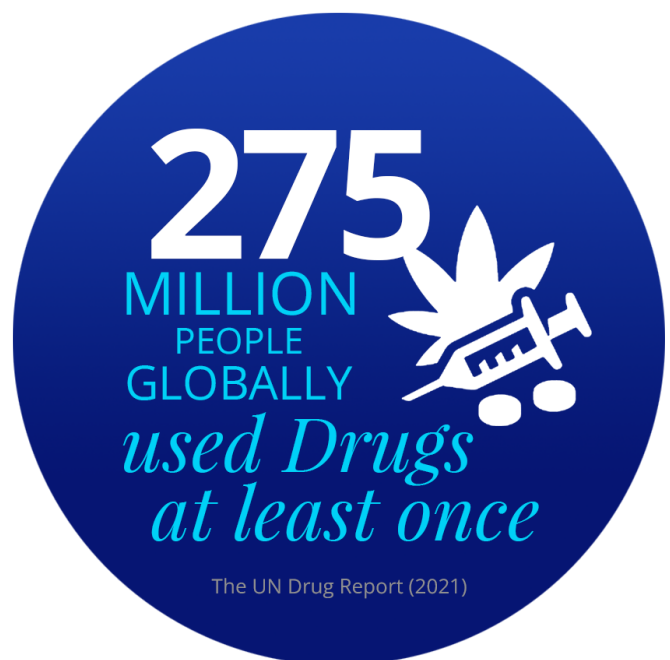
Mrs Saraki is the Inaugural and Emeritus Global Goodwill Ambassador for the International Confederation of Midwives (ICM); special adviser and member of the Independent Advisory Group (IAG) of the World Health Organization's (WHO) Regional Office for Africa (AFRO), was named by Devex as UHC Global Champion, is the UNFPA Nigeria Family Planning Champion, is the Save the Children New-born Health Champion for Nigeria; and is a Global Champion for the White Ribbon Alliance for Safe Motherhood, and member of the International Steering Committee ICPD25. Mrs Saraki has recently been appointed the inaugural WHO Foundation Global Health Ambassador.





A Growing Crisis

The supply, misuse and addiction of drugs globally is not a new phenomenon, but more must be done to stem the rising tide of the opioid crisis from a structural, medical, advocacy and policy level if we are to see appreciable reductions in the crisis. The UN Drug Report (2021) estimated that 275 million people globally (or 5.5% of the global population aged 15-64 years) used drugs at least once, up by 22 per cent from 2010. By 2030, demographic factors project the number of people using drugs is set to rise by 11 per cent globally, and as much as 40 per cent in Africa alone.



Opioid usage represents 62 million users worldwide whilst 36 million people suffer from one form of drug disorders with those dependent on opioids using illicitly cultivated and manufactured heroin or associated substitutes. The proportion of those using prescription opioids such as Hydrocodone, Oxycodone and Morphine is also growing as are the number of opioid related deaths. Opioid fatalities in the U.S rose from 21,089 in 2010 to 80,411 in 2021 and the number of opioid overdoses has increased in recent years in several countries, in

part mostly due to the increased use of opioids in the management of chronic pain and the increasing use of highly potent opioids appearing on the illicit drug market.

The term “opioids” derives from the compounds that are extracted from the poppy seed and created via semisynthetic and synthetic compounds. All contain similar properties that can actively interact with opioid receptors in a person’s brain. Opioids have a palliative and sedative effect and are commonly used for the management of pain. After intake, opioids elicit the feelings of euphoria which has led to its misuse for non-medical reasons. Opioids include heroin, morphine, codeine, fentanyl, methadone, tramadol, and other similar substances. Consistent and non-medical recreational use and misuse of opioids can lead to long term health issues such as addiction/dependence, cardiovascular damage and overdose, which can be fatal.

