

NIHR Greater Manchester PSTRC

Plain English Publication Summary

Publication: [Association of socioeconomic deprivation with opioid prescribing in primary care in England: a spatial analysis](#)

Publication details (Vancouver format)

Nowakowska M, Zghebi SS, Perisi R, *et al* Association of socioeconomic deprivation with opioid prescribing in primary care in England: a spatial analysis *J Epidemiol Community Health* 2021;**75**:128-136.

What are the most important findings/conclusions in this paper? Why are they important?

This study found that opioids were prescribed more often in poorer areas of England than in richer areas. Prescribing levels were also higher in the North of England compared to the rest of the country, even for areas with the same levels of poverty.

Opioid pain treatment can be very effective in managing short term pain, but using them too much can have risks, including addiction and overdose. Prescribing of opioids needs to be closely monitored, especially in areas where they are prescribed a lot.

The results of this study can be used to help make decisions about policies and funding in areas with the highest levels of prescribing.

What did you do?

In this study, we used NHS Digital data to find out all the medications that are prescribed in English general practices and dispensed in the UK. We linked this data to small areas of the country to produce maps showing opioid prescribing levels across the country. Then we compared the prescribing levels across areas with different levels of poverty, which was measured through the Index of Multiple Deprivation.

Why did you conduct this research?

Opioids are often prescribed as a pain treatment, but there can be risks, such as addiction and overdose. With the increase in opioid prescribing and opioid-related deaths across England, we need to understand the link between poverty and opioid prescribing, to help make decisions about policy responses and interventions that will ensure patient safety.

What was known before your paper was published?

Previous research showed that opioid prescribing levels are higher in poorer areas. However, these studies were done using large areas of the country that represented between 100,000 and 500,000 people. Our study was done using data from areas of approximately 1,500 people. That meant we could do a more detailed analysis of how the association between poverty and opioid prescribing is different across regions.

What is next? What is the potential impact of the work in this paper? What will change as a result of this paper (or the study it describes)?

The results of this study can be used to inform the development of policies and also to make sure funding goes to areas experiencing the highest levels of opioid prescribing.

Does this paper link in to a particular study / project? If so, please summarise the study and explain how this paper has improved understanding, or will move the study forward.

This study was completed as part of a PhD exploring opioid prescribing and its association with poverty.