

Hawkesley Medical Practice

Controlled Drugs Policy

A **controlled** drug is generally a **medication** 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 opioids, narcotics, stimulants, depressants, hallucinogens, and cannabis. A list of the most commonly encountered controlled drugs:

Opiates	Other Drugs of Dependence include:
Morphine	Pregabalin
Oxycodone	Gabapentin
Fentanyl	Temazepam
Buprenorphine	Nitrazepam
Codeine	Diazepam
Dihydrocodeine	Lorazepam
Tramadol	Zopiclone
Tapentadol	Zolpidem

New Patients: Please inform staff if you are prescribed any of the above medication.

Some 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 Hawkesley Medical Practice has established a policy to ensure adequate and safe 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.

Review of patients currently on controlled drugs:

GMC guidance is that doctors should only prescribe if they are satisfied that the drugs or treatment serve the patient's needs and that they must provide effective treatments based on the best available evidence – this may involve reducing or stopping a controlled drug such as an opioid prescription against the patient's wishes.

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 will not 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 required to attend a face to face review 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.

There are many other treatment options and many people find [Live well With Pain](#) a very helpful website to support patients. There is an increasing evidence base that the best way to manage chronic pain is not through medication.

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 **Patient Agreement for Opioid Based Medication** 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 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.
- Opioid medication 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.

Reducing controlled drugs including management of patients who are resistant to dose reduction

GMC guidance is that doctors should only prescribe if they are satisfied that the drugs or treatment serve the patient's needs and that they must provide effective treatments based on the best available evidence – this may involve reducing or stopping an opioid prescription against the patient's wishes.

A suggested strategy for a wean (including an enforced wean):

- A dose reduction should be selected (e.g. 10%)
- The patient will be informed that their prescription will be reduced by that amount every month. They can decide at what point during the month they wish to reduce their intake, but need to be ready for the lower dose when they collect their next prescription
- Dose reductions must be implemented.

- Prescribers will ensure that the patient is not inadvertently prescribed opioids by other colleagues. Such as locum services and, if necessary, out of hours and emergency services.

Helpful resources for support in management of pain

[Patient information leaflets | Faculty of Pain Medicine](#)

Information on opioids and side effects

<https://fpm.ac.uk/opioids-aware-clinical-use-opioids/side-effects-opioids>

Potential long term effects of opioids

<https://fpm.ac.uk/opioids-aware-clinical-use-opioids/long-term-harms-opioids>