Opioid dependence is a disorder arising from repeated or continuous use of opioids and is characterised by the feature of dependence and a strong internal drive to use opioids. This manifests by impairing the ability to control its use which leads to the increased priority given to usage over other activities which has negative overall consequences. Physiological features of dependence and addiction to opioids may also be present, including the heightened tolerance of the user and withdrawal symptoms following a stop or reduction in use. Despite the chemical variety of opioids, amongst the most potent and harmful is Fentanyl, a synthetic opioid that was originally developed as a painkiller for surgery. It has a specific chemical structure with multiple areas that can be modified, often illicitly, to form related compounds with marked differences in potency. Fentanyl itself continues to dominate the illegal opioid trade and is roughly 50 times more potent than heroin and 100 times more potent than morphine.

Treatment of opioid dependence can include:



In Canada and the United States alone, the trafficking of fentanyl is fuelling an overdose epidemic which claims an estimated 80 000 lives a year (2022). In the Middle East and North Africa, sub-Saharan Africa and South Asia, tramadol (and other similar drugs) are causing regional public health emergencies with growing rates of addiction to illicitly obtained pharmaceutical opioids. The rise in fentanyl abuse had also led to a surge in fentanyl overdose deaths that were accelerated during the coronavirus disease 2019 (COVID-19) pandemic and the effects of physical and social isolation.

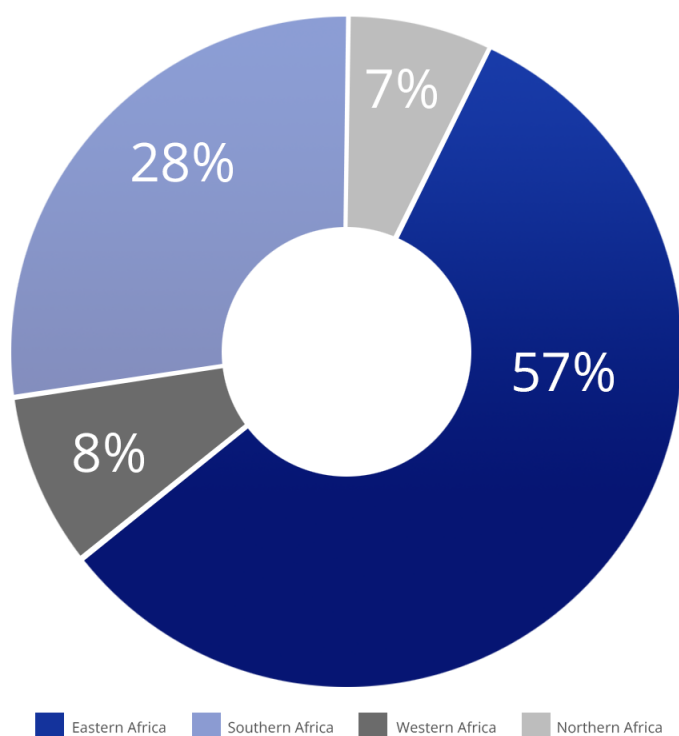
Additionally, there is a direct linkage and impact on money laundering, illicit finance, gang trade and violence and associated vice effects with the growth in trafficking, usage and addiction to Fentanyl. This trade is mainly perpetrated by international and local organised crime groups who are fuelling the overdose synthetic opioid crisis. According to the 2018 UNODC world drug report, north, central and west Africa accounted for 87 percent of pharmaceutical opioids seized worldwide, but corruption, porous and easily accessible borders and the free movement of people create a security challenge across the African region.

Opioid crisis in Africa

Image: Opioids in Africa: cheap and accessible – DW – 06/26/2019



The use of opioids can be as consumed as part of a clinically indicated pain regimen or non-clinically as part of the growing global problem of opioid use disorder (OUD). Opioid consumption has occurred disproportionately in high-income countries such as The U.S and Canada, with low-income countries representing only 6% of global opioid consumption. As opioid trafficking routes have grown and diversified globally there is an increasing utilisation of African trading routes which has led the rise in opioid consumption for non-clinical use in this region.



