

LAWSON PRACTICE

Opioid Reduction Policy (co-codamol, tramadol, morphine equivalent medication)

20 years ago evidence showed that opiates were effective in any pain. Many people were started on these drugs in good faith, based on this evidence. However this evidence has now been debunked.

It is now abundantly clear that these drugs are of no benefit in chronic or persistent pain. Conversely there is a better appreciation of the risks including dependence and opioid related mortality which has sadly been increasing.

As a practice we have to ensure that steps are taken to reduce the prescribing of opiates.

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 opiate 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 won't be able to cope without them. Evidence does show that we can reduce withdrawal symptoms by tapering the dose of the opiate slowly.

The most common opiate prescribed in primary care is Codeine. This is largely given as cocodamol (this is codeine prescribed with paracetamol).

We will be inviting all patients in for a review over the coming months.

However we will be implementing the following changes immediately

1. Co-codamol will be stopped in all patients. This will be replaced with codeine only tablets. In this form it gives up 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. Patients can purchase the paracetamol separately to take with the codeine if they wish.
2. For people with acute pain i.e. fractured bone they will be able to get one week's supply of codeine, if medications such as paracetamol or ibuprofen have not been effective. If a longer course is required then it will only be prescribed by the doctor who issued the first prescription where possible.
3. A 28 day supply can only be issued at one time
4. Where patients are on a reducing regime the dose will not be increased. We may hold you on a reduced dose for possibly a longer period but will not be increasing.
5. Lost prescription or medication requested early will not be issued

Please see the resources on our website. If you have any concerns please do speak to your usual doctor or our pharmacist

Thanks

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