**OPIOID POLICY – NEW PATIENTS**

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 prescribed 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 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.

**For new patients to the practice:**

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

information is available, your GP may choose to prescribe fixed quantities of your medication.

It is our policy that GPs do not prescribe drugs of dependence until they have some evidence e.g.,

repeat prescription slip.

1. 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.

1. 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.

**GENERAL PRACTICE STANDARDS:**

* If the decision to prescribe 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 complete the Opioid Management Plan: 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.

* Patients may need to acknowledge that their care requirements may be complex, and

that referral for on-going 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 on issues relating to staff abuse.

**Opioid policy – issuing prescriptions**

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 may be issued acute prescriptions till appropriate reviews are done.
* 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 prescriber’s 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