

**North House Surgery Controlled Drugs Policy**

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| 1 | Nov 2023 | Dr Andy Hardman | Dr Andy Hardman |  |
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**Controlled drugs (CDs) come with a significant risk of dependence and addiction when used long term for non-cancer related pain.**

The British National Formulary states that the prescriber has three main responsibilities:

1. To **avoid creating dependence** by introducing drugs to patients without sufficient reason.
2. To see that the **patient does not gradually increase the dose of a drug**, given for good medical reasons, to the point where dependence becomes more likely.
3. To **avoid being used as an unwitting source of supply for addicts** and being vigilant to methods for obtaining medicines.

Therefore, we felt as a Partnership, that it was important to have a robust policy in place regarding the use of CDs to support clinicians with regards to safe and consistent prescribing.

This will allow us to reduce the risk of harm from overuse of these medications and also allow us to manage chronic pain effectively as per up-to-date guidance (NICE guideline 193: Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain).

**Opioids**

Opioids have increasingly been prescribed to manage chronic pain; however, the clinical evidence shows limited effectiveness and patient safety concerns due to the risks associated with long-term use of opioids such as osteoporosis, fractures, falls, hormone abnormalities, increased risk of infections and developing cancer, opioid induced hyperalgesia (lowering pain threshold), erectile dysfunction, headaches, cognitive impairment (poor memory) and addiction/dependence.

Based on the clinical evidence Public Health England and the Faculty of Pain Medicine have advised:

• Opioids are very good analgesics for acute pain and for pain at the end of life but there is little evidence that they are helpful for long term pain.

• The risk of harm increases substantially at doses above an oral morphine equivalent of 120mg/day, but there is no increased benefit.

 • If a patient is using opioids but is still in pain, the opioids are not effective and should be discontinued, even if no other treatment is available.

• Chronic pain is very complex and if patients have refractory and disabling symptoms, particularly if they are on high opioid doses, a very detailed assessment of the many emotional influences on their pain is essential.

The North House Surgery Partnership have taken the decision that the following opioid drugs will not be routinely prescribed for non-cancer/non-palliative related pain:

1. Morphine sulphate (including MST, Zomorph, Oramorph)
2. Tramadol
3. Dihydrocodeine
4. Co-dydramol
5. Buprenorphine (including patches and lozenges)
6. Fentanyl (including patches and lozenges)
7. Oxycodone (including Oxycontin, Longtec, Shortec and Oxynorm)

If a clinician feels that short-term opioid use is clinically appropriate, then either codeine or co-codamol may be prescribed.

**Stronger opioids will not be prescribed**.

They will not routinely be placed on repeat prescription, and we will endeavour to use non-opioid analgesia where possible.

For any patients who already have opioids on prescription for chronic pain, we will arrange regular review with a GP or Clinical pharmacist. If they are not appropriate i.e. strong opioids for non-cancer/non-palliative pain, then we will support the patient in their withdrawal.

**Gabapentinoids**

As for opioids, gabapentinoids (gabapentin and pregabalin) have become increasingly prescribed for chronic neuropathic (nerve related) pain.

These medications can be extremely addictive and have been associated with a growing number of drug related deaths. For this reason, Pregabalin and gabapentin were reclassified as Class C Controlled Substances in the UK from April 2019.

They also come with other significant side effects including; feeling sleepy, tired or dizzy, nausea, diarrhoea, mood changes, swollen arms and legs, blurred vision, dry mouth, difficulty getting an erection, weight gain, memory problems, headaches and getting more infections than usual.

Evidence also now demonstrates that for the majority of patients these drugs are ineffective in the management of chronic pain.

For these reasons if a clinician feels like neuropathic pain medication is required to help manage nerve-type pain, then first line choices include: Amitriptyline, Nortriptyline and Duloxetine.

**Gabapentinoids will not be routinely used in the management of chronic pain.**

**If a gabapentinoid is commenced, it will be closely reviewed and if there is no significant improvement in pain then it will be stopped.**

**Benzodiazepines**

This class of controlled drug includes the following medication: diazepam, lorazepam, temazepam, nitrazepam and more loosely Z-drugs including Zopiclone and Zolpidem.