Opioid and other substance use continues to grow throughout multiple African regions with East Africa having the highest number of users (57%), followed by Southern Africa (28%), Western Africa (8%) and North Africa (7%)

Consumption of illicit drugs is usually associated with young people who smoke cannabis in areas proximate to where opioids were imported (e.g., ports) but the growing usage of opioids has expanded to include workers, farmers, youth, and others, in rural as well as urban African settings. The original entrance of opioids into the African

market was as a key smuggling point of access and transportation to higher paying markets, namely Europe, which has proved highly successful for gangs, drug cartels and local dealers. 87% of the world's illicit seizures of pharmaceutical opioids are in Africa and the ease in availability created burgeoning opportunities for local sales and, as a result, the exponential growth of the opioid market in sub-Saharan Africa. This has been facilitated by the development of more efficient transport infrastructure globally and the promise of wealth to those in low-income countries in which unemployment is rife and the financial opportunity provided by the drugs trade is alluring.

In Nigeria specifically, Over 4.6 million citizens are dependent on opiates, with codeine and tramadol witnessing an exponential rise in their usage. While tramadol can only be legally obtained via prescription and should be taken in low doses, it continues to be sold freely in pharmacies and the open and black market, leading to increased abuse, more acutely in the northern part of the country. Attempts to curb its unregulated importation and restriction has reshaped its trade and consumption in which the price has risen at the same time as the rates of addiction, with restrictions imposed and enforced by the Nigerian authorities led by National Drug Law Enforcement Agency (NDLEA) failing to make appreciable impact in consumption.

Further complicating the problem of opioid usage and addiction in Africa is the fact that the continent Africa has the highest burden of HIV, and tuberculosis (TB) globally with 73% of TB/HIV coinfection cases and 81% of all TB/HIV deaths. The ongoing opioid epidemic in Africa, combined with acceleration of infectious disease transmission and the low availability of resources to address these issues, may prevent further progress towards ambitious health

goals such as the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 targets (90% of all people with HIV know their status, 90% of those who are HIV-positive on treatment, and 90% of those on treatment achieving viral suppression) to reduce HIV transmission and improve care and treatment of people living with HIV globally.

Reducing health disparities, substance abuse and overdose deaths from an African and global perspective requires investments and targeted advocacy in prevention efforts at the individual, family, community, healthcare services and policy levels. For example, if an individual has a strong early intervention of public health prevention education, continues to engage in and receive prevention messaging into adulthood and has a conducive economic and social structure, alongside access to quality culturally specific health care, their ability to achieve and maintain a healthy lifestyle increases therefore creating stop-gaps and barriers to substance abuse. The financial security of an individual is imperative, as is a safe living environment with the associated access to treatment for medical, mental, and chemical health are the fulcrum of a strategic preventative approach to substance abuse, whilst health initiatives and care that provide culturally specific support can reduce indices significantly.

Social and gender determinants of Opioid use



Health outcomes are directly linked and affected by conditions of life in relation to the treatment of chronic pain, mental health, and trauma. Social determinants of health are the conditions within a home, family, school, and community that plays a key role in a person's

