

Sepsis survivors call for the development of a European sepsis plan

On World Sepsis Day 2024, European sepsis patient groups, sepsis survivors, and grieving families, united in the Sepsis Stronger Together consortium, launched the Paris Declaration with a call to action to the European leaders. Every 2·8 s, someone in the world dies of sepsis and every year sepsis affects 3 million people in the European region.¹ Survivors of sepsis often experience life-changing consequences, such as amputations, organ dysfunction, post-traumatic stress disorder, and neurocognitive and psychological long-term effects.² Scientific literature has substantiated the incommensurable burden of such consequences on society and the economy, underscoring the urgent need for comprehensive support for survivors and their families.²⁻⁴

Sepsis Stronger Together recognises the advocacy work of individuals and national patient organisations, which has led to national action plans on sepsis. However, despite the World Health Assembly Resolution 70·7 in 2017,⁵ still too few European countries have set up such a plan. While initiatives such as those for antimicrobial resistance (which is associated with >35 000 deaths annually) have been rightly prioritised by EU authorities, sepsis (accounting for up to 680 000 deaths every year),¹ receives astonishingly limited political attention considering its burden. Infectious diseases and sepsis are not restricted by borders. Countries in Europe face similar challenges in effective prevention and management of sepsis, so it is unclear why experiences are not being shared throughout Europe.

The Sepsis Stronger Together consortium calls on European leaders, national governments, regional and national health authorities, and health-care institutions to take urgent and coordinated action to support

patients and sepsis survivors. A European Sepsis Action Plan should be developed, grounded in the exchange of best practices and the adoption of harmonised guidelines. This plan should include eight priorities, complementing the recommendations of the 2030 Global Agenda for Sepsis.¹ Sepsis Stronger Together demands that all health-care professionals, including those in primary care and emergency medical services, should be properly trained to recognise the early signs of sepsis and initiate timely treatment to save lives and reduce the risk of long-term complications. Sepsis should be explicitly stated in discharge documents of patients, and health-care providers must inform patients about sepsis, its potential long-term effects, and where to seek help post-discharge. Sepsis should be registered and documented accurately in patients' records and not be regarded as a secondary complication. Clinical pathways for sepsis should be developed that span the patient's journey, from the first symptoms at home to the emergency department and intensive care unit, through to rehabilitation and return to home, ensuring access to multidisciplinary care for all patients with sepsis, including children, young adults, and older people. National public health campaigns should inform the general public about sepsis, as 80% of sepsis cases develop outside the hospital. Educational packages on infection prevention, hand hygiene, and the early warning signs of sepsis should be offered, from schools and universities to workplaces, as anyone can get sepsis at any age. National governments should ensure universal access to sepsis management and affordability of post-sepsis care and rehabilitation for all age groups. Finally, the European authorities and national governments should invest in sepsis research for generating reliable epidemiological and clinical data, as well as development of new vaccines, diagnostics, therapies, care, and rehabilitation innovations,

given the fact that sepsis affects more people than cancer, stroke, or heart diseases. European leaders must recognise the urgency of this issue and act swiftly. The time for change is now—the global burden of sepsis must be reduced and the lives of millions affected by this devastating condition must be improved.

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The opioid crisis in Nigeria: a call for public health and policy interventions

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The opioid crisis, once primarily a concern of high-income countries, is increasingly becoming a substantial public health challenge in Nigeria.¹ The alarming rise in opioid abuse, particularly among young people and vulnerable communities, poses a severe threat to the nation's health and social stability.¹ With opioids such as tramadol and codeine being widely available and frequently misused, Nigeria is facing a growing epidemic that demands urgent and comprehensive action.²

Opioid abuse is pervasive in Nigeria, affecting both urban and rural areas, where resources for education and health care are scarce.³ Commonly abused opioids, including morphine, pentazocine, codeine, and tramadol, had a prevalence of 14.4% in 2019, a figure that is likely still increasing.⁴ The situation is exacerbated by easy access to these drugs, often sold without prescriptions, leading to widespread misuse and addiction.⁴ Cultural attitudes towards drug use also contribute to the opioid crisis. In some communities, drug use is normalised or seen as a way to cope with stress and social pressures. Cultural acceptance in these communities, coupled with

the stigmatisation of people who use drugs in other communities, has made it difficult to address the problem openly and effectively.⁵

The health consequences of opioid abuse in Nigeria are severe and far reaching. The misuse of opioids leads to numerous health issues, including respiratory depression, overdose deaths, and an increased risk of infectious diseases such as HIV/AIDS and hepatitis due to unsafe drug practices.¹ The psychological toll on individuals and their families is immense, often resulting in social isolation, mental health disorders, and a cycle of poverty.

Nigeria's health-care system is ill-equipped to manage the growing number of people struggling with opioid addiction. The health-care infrastructure is burdened by a short supply of facilities and resources, with few treatment centres available.⁴ Not all medical professionals in Nigeria have the necessary skills to handle addiction and the associated after-effects due to quality of training in addiction medicine, further impeding the care of affected individuals and the implementation of successful preventive and early intervention initiatives.

The Nigerian Government has made efforts to address the opioid crisis, but these measures have largely been insufficient.⁴ Policies aimed at regulating the sale of opioids have been poorly enforced, allowing the black market for these drugs to thrive. Law enforcement efforts focused primarily on criminalisation have done little to stop the supply and demand of opioids and have often led to the further marginalisation of those with opioid addiction.

To effectively address the opioid crisis, Nigeria needs a multipronged strategy that includes international cooperation, regulatory changes, and public health campaigns. Community-based preventive initiatives should be expanded, with a focus on early intervention, education, and alternative opportunities for at-risk groups. Access to treatment and rehabilitation

programmes should be improved, emphasising evidence-based practices that address both the psychological and physical aspects of addiction. Policy reforms are also crucial, with stricter regulations on the sale and distribution of opioids, coupled with a shift towards harm-reduction strategies. Decriminalising drug use and focusing on treatment rather than punishment can help reduce the stigma associated with addiction and encourage more individuals to seek help.

The opioid crisis in Nigeria is a complex and growing problem that requires urgent and coordinated action. By adopting a comprehensive approach that addresses both the immediate and underlying causes of opioid abuse, Nigeria can begin to tackle this public health emergency and create a healthier, more resilient society.

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