

North East North Cumbria (NENC) ICB Medicines Committee Position Statement on Prescribing in Persistent Pain

NENC ICB DOES NOT support the routine long-term prescribing (greater than 3 months) of opioids or the use of high dose opioids (higher than 120 mg/day of oral morphine equivalent) for non-cancer, persistent pain in adults.

Prescribing of gabapentinoids to treat persistent non-neuropathic pain is **NOT** routinely recommended.

The North East has one of the highest rates of drug related deaths in the UK¹

Although morphine, and morphine like, painkillers can be very useful for acute pain and in palliative care, there is little evidence of benefit for long-term use in people with persistent non-cancer pain.² Public Health England found that prescribing opioid pain medicines for longer than 3 months is associated with opioid overdose and dependence.³

The ICB is working with all partner organisations to reduce the inappropriate use of opioids in managing long term pain.

The Faculty of Pain Medicine (Royal College of Anaesthetists), in partnership with Public Health England, advises that if a patient has pain that remains severe, despite opioid treatment, it is not working and should be stopped, even if no other treatment is available.⁴ Tapering or stopping high dose opioids requires careful planning and collaboration with the patient and all members of their healthcare team.³ For advice on stopping opioids safely, refer to the following: [Tapering & Stopping of opioids. Faculty of Pain Medicine, RCoA.](#)

NHSE published guidance on use of dependence forming medicines in March 2023⁵ advocating for healthcare systems to adopt a person-centred approach when prescribing opioids and/or gabapentinoids. It is recognised that a small proportion of people obtain good pain relief with opioids in the long term if the dose can be kept low, and especially if their use is intermittent, but it is difficult to recognise these people at the point of initiation. All drugs prescribed for pain should undergo regular review to evaluate continued efficacy. Periodic dose tapering is necessary to evaluate on-going need.

NENC ICB also note that gabapentin and pregabalin are not routinely recommended to treat chronic, nociceptive (non-neuropathic) pain.^{6,7} It is recommended that gabapentin and pregabalin should only be used within their licensed indications.⁶

Prescribers should be mindful of the risk of diversion of opioids and other dependence forming medication and should consider the safeguarding implications of prescribing.

References

1. [Office for National Statistics](#). Deaths related to drug poisoning in England and Wales: 2021 registrations, August 2022
2. [Royal College of Anaesthetists](#), Faculty of Pain Medicine. The Effectiveness of Opioids for Long Term Pain.
3. [Public Health England](#). Prescribed medicines review. 2019
4. [Royal College of Anaesthetists](#), Faculty of Pain Medicine. Opioids Aware: A resource for patients and healthcare professionals to support prescribing of opioid medicines for pain. 2022
5. [NHS England » Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms: Framework for action for integrated care boards \(ICBs\) and primary care](#)
6. [Public Health England](#): Advice for prescribers on the risk of the misuse of pregabalin and gabapentin, December 2014.
7. [NICE](#). Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain, NG193. April 2021.

Useful resources

[Painkillers Don't Exist](#). Public facing campaign about chronic opioid use.

[Reduce opioid prescribing](#). NENC Academic Health Science Network, 2022

Patients' stories - *What can happen when things go wrong when prescribing for chronic pain.*

[Faye's](#) story

[Mark's](#) story

[Louise's](#) story