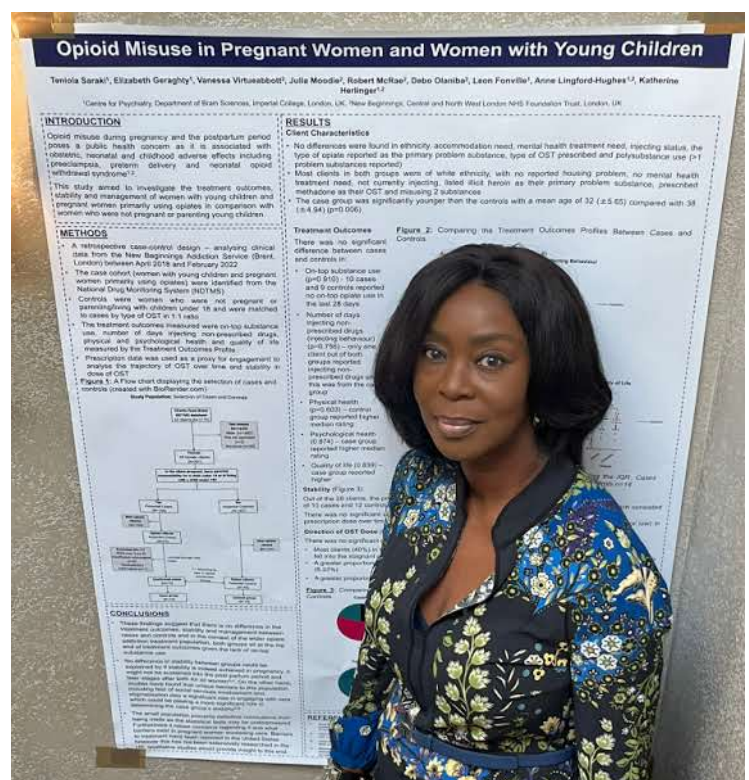
ability to remain healthy. Social determinants of health include the characteristics of the environs in which a person resides, access to healthy and affordable food, safe housing, quality education, and economic stability and well-being. Adverse childhood experiences also play a significant role in the social determinants of health and have been directly linked to the increased risk of mental health issues and substance use. It is also important to highlight that for many individuals in Africa with opioid addiction entrenched challenges remain around stigma, persecution by police, incarceration, condemnation from religious and community leaders and pose a significant barrier to medication and treatment to opioid drug abuse.

Additionally, A recurring theme in opioid use is the lack of targeted interventions for women who use drugs and are often at a distinct disadvantage in terms of barriers to accessing services, differential gender and power norms in society, childcare, a high prevalence of violence and poverty. These complexities are often ignored or underreported with mothers of young children being less likely to seek medical services and treatment due to the fear that admission of usage will lead to separation from their child. Parenting women may also be unable to attend sessions of counselling or seek consistent medical services due to adequate childcare, which remains a barrier on global societies.

When services such as methadone treatment exist, these are often dominated by men, making the environment and treatment services uncomfortable or unsafe for women who may have been victims of one or another form of violence. Furthermore, women may engage in sex work to support their opioid addiction, leading to exposures, more violence and the risk of sexually transmitted disease.

Opioid and substance abuse during pregnancy

Opioid use during pregnancy is a significant public health concern and has been linked with serious negative health outcomes for pregnant women and developing babies, including preterm birth, stillbirth, maternal mortality, and neonatal abstinence syndrome (NAS).

