THE RIVERSIDE PRACTICE

OPIOID PRESCRIBING POLICY

Pain that lasts for more than 3 months is known as chronic or persistent pain. It is common and affects between 3 and 5 in every 10 people. Chronic pain can be caused by an underlying condition (for example, arthritis or endometriosis); this is known as chronic secondary pain. But in many cases the cause of the pain is unclear; this is called chronic primary pain. Pain is complex and many factors can affect or be affected by the pain, including your work and leisure time, relationships with family and friends, and sleep. Management of chronic pain would be individualised to each individual with a focus on self-management, and maintaining daily function and quality of life despite ongoing pain.

Many of our patients require strong, potentially addictive medication to help manage their pain condition(s). Of concern are the opioid medications which can cause dependence and addiction, particularly when these are prescribed on an ongoing basis. Evidence has shown that opioid medications (e.g. codeine, tramadol, morphine) have very little benefit in the management of chronic pain and often the risks associated with treatment would outweigh any potential benefit.

Due to increasing reports of abuse of prescription drugs and patient behavioural problems, The **Riverside Practice** has established a policy to ensure adequate treatment of your condition, while reducing the risk of problems with prescribed opioid medications.

GENERAL PRACTICE STANDARDS

- If the decision to prescribe an opioid is taken after a shared discussion of goals, plans, risks and benefits, you may be required to confirm your consent in writing.
- You will be asked to sign a treatment agreement that will detail our practice's expectations when prescribing drugs of dependence. This agreement details your responsibilities as a patient taking a drug of dependence, any prescriptions issues, advice on taking your medications, how we will monitor your care and the standards of behaviour that are expected.
- You may need to acknowledge that your care requirements are complex, and that referral for ongoing care for all or part of your healthcare may be required. It is our practice policy that patient care is matched with the level of complexity.
- Patients are reminded that we have a zero tolerance policy on issues relating to staff abuse. Any threats to staff will result in transfer of your care.

OPIOID PRESCRIPTIONS

- Opioid prescriptions will not usually be added to your repeat medication list.
- A maximum of 28 day prescription supply will be issued at a time.
- Lost prescription or medication requested early will only be issued in exceptional circumstances.
- All opioid prescriptions will include full directions wherever possible and use of 'as directed' directions will be avoided.
- Opioid medication (e.g. codeine, tramadol, morphine, buprenorphine, fentanyl) will not be initiated for chronic primary pain, unless there are other underlying conditions that warrant the use of these medications.

- Co-codamol may be replaced with codeine tablets if appropriate after discussion. In this form it will give greater flexibility with dosing as codeine on its own is available in various doses. We will be weaning people off the codeine and stopping gradually. Paracetamol can be obtained separately to take with the codeine if they wish.

REVIEW OF OPIOID PRESCRIPTIONS

We know there are patients who have been taking these medications for a number of years. We will need to review these patients and discuss slowly weaning off their opioid medication. This will be done either with their usual doctor or with our in-house pharmacist.

We appreciate that for a patient who has been taking opioids for a number of years, there may be a sense that they won't be able to cope without them. Evidence does show that we can reduce withdrawal symptoms by reducing the dose of the opioid medication slowly. The reduction schedule would be individualised for each patient.

- All patients newly initiated on an opioid medication will be reviewed within 2-4 weeks of initiation, pain assessed and a decision made as to the effectiveness of the drug.
- Patients on long-term opioids will be reviewed every 6 months to discuss slowly weaning off their opioid medication. Treatment will only be continued where there is clear on-going evidence of benefit.
- Where opioids are ineffective, they will be stopped, even if no alternative is available.
- Wherever possible, patients will see the same prescriber for review of their opioid prescription.

The 'My Live Well With Pain' website (https://my.livewellwithpain.co.uk) has a range of useful resources to help you learn the skills you need to become an effective self-manager of your pain. If you have any concerns or would like to discuss your conditions/medications, please do speak to your usual doctor or our pharmacist.

Thanks

The Riverside Practice