



Tackling rising numbers of opioid prescription users

We thank Peter Groot and Jim van Os for their comments¹ on our Article.² We agree with Groot and van Os that the implementation of safe prescribing guidelines will only curb the increase in chronic prescription opioid use, while offering no solution for patients currently using opioids who wish to discontinue.¹ Since there were more than 200 000 chronic opioid users in the Netherlands in 2017,³ guidelines on how to effectively discontinue chronic opioid use are needed.

Gradual tapering of opioid dosages is often needed when discontinuing chronic opioid use to mitigate withdrawal symptoms, especially in patients on a chronic high dose.⁴ Groot and van Os suggest tapering strips as a practical solution for opioid tapering.¹ Although an interesting and potentially effective strategy, there is no evidence for increased effectiveness of opioid-tapering strips over conventional opioid-tapering methods using existing drug formulations. Added complexity arises due to differences in starting dosages, required tapering speeds, and combinations of different opioids and dosage forms. Moreover, not all patients will be able to fully discontinue their use due to insufficient analgesia. Importantly, factors such as patient buy-in, psychosocial support, and maximisation of non-opioid pain therapies are potentially more important for the success rate of tapering attempts.⁵ Additionally, tapering strips are likely to increase costs compared with use of existing drug formulations.

Although the use of opioid-tapering strips sounds attractive, research into its effectiveness—in terms of cost and otherwise—is needed before it can be recommended. Potential indications might be patients with previous failed tapering attempts, who require ultra-slow tapering or

ultra-small dosages that are currently unavailable. Therefore, we emphasise the importance of a multidisciplinary approach to tapering, including psychosocial support, due to the complexity of the combination of chronic pain, addictive behaviours, and comorbid psychiatric disorders in patients with long-term opioid use and chronic pain.⁶

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