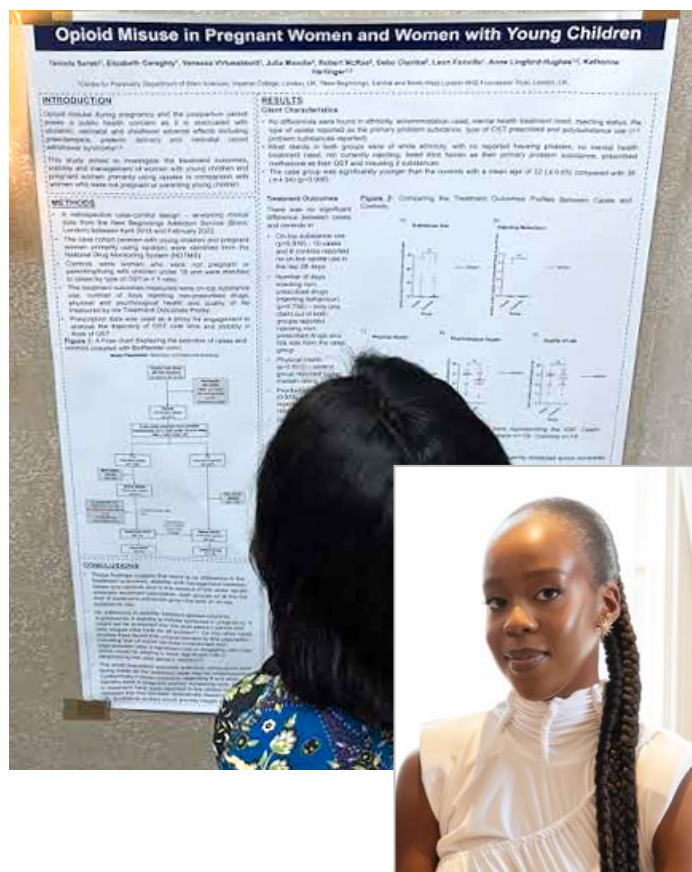


The perinatal period can increase the vulnerability and fragility in the mental health of women with many expectant mothers struggling to receive the right level of care and access to services. Issues such as previously undiagnosed mental health conditions often become exasperated during this period leading to negative impacts on both mother and child. The linkage between mental health conditions such as perinatal depression and substance abuse is one of the most common complications of pregnancy and affects approximately one in seven women and one in five women following childbirth. Untreated substance abuse and in this case, opiate addiction in pregnant women is associated with varied environmental and medical factors which contribute to poor maternal and child outcomes. Illicit opioid usage is associated with adverse maternal outcomes such as, miscarriage, stillbirth, placental abruption, preterm labor, preterm birth, psychiatric comorbidity, overdose and infections with a sixfold increase in obstetric complications such as low birth weight, toxemia, third trimester bleeding, malpresentation, puerperal morbidity, foetal distress and meconium aspiration.

The WHO report on substance abuse and substance abuse during pregnancy (2014) recommended that in cases of opioid use and addiction during pregnancy cessation is the most effective outcome for the health of both mother child but in severe cases, the prescribing of long-acting opioids such as methadone and buprenorphine to maintain stable opioid levels carries less of risk, as carries less of risk of relapse to unstable patterns of short-acting opioid use (such as heroin). Therefore, the decision opioid maintenance treatment approach with a known risk of neonatal withdrawal but a low risk of relapse, and opioid detoxification, which, if successful, carries no risk of neonatal withdrawal, but, if unsuccessful, has a high risk of adverse neonatal outcomes, including neonatal opioid withdrawal and intrauterine growth retardation (IUGR) and whilst also carrying the risk that the individual might relapse, leading to a potential overdose.

A Neural Correlates of Reward and Emotion (NCORE) research study into opioid dependence and its effects on brain function currently being conducted by the Imperial College London, Department of Brain Sciences is examining the improving treatment for detoxification and relapse prevention of opioids with the use of aprepitant an antiemetic medicine, also known as a neurokinin-1 receptor antagonist. Aprepitant has been used for treating nausea and headaches in people receiving chemotherapy for cancer and has also been tested as a possible treatment for people with depression, anxiety and alcoholism with positive results. This key study aims to provide evidence that treating opioid addiction with aprepitant during methadone treatment and when cessation of methadone use has been completed, aprepitant can be highly assistive in the detoxification process by improving brain functions.

Imperial College London has been at the forefront of medical and scientific study and research in relation to Opioid use and its effects on the brain and its effects and treatment during pregnancy. A key research study into opioid misuse in pregnant women and women with young children was conducted by Teniola Saraki under the supervision of Dr Anne Lingford-Hughes, Dr Katherine Herlinger and Dr Leon Fonville with the findings investigated the management and treatment outcomes of these women in addiction.



Opioid Use During Pregnancy in Nigeria, and a Frontline National Approach



Opioid use during pregnancy is not only a matter of concern globally, but is prevalent in Nigeria.

In Nigeria, opioid abuse and addiction have been a growing problem in recent years. The misuse of opioids, particularly codeine and tramadol, has gained attention due to their widespread availability and abuse in the country. This issue extends to pregnant women who may continue or initiate opioid use during pregnancy.