Common side effects of benzodiazepines are similar to opioids and gabapentinoids and include: drowsiness, light-headedness, confusion, unsteadiness (especially in older people, who may fall and experience injuries), dizziness, slurred speech, muscle weakness, memory problems, constipation, nausea, dry mouth, blurred vision, headaches, erectile dysfunction and tremor.

**North House Surgery will not routinely prescribe Benzodiazepine medication.**

A very short course (6 x 2mg diazepam) may be issued for acute back muscle spasm or a severe mental health crisis. **We will no longer be prescribing these for fear of flying**: please see our separate policy on this.

## **New Patients**

We have significant concerns regarding the prescribing of ‘drugs of dependence’ (e.g. opioids, gabapentinoids and benzodiazepines).

Due to increasing reports of abuse of prescription drugs and patient behavioural problems, North House Surgery has established the above policy to ensure adequate treatment of your condition, while reducing the risk of problems with drug prescriptions.

If you are a new patient to the practice:

• It may take time to get accurate medical information about your condition. Until such

information is available, your GP may choose not to prescribe any medication. **It is our**

**policy that GPs do not prescribe drugs of dependence until they have a full clinical picture.**

• **Your GP may decide not to continue prescribing an opioid medication previously**

**prescribed for you.** It may be determined that such a medication is not suitable. It is our

policy that GPs do not prescribe drugs of dependence if they feel that previous

prescriptions were inappropriate.

• Your GP will evaluate your condition and only prescribe an opioid of the strength necessary

for you. **This may be different to the drug you had prescribed at your previous GP Practice.**

**• Patients are reminded that we have a zero tolerance on issues relating to staff abuse.**

## **Current Patients**

## We will be contacting current patients who have controlled drugs on repeat prescription to work with them to support a safe reduction and stopping of these medications, as is clinically appropriate. We will also discuss alternative safe and effective management of their chronic pain, which will include an offer of a referral to the local pain team.

## **Pain Team**

We are acutely aware of how difficult and debilitating living with chronic pain can be both on the patient and their family.

For this reason, along with the care and support of your experienced GP, we will also offer all our patients with chronic pain a referral to our local pain team for additional holistic and psychological support.

**North House Surgery Practice procedure for lost/stolen Controlled Drug Prescriptions**

**For ALL lost or stolen prescriptions for controlled drugs** the following actions should also be taken:

1. The loss or theft of a controlled drug prescription must be recorded in the patient’s medical

record and a READ code added to enable the practice to monitor/audit.

2. If the prescription is stolen from the patient, the patient must report the incident to the police

and provide the practice with a crime number.

3. The Practice must review the patient’s records when considering if it is appropriate to re-issue

a prescription. Notes should be assessed to identify if there is a pattern of regularly requesting

additional prescriptions. Practices may consider reviewing ordering patterns for immediate

family and household members when considering patterns of behaviour. If a pattern is

identified this could indicate an underlying problem such as abuse, diversion or a safeguarding

issue, report via www.cdreporting.co.uk and refer as appropriate.

1. The patient should be invited in for review of the appropriateness of the current prescription and steps that can be taken to support the patient such as:

• Reducing and withdrawing medication

• Reducing script duration e.g. weekly prescriptions

• Discussion about future action should there be further issues

**References**

1. Many thanks to Dorset CCG for making public their Opioid Prescribing for Chronic Pain Resource Pack: <https://www.dorsetccg.nhs.uk/Downloads/aboutus/medicines-management/Other%20Guidelines/Dorset%20Opioid%20resource%20pack%20FINAL%20Sept%202020.pdf>
2. <https://www.nhs.uk/medicines/gabapentin/side-effects-of-gabapentin/>
3. <https://www.mind.org.uk/information-support/drugs-and-treatments/sleeping-pills-and-minor-tranquillisers/side-effects-of-benzodiazepines/>