

Policy for Prescribing Opiate Medicines in Non-Cancer Pain

Purpose

To ensure the appropriate prescribing and review of opiate medicines in line with national and local guidelines.

Scope

All patients being treated for pain not related to cancer.

Background

Opioids are effective analgesics for acute pain and for pain at the end of life but there is very little evidence that opioids are helpful for persistent (chronic) pain. A small proportion of people may obtain good pain relief with opioids if the dose can be kept low and use is intermittent, but it is difficult to recognise these people at the point of initiation.

The risk of harm increases substantially at doses above an oral morphine equivalent of 120mg/day, but there is no increased benefit. Supported self-management is a recognised intervention for persistent pain. It does not seek to cure, but rather help patients manage their condition and minimise the impact the pain has on their everyday life; referral to PPSS for support with this should be offered.

Procedure

Clinicians in this practice will prescribe opiate medicines in line with national and locally developed guidelines:

- Avoid prescribing opiates for chronic non-cancer pain unless other treatments have failed. In this circumstance, if an opiate is to be prescribed it will be at the lowest dose and reviewed no later than 3 months. Long-term prescriptions are not routinely supported.
- Limit the quantity prescribed to reduce the risk of misuse
- Inform patients about the risks and benefits of opiate therapy, including potential side effects and signs of addiction
- Provide guidance on safe storage and disposal of opiates
- If it is decided that opiates are needed and an appropriate treatment choice for pain, they will be prescribed at the lowest possible dose for the shortest period of time
- Reviews will be carried out regularly to assess the continued appropriateness of opiate therapy, given their questionable effectiveness in chronic pain; non-pharmacological methods such as physiotherapy, cognitive behavioural therapy, referral to PPSS will be considered at these reviews
- Monitor for signs of misuse, addiction, or adverse effects
- There is no evidence to recommend daily doses of more than 120mg of morphine equivalent are of benefit in non-cancer pain but these doses do carry increase risk of adverse effects

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- If a patient is using strong opioids but is still in pain, the opioids are ineffective and should be reduced with a view to discontinuing, even if no other drug treatment is available
- Patients who are already on an opiate drug prescription will be assessed and, if appropriate, counselled for a withdrawal scheme with the aim to gradually reduce drug dosage to zero
- Patients who are unable or unwilling to reduce drug dosage via a managed withdrawal scheme (or who use more than one drug of abuse or who are dependent on alcohol) will be referred to the substance misuse service in their area
- Lost prescriptions will not be replaced; if appropriate, prescriptions for daily quantities will be issued until a review can be made with a Clinician to review the medicines
- If a patient takes higher doses than prescribed, and runs out of medication before the next prescription is due, they will not be prescribed additional medicine
- Prescriptions will not be issued earlier than it is due
- The practice will undertake a regular review and audit of the prescribing practice of opiate to ensure compliance with national and local guidelines
- Temporary residents should note that:
 - patients not currently taking an opiate will be treated according to NICE guidelines and the practice policy;
 - regular users will not receive prescriptions without proof of dosage, frequency and date of last prescription; (this can be obtained from the patient's surgery;
 - if they remain with the practice for more than two weeks, they should be considered for reduction and the policy should be followed as for a registered patient.
- Any new patients registering at the surgery who are currently taking opiates will be informed that they will be subject to this procedure and that a managed reduction will be considered.

Holidays

- For holidays in the UK a post-dated prescription can be written for the patient to take with them and have dispensed at a local pharmacy
- Prescriptions for holidays abroad will be considered after a copy of the flight booking is provided. No more than 28 days' supply will be given.

Responsibility

All members of staff involved with prescriptions.

Audit

A regular search will be done to ensure all patients' prescriptions follow this procedure.

Review date:

January 2027.

Appendix 1

Guidance

Local NENC formulary, for anxiety medication pathway for adults:

[Anxiety-Medication-Pathway-for-Adults.docx](#)

Opiates:

[NENC-ICB-position-statement-non-palliative-care-use-of-opiates-update-April-23.pdf](#)

Hypnotics – NICE guidance:

- NICE Z-drugs: [Z-drugs | Prescribing information | Insomnia | CKS | NICE](#)
- NICE hypnotics and Anxiolytics: [Hypnotics and anxiolytics | Treatment summaries | BNF | NICE](#)