The use of opioids during pregnancy can have various adverse effects on both the mother and the unborn child. These effects may include:

- **Maternal health complications:** Opioid use can lead to complications such as respiratory depression, increased risk of infections, and higher rates of medical complications during pregnancy and delivery.
- **Fetal health complications:** Opioids can cross the placental barrier, exposing the fetus to the drugs. This exposure can lead to various adverse effects, including preterm labor, low birth weight, neonatal abstinence syndrome (NAS), developmental delays, and even stillbirth.
- **Neonatal Abstinence Syndrome (NAS):** NAS occurs when a baby is exposed to opioids in the womb and develops a dependence on the drug. After birth, the baby may experience withdrawal symptoms, including irritability, tremors, excessive crying, poor feeding, and sleep disturbances.
- **Long-term developmental effects:** Prolonged opioid exposure during pregnancy may have long-lasting effects on the child's cognitive and behavioural development.

Addressing the issue of opioid use during pregnancy in Nigeria requires a comprehensive approach involving healthcare providers, policymakers, and the community. Some potential measures include:

- **Public awareness and education:** Conducting public awareness campaigns to educate pregnant women and the general public about the risks associated with opioid use during pregnancy can help prevent or minimize its occurrence.
- **Healthcare provider training:** Ensuring healthcare providers receive adequate training on identifying and managing opioid addiction in pregnant women is crucial. They should also be knowledgeable about alternative pain management strategies that are safer during pregnancy.

- Access to addiction treatment: Expanding access to comprehensive addiction treatment services, including medication-assisted treatment (MAT) for pregnant women, can help address opioid addiction and reduce harm to both the mother and the fetus.
- Strengthening regulatory control: Enforcing stricter regulations on the production, distribution, and sale of opioids can help curb their misuse and availability.

It is important for pregnant women in Nigeria who are struggling with opioid addiction to seek immediate medical help and support from healthcare professionals. They can provide appropriate guidance and resources to address the issue and ensure the best possible outcomes for both the mother and the baby.

Opioid use during pregnancy can have significant mental health implications for both the mother and the developing fetus.

- Maternal mental health disorders: Opioid use during pregnancy is often associated with a higher risk of mental health disorders in the mother. Substance abuse disorders, including opioid addiction, can co-occur with conditions such as depression, anxiety, and post-traumatic stress disorder (PTSD). These mental health disorders can have a negative impact on the mother's overall well-being and may require appropriate treatment and support.
- Increased risk of maternal stress: Opioid addiction during pregnancy can cause high levels of stress for the mother. Concerns about the health and well-being of the fetus, difficulties in accessing addiction treatment, and societal stigma associated with substance abuse can contribute to heightened stress levels. Prolonged stress during pregnancy can increase the risk of adverse pregnancy outcomes and have long-term effects on maternal mental health.
- Fetal exposure to stress hormones: Maternal stress resulting from opioid addiction can also impact the developing fetus. When a pregnant woman experiences high levels of stress, it can lead to the release of stress hormones, such as cortisol, which can cross the placenta and affect the developing baby. Prolonged exposure to stress hormones may have implications for the fetal brain development and increase the risk of mental health issues in the child later in life.
- Increased risk of perinatal mood disorders: Perinatal mood disorders, such as postpartum depression and anxiety, are more common in women who have a history of substance abuse or addiction. Opioid use during pregnancy can further increase the risk of experiencing these mood disorders, which can significantly impact the mother's ability to bond with her baby and provide adequate care.

Addressing the mental health implications of opioid use during pregnancy requires a holistic approach.

