



Physicians for Responsible Opioid Prescribing
2233 University Ave. W, Suite 325
St. Paul, MN 55114

www.supportprop.org
T 612 568 7183

December 5, 2023

My name is Dr. Olawale Olaleye. I am a Health Policy researcher at Brandeis University in the United States of America. I'm speaking under the umbrella of the Vienna NGO Committee on Drugs and on behalf of Physicians for Responsible Opioid Prescribing, a non-governmental organization that advocates for more cautious use of opioid analgesics.

As a scientist, I have had the opportunity to conduct research on the North American opioid crisis. I have also worked as a pharmacist in Nigeria on the front line of Nigeria's tramadol crisis. These experiences provide me with a unique perspective on North America's fentanyl problem and the tramadol problem impacting North, West and Central Africa, the Near and Middle East and South-West Asia.

There are five points that I urge you to consider in your thematic discussion this afternoon.

Number 1: The 80,000 fentanyl deaths in the US last year are the result of an epidemic of opioid use disorder- an epidemic caused by a sharp increase in opioid prescribing. Fentanyl is flooding into the US because of demand for it from millions of Americans who became addicted to prescription opioids. Today about 5% of the adult US population is suffering from opioid use disorder.

Number 2: Opioid harms are not limited to diversion and abuse. Patients who take opioids exactly as prescribed can develop OUD. In the US, millions of pain patients became addicted, and tens of thousands have died from doctor-prescribed opioids.

Number 3. The rise in prescribing in the US was caused by drug company marketing disguised as advocacy for treating pain. The same pharmaceutical industry playbook is now being used to influence prescribing throughout the world, and with great success. Published reports have documented increases in prescription opioid consumption, prescription opioid addiction and prescription opioid deaths, occurring in Australia, Brazil, Israel, Sweden, Switzerland, England, France, Norway and the Netherlands. These countries are following in North America's footsteps. It is time for the CND, UNODC and INCB to address the overprescribing problem and more forcefully regulate opioid manufacturers and distributors.

Number 4. The notion that opioids are our best strongest analgesics or that only opioids relieve severe pain is false. Countless studies have shown that non-steroidal anti-inflammatory drugs, drugs that are safe enough to be sold without a prescription, can be as effective as opioids, even for severe pain. This means that levels of untreated pain cannot be assessed by simply measuring levels of opioid consumption.

Number 5. I strongly believe that tramadol, one of the most abused drugs in the world, remains unscheduled mainly because Grunenthal, the pharmaceutical company that licenses its production, has had undue influence on the ECDD. Grunenthal-funded studies downplay tramadol problems and Grunenthal-funded scientists and pain organizations testify in Geneva every time tramadol is up for review. They have convinced the ECDD that scheduling would worsen the problem of untreated pain. This is false. Proper international controls on tramadol do not jeopardize access to pain treatment.

Tramadol is a poor analgesic that is less effective than NSAIDs. And unlike NSAIDs, tramadol can cause a wide range of serious adverse effects including seizures, hypoglycemia, and drug-drug interactions.

The CND should immediately schedule tramadol. Until this happens, tramadol use will continue to result in increasing numbers of people with OUD, thus creating a growing market for heroin, fentanyl and other highly potent illicitly synthesized synthetic opioids.