## **Appendix 22 – Opioid Policy – Issuing Prescriptions**

A **controlled** substance is generally a **drug** or chemical whose manufacture, possession, or use is regulated by the government because of the potential for abuse or addiction. Such **drugs** include those classified as narcotics, stimulants, depressants, hallucinogens, and cannabis.

A list of the most commonly encountered controlled drugs can be found at:

## https://www.gov.uk/government/publications/controlled-drugs-list--2

Many of our patients require strong, potentially addictive medication to help manage their condition(s). Of concern are 'drugs of dependence' (e.g. opioid medications, gabapentinoids and benzodiazepines), particularly when these are prescribed on an on-going basis.

Due to increasing reports of abuse of prescription drugs and patient behavioural problems, **[insert practice name]** has established a policy to ensure adequate treatment of your condition, while reducing the risk of problems with drug prescriptions.

- Patients initiated on opioids will be asked to complete the Opioid Management Plan: Treatment Agreement.
- All new opioids will be issued as acute prescriptions and on a trial basis.
- Wherever possible, patients will see the same prescriber for review of the initial prescription.
- Where opioids are initiated by an external provider the Practice will only take over prescribing once a written request has been received.
- All patients will be reviewed within 4 weeks of initiation of an opioid prescription; pain assessed and a decision made as to the effectiveness of the drug.
- Whilst patients are being stabilised on medication this will be issued as an acute prescription.
- Where opioids are ineffective they will be stopped, even if no alternative is available.
- Where patients have been stabilised on an opioid which has been shown to be effective this may be added to the patients repeat medication at the prescribers discretion.
- Where opioids are added to repeat prescription the maximum re-authorisation period will be 6 months.
- Patients on long-term opioids will be reviewed every 6 months. Treatment will only be continued where there is on-going evidence of benefit.
- All opioids will be issued on prescriptions with a maximum duration of 1 month.
- All opioid prescriptions will include full directions wherever possible and use of PRN or MDU directions will be avoided.