

DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Resource and signposting document for the management of opioid and alcohol misuse

The purpose of this document is to support and signpost primary care clinicians to relevant local and national guidelines and useful information to patients.

Local Services

Derby substance misuse services (Derby City) is a service provided jointly by Derbyshire Healthcare NHS Foundation Trust (DHcFT), national charity Phoenix Futures and Aquarius to support people to recover from drug or problematic alcohol use.

The website contains advice and information on local support (drug & alcohol recovery, needle exchange programme, family support, support for young people, self-help) for those affected by drug and alcohol use.

<https://www.derbysubstanceuseservices.org.uk/>

Information line [0300 790 0265](tel:03007900265) (local rate)

Derbyshire recovery partnership (Derbyshire County) is a partnership between DHcFT, local charity Derbyshire Alcohol Advice Service (DAAS), Phoenix Futures and peer-led organisation Intuitive Thinking Skills. The partnership offer services to help people reduce the harm from their substance use, access treatment and move into recovery, as well as offering advice and help for their families and carers. People may be referred by GP or self-refer.

<http://www.derbyshirerecoverypartnership.co.uk/>

Information line 0845 308 4010 or 01246 206514

Shared Care Guidelines

Shared Care Guidelines are local policies to enable GPs to pick up the prescribing and monitoring of medicines/treatments in primary care in agreement with the initiating specialist. The shared care is between prescribers – managing the prescription management of substitute medication and the specialist drug services – providing assessment and psychosocial interventions.

Relevant local Shared Cares can be accessed via medicines management [website](#):

Substance misuse- **buprenorphine, methadone, and naltrexone**

Alcohol misuse- **acamprosate, disulfiram, and naltrexone (Derby County only)**

They are aimed at all prescribers within the Local Enhanced Service (LES) and General Practitioners with a special interest (GPwSI) in drug misuse and a competence in prescribing to drug users, working alongside specialist services to manage the care of drug users.

National Guidance

Opioid aware <http://www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware> is a Public Health England (PHE) funded initiative by Faculty of Pain Medicine (FPM¹) of the Royal College of Anaesthetists (RCoA). It aims to provide resource for patients and healthcare professional to support **prescribing of opioid medicines for pain** and includes detailed information regarding:

- Best professional practice- opioids prescribing, record keeping & patient safety.
- The condition, the patient, the context- assessment of long-term pain, **stepped approach** to prescribing.
- Clinical use of opioid- effectiveness and harms, **dependence and addiction**.

¹ FPM is the professional body responsible for the training, assessment, practice and continuing professional development of specialist medical practitioners in the management of pain in the UK.

- A structured approach to opioid prescribing- patient assessment, trial & long-term prescribing, stopping.
- Information for patients- types of pain, frequently asked questions

Key messages from opioid aware initiative:

- Opioids are good analgesics for acute pain but there is little evidence that they are helpful for long-term pain; before undertaking a longer-term period of opioid treatment the patient should be assessed following an initial trial period. This follows an emerging picture that shows an increase in abuse treatment, admissions, and deaths due to prescription opioids. Once opioids are started they are difficult to stop.
- A small proportion of people may obtain good pain relief with opioids in the long-term if the dose can be kept low and especially if their use is intermittent.
- 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 experience is essential.

Local guideline [management of non-malignant chronic pain in primary care](#) has adopted national recommendation from FPM as summarised above. The guideline promotes non-pharmacological management for pain, and recommends a **stepped approach** to pharmaceutical pain management which differs from WHO 3-step pain ladder previously adopted, and encourages the use of non-opioid drugs first regardless of pain intensity before moving onto trial of opioid therapy. A trial of opioid therapy may be considered if the clinician and patient agreed that a trial could be effective in the management of the patient's pain. Long-term opioid use is associated with adverse outcomes such as fall and fracture and endocrine abnormalities therefore endocrine function should be monitored regularly if a patient reports symptoms consistent with potential dysfunction. All drugs prescribed for pain should be subject to regular review and periodic dose tapering to evaluate on-going need for treatment.

Other useful resources for patients

NHS choices

This is the official website of the National Health Service in England which provides comprehensive health information to the public. Specifically there are advice on drug addiction, smoking and alcohol. You can also search for local drug addiction support by entering a postcode. <http://www.nhs.uk/Livewell/drugs/Pages/Drugshome.aspx>

FRANK

This is a national drug education service jointly established by the Department of Health and Home Office. It is intended to reduce the use of both legal and illegal drugs by educating young people about the potential effects of drugs and alcohol. FRANK service can be accessed in a variety of forms including website, a 24-hour confidential telephone line, email, text, confidential live chat service, and service to locate counselling and treatment. For more details see <http://www.talktofrank.com/>

Produced by Clinical Effectiveness Team for Derbyshire CCGs