



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

The Faculty of Pain Medicine welcomes the publication of the Public Health England (PHE) report *Dependence and withdrawal associated with some prescribed medicines: An evidence review*. We support the findings of the review and were pleased to contribute to it through our Dean Elect, John Hughes, and the lead for our [Opioids Aware resource](#), Cathy Stannard.

Educating the NHS

Of the key findings of the report, it is important to highlight that the number of opioid prescriptions are now falling. The fall is strongly correlated with work that the Faculty and other organisations, including PHE, have done in educating their workforce, other healthcare professionals and the general public into the evidence behind and limitations of opioids for chronic pain. This has been achieved with resources, such as Opioids Aware, and evidence-based clinical guidelines on the usage of addictive medical drugs. This importantly shows that education and guidelines work where they are supported and promoted centrally by the NHS.

As part of our work in providing beneficial guidance, the Faculty is taking forward two projects at present to continue supporting patients and clinicians on these important areas. The first, as noted in the PHE evidence review, is a joint project with the Royal College of Anaesthetists, including representation from surgery, general practice, nursing, psychiatry and pharmacy. This will provide guidance on optimising the prescription of opioids post-surgery. The report is expected in early 2020. The second project is developing up to date guidance for Pain Medicine specialists on managing the reduction of opioids for chronic pain patients.

Understanding the data: a public conversation

The report clearly highlights that most people who try these medicines take them for a short time only. The report notes that a snapshot of prescribing shows that half of people taking the medicines have been doing so for over a year. It is important to recognise that this statistic does not imply that 50% who start on opioids will remain on them long term: most can stop the medicines promptly if they have side effects or find them unhelpful.

Citations of increased opioid related deaths in the UK and Europe in the media and the recent OECD make no distinction between illicit opioids (e.g. heroin and prescription opioids) and opioids medically prescribed. The European consensus from clinicians and policy makers is that heroin and illicit opioid-like novel psychoactive substances are the drugs of concern in Europe. The UK prescribes far fewer opioids than many other European countries and per capita prescribing in the UK is a quarter of that in the US. There are many differences between how the opioid epidemic has evolved in the US and what is happening in the UK.

It is very clear from the report that opioid prescribing is something that should be considered equally between healthcare professionals and service users. There needs to be a better public conversation about the complexity of chronic pain and the role of medicines in

treatment so that people with pain and prescribers have shared expectations about the outcomes of treatment.

The importance of specialist pain medicine services

Finally, it is important to recognise the role that healthcare professionals across primary, community and secondary care sectors will play in ensuring patients are supported through their prescriptions on dependence-causing drugs. Pain Medicine specialists take a key role in helping patients withdraw from pain medications like opioids and finding alternatives to manage their long-term pain. It is essential that the NHS continues to support specialist Pain Medicine services, providing at least the minimum standards on resources and workforce as clearly outlined in [Core Standards for Pain Management Services](#), led by the Faculty and endorsed by the wider Pain Medicine multiprofessional and multidisciplinary community. These services can provide alternative (non-medicine) approaches for people living with chronic pain, including better self-management.