‘It is everyone’s responsibility to be Opioids Aware’

Dramatic stories about addiction to prescription painkillers are frequently reported in the mainstream media. The drugs referred to are the opiate-based drugs administered by health professionals every day.

In 2015 Public Health England, in partnership with the Faculty of Pain Medicine of the Royal College of Anaesthetists, launched the Opioids Aware campaign. It clearly identifies the benefits and risk of using opiates, and supports clinical professional decision-making, safe prescribing and ongoing care.

Media interest, coupled with the recommendations for safe practice, have led to changes in practice, and to patients increasingly questioning prescribers and making independent decisions about treatment options. While it is good to see patients taking ownership of their health, I have seen cases where the influence of inaccurate news stories has hindered recovery because patients have not had the right information to make informed decisions.

Hundreds of patients are discharged daily from hospital with opiate-based painkillers; others are prescribed them by GPs or obtain them over the counter. So how can we ensure these drugs are taken safely and appropriately?

In North Devon, we are educating patients about opiates to improve post-surgical medication concordance. For example, in elective orthopaedics, we support ‘joint school’, a form of pre-operative assessment and education for patients undergoing elective orthopaedic surgery, where discussions about painkillers take place. We provide education and support for ward-based patients and are looking at the information given to patients along with their discharge medications.

Reduced length of stay means that medication reviews have become difficult to undertake in hospital, leaving GPs responsible for managing patients’ pain control. An initiative I recently introduced supports patients and their GPs in reducing or titrating post-operative pain medication.

The patients I follow up are on high-risk medication such as modified-release opiates, pregabalin or gabapentin. Of those followed up, 71% stopped their medication over a number of months; the remainder were referred to persistent pain services, discussed with a pain specialist consultant or discharged for ongoing management by their GP. The ability to refer on to specialist health professionals has been successful and has enabled me to establish good working relationships between primary and secondary care, develop multi-professional working, and bridge the gap between acute and persistent pain. I have also reduced the risk of polypharmacy and unnecessary medication usage, all while supporting patients.

Everyone can help support the Opioids Aware campaign. Simple measures such as outline drug reduction plans on discharge summaries can be enough to flag patients to GPs, while limiting the number of days for which high-risk medications are prescribed before a medication review takes place have also been effective in supporting inpatients in North Devon.

Health professionals prescribing, administering or dispensing opiate-based medication or discharging patients with these drugs should ensure both they and patients are well-informed and that appropriate support measures are put in place to aid concordance and minimise risk of misuse, addiction, overdose and death. Sometimes the simplest things have the largest impact and ultimately it is everyone’s responsibility to be Opioids Aware.

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