**North of Tyne, Gateshead and North Cumbria APC position statement on the use of opioid medicines in non-malignant pain.**

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.

Evidence is now becoming clear that long term use of these painkillers (especially in doses higher than the equivalent of 120mg of morphine in any 24 hour period) is associated with significant health risk for the individual such as drug dependence, breathing difficulties and even death in some circumstances.

The APC is working with all organisations to reduce the inappropriate use of morphine like painkillers in managing long term pain.

Patients with non-malignant persistent pain should not routinely be prescribed these medicines long term. They should also not be prescribed more than:

* **120mg oral morphine (or equivalent) per day.**

Ideally doses should not exceed:

* **50 mg oral morphine (or equivalent) per day**

The risk of harm increases substantially above 120mgs oral morphine per day (or equivalent) **WITH NO INCREASED BENEFIT**

* If a patient is using opioids but is still in pain, the opioids are ineffective and should be reduced with a view to discontinuing, **even if no other treatment is available**

Pain, and other, specialists across the area are seeing a disturbing number of patients who are being prescribed excessive amounts of opiates.

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

[NICE NG59 2016](https://www.nice.org.uk/guidance/NG59) *Low back pain and sciatica in over 16s: assessment and management* states ‘*Do not offer opioids for managing chronic low back pain’*.

[NICE Clinical Guideline (CG) 173](https://www.nice.org.uk/guidance/cg173/resources/neuropathic-pain-in-adults-pharmacological-management-in-nonspecialist-settings-pdf-35109750554053) *Neuropathic pain in adults: pharmacological management in non-specialist settings* (2013) recommends that morphine should not be started to treat neuropathic pain in non-specialist settings, unless advised by a specialist.

The most recently published guidelines on opiate prescribing in persistent non-malignant pain ([The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain](http://nationalpaincentre.mcmaster.ca/documents/Opioid%20GL%20for%20CMAJ_01may2017.pdf)) essentially recommend a maximum of 50mg oral morphine a day or its equivalent, with possibly 90mg oral morphine a day or equivalent if good benefit demonstrated.

 In the UK, Public Health England funded the Royal College of Anaesthetists to produce [Opioids Aware](https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware) (click to access), a resource for patients and healthcare professionals to support prescribing of opioid medicines for pain, which states ‘the risk of harm increases substantially at doses above an oral morphine equivalent greater than 120mg/day, but there is no increased benefit’.

Also see Faye’s’ story: <https://improvement.nhs.uk/documents/1770/NHS_CD_Newsletter_Fayes_story_0617.pdf>

*What can happen when things go wrong when prescribing for chronic pain.*