- Integrated healthcare services: Pregnant women with opioid addiction should have access to integrated healthcare services that address both their physical and mental health needs. This includes regular screening for mental health disorders and appropriate referral to mental health professionals for assessment and treatment.
- Mental health support and counselling: Pregnant women who use opioids should be provided with mental health support and counselling services to help them cope with the challenges of addiction and address any underlying mental health issues.
- Peer support groups: Engaging in peer support groups specifically designed for pregnant women with opioid addiction can provide a sense of community and reduce feelings of isolation. These groups can offer support, encouragement, and shared experiences, which may contribute to improved mental health outcomes.
- Collaborative care: Healthcare providers, including obstetricians, addiction specialists, and mental health professionals, should work collaboratively to develop comprehensive care plans that address the physical and mental health needs of pregnant women with opioid addiction.

The Response

The Stanford-Lancet Commission called for accessible, high-quality, non-stigmatising, integrated health and social care services for people suffering from opioid and fentanyl substance use disorder. A report published by the U. K's National Health Service (NHS) and the Office of Health Improvement and Disparities revealed that 30% of adults entering substance use treatment due to opiates in England had a housing problem, while 57% needed mental health treatment. This highlights the urgent need for the provision of drug treatment and its integration into interventions addressing mental, physical, and social needs, including housing and employment support. Though the foundational health structures and services vary globally, a collective and multilateral approach to public health responses to opioid addiction must ensure health equity.

Strategic targeting of the social determinants of health and socio-economic factors associated with substance use disorder, the identification of needs and triggers in relation to mental health issues are met with the equal level of care and the investment in 360 prevention programmes for young people and marginalised communities can break the cycle

of addiction. Governments must also enhance cooperation between national and international security agencies and drug enforcement agencies to monitor drug trafficking, identify and block the transit routes and apprehend those engaged in the illegal trade.

To support countries to address the ongoing synthetic opioids crisis, the United Nations Office on Drugs and Crime (UNODC) launched an integrated strategy in June 2018. The strategy in collaboration with key international and institutional partners including, the WHO, International Narcotics Control Board, the World Customs Organization, Organisation of American States, African Union and the Organisation for Economic Co-operation and Development fashioned a five-pillar strategic approach to the crisis. This includes the generation of evidence in support of effective policy decisions and operational responses, promoting inter-agency cooperation in addressing the non-medical use of opioids, strengthening and supporting prevention and treatment programmes related to opioids, enhancing operational activities to prevent the diversion and trafficking of synthetic opioids, and sharing best practices and promoting international cooperation. These steps have gone a long way to not only raising global awareness of the opioid crisis but forms the framework of the collective governmental responses.

From a societal and systemic level, there must be a collective and structured response from civil society and non-governmental organisations to the opioid crisis through advocating for reforms of the regulatory systems and innovative strategies across multiple sectors, including improving epidemiological surveillance and effective pain management whilst punitive and stigmatising approaches should be advocated against. Addiction is not a moral failing and should be treated as a medical condition which poses a constant threat to global health. The UN's Sustainable Development Goal 3.5 which is centred on strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol will not be achievable without a shift in current practices and policies. This requires an increased and long-term investment in the prevention, support, and recovery for opioid addiction.

Resources:

United Nations, Worlds Drug Report 2021, (June 2021) [READ](#)

Suzan Walters, Elizabeth Salisbury-Afshar, Lawrence J. Ouellet [READ](#)

UNAIDS 90-90-90: Treatment for all [READ](#)

The Opioid Epidemic in Africa and Its Impact (2020) - Ann E. Kurth, PhD, CNM, MPH,¹ Peter Cherutich, MD, PhD, MPH,² Rosabelle Conover [READ](#)

United Nations Office on Drugs and Crime (UNODC) Drug Use in Nigeria (2018) [READ](#)

The Lancet Public Health Opioid overdose crisis: time for a radical rethink (2022) [READ](#)

Office for Health Improvement & Disparities. National statistics Adult substance misuse treatment statistics 2020 to 2021 [READ](#)

United Nations Office on Drugs and Crime. Integrated Opioid Strategy (2019) [READ](#)

SDG 3: Ensure Healthy Lives and Promote Well-Being for All at All Ages [READ](#)



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