Opioid tapering guidance and resources for Primary Care

For Healthcare Professional Use Only

Introduction

Opioids are highly effective analgesics for acute pain and pain at the end of life and can be of great benefit to many people living with pain. However, for chronic non-cancer pain, there is little evidence that they are helpful for long term pain and prolonged use can be actively detrimental, particularly at doses above 120mg oral morphine equivalent (OME) per day. (https://www.fpm.ac.uk/opioids-aware).

Aim

This resource pack offers primary care (GPs, clinical pharmacists or other primary care staff that are working with the patient) easy access to resources for tapering and discontinuing opioids as well as links to the evidence base, including NICE guidelines. It also offers materials that may be useful for patients.

Definitions

CGL – Change Grow Live
IR – Immediate release
KGH – Kettering General Hospital
MR- Modified release
NGH – Northampton General Hospital
NICE – National Institute for Health and Care Excellence
OME – Oral morphine equivalent
PRN – When required

This document contains guidance and links to resources to support primary care practitioners to work in partnership with patients to taper or discontinue opioids for chronic non-cancer pain, in accordance with NICE guidelines (NG193).

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Guidance for tapering opioids for chronic non-cancer pain

Introduction and guidance

Opioids are highly effective analgesics for acute pain and pain at the end of life and can be of great benefit to many people living with pain. However, for chronic non-cancer pain, there is little evidence that they are helpful for long term pain and prolonged use can be actively detrimental, particularly at doses above 120mg oral morphine equivalent (OME) per day. (https://www.fpm.ac.uk/opioids-aware).

Acknowledging the challenges involved in supporting patients to reduce opioid use, this resource pack offers primary care (GPs, clinical pharmacists or other primary care staff that are working with the patient) easy access to relevant materials. It also offers materials that may be useful for patients. It includes some resources that primary care can use for tapering as well as links to the evidence base, including NICE guidelines. Appendix 4 links to a further comprehensive set of resources which may be useful.

Step 1: Identify patients for opioid tapering or discontinuation

Finding patients who are on long term and/or high dose opioids (excluding cancer patients) – searches and dashboards.

Patients can be identified by two principal routes, to find patients who are on more than 120mg per day oral morphine equivalent or have been taking opioids for more than 3 months.

1. PrescQIPP have produced searches for use on SystmOne or EMIS. These can be downloaded from the PrescQIPP website and imported into the clinical system. User guides are available for each search. The searches will identify:
    1. High dose opioids (greater or equal to 120mg OME) review.
    2. Fentanyl immediate release
    3. Co-prescribing of opioids and medicines known to increase the risk of harm
    4. Co-prescribing a strong opioid and a weak opioid

   Please contact your ICB Medicines Optimisation Pharmacist or Medicines Quality and Value Technician for further information.

2. Ardens searches are available in the clinical systems. These searches will identify patients prescribed opioids frequently or patients prescribed high dose opioids who have not had a review in the last 6 months. The searches are available on SystmOne and EMIS under Ardens searches > Prescribing | Alerts > Potentially Addictive. These searches are broken down at drug level but do not identify patients on combinations of opioids.

3. NHSBSA provide opioid comparators dashboards via ePACT2. It allows practices to look at a snapshot of opioid prescribing data, or at the trend. The data can be presented at practice or PCN level. For information on the dashboards please see the NHSBSA website. There is also a YouTube video available.

The data presented in the dashboards is anonymous. If the practice would like NHS numbers, NHSBSA can be contacted via the process below and they will provide the NHS numbers of patients flagged by the opioid comparator's dashboard.

NHS numbers will only be disclosed to requestors who can claim that they:

a) provide direct care for the applicable patients (i.e. GPs, Clinical Pharmacists etc) or

b) have been commissioned to review the care of the patient (e.g. commissioned to look at care home patients).

Patient details will be returned via email as a list of NHS Numbers for each of the requested opioid dashboard comparators.

Request Procedure:

Requests should be submitted via email to DataServicesSupport@nhsbsa.nhs.uk

The senior/lead partner of the practice must be copied to the email

The following declarations should be included within the email:

"I have direct clinical care of the patients within the practice."

"I will be responsible for the safe guardianship of the data I receive."

"The information will not be used beyond the purpose of the request."

The following information should be included in the request:

Name of requestor:

Role within the practice:

Practice code:

Practice name:

Practice address:

Practice telephone number:

Senior/Lead GP name and prescriber code:

Opioid comparator(s) requested: [OP02 - Patients receiving opioid pain medicines within 85 to 168 days,169 days or more, OP04 - High Oral Morphine Equivalent volume of opioids within 85 to 168 days, 169 days or more]

Month(s) requested:

Please note, due to the sensitivity of the information the NHSBSA may reply for further information or clarification of your right to ask for the data.

Using these lists practices can identify those patients to work with to reduce opioid use. Remove from these lists any patients with cancer pain and those receiving end of life care.

A sample patient letter/text message to invite patients to discuss is available in Appendix 3 and practices can tailor this to their own requirements.

Equivalent dose tables

These can be found here https://fpm.ac.uk/opioids-aware-structured-approach-opioid-prescribing/dose-equivalents-and-changing-opioids for assisting with calculating current dose, and for switching opioids.

An opioid dose calculator is available from Oxford University Hospitals website. Click on 'edit a copy' to download an editable version.

- Add in the opioid dose and frequency in the respective boxes in the table.
- The total OME in mg/day is automatically calculated.

Switching between opioids should only be recommended or supervised by practitioners with the appropriate competence and experience. When switching between different opioids, a dose reduction is recommended for reasons of safety. Refer to the Faculty of Pain Medicine link for further advice on switching from one opioid to another.

Key message: If a patient continues to have pain despite taking multiple pain management medications, these should be sequentially tapered or stopped one medication at a time.

Indications for opioid tapering and/or discontinuation

- Patient request
- >120 mg oral morphine equivalent per day
- Opioid not providing beneficial pain relief
- Opioid trial goals not met
- Medical complications
- Overdose risk increased
- Opioids used to regulate mood
- Patients with CVD or COPD
- Underlying painful condition resolves or stable for ≥3 months
- Side effects intolerable or impairs function
- Patient receives a definitive pain-relieving intervention, such as joint replacement
- Strong evidence patient is diverting their medication to others
- Non-adherence to treatment plan
- Co-prescription of a gabapentinoid, Z drug or benzodiazepine
- Signs of possible dependence i.e., refusal to explore other treatments, failure to attend appointments to review opioids, repeatedly losing medication and requests for further prescriptions, seeking opioids from different prescribers, resisting referrals to specialist services, alcohol abuse, use of illicit, over the counter or internet drugs, deteriorating social function

Precautions:

Pregnancy: Acute opioid withdrawal has been associated with premature labour and spontaneous abortion.

Unstable physical health: While simple opioid withdrawal symptoms are not generally life-threatening, associated anxiety and distress may become very significant for some, and particularly those who may have comorbid mental and physical health problems[1].

Opioid addiction: Withdrawal is unlikely to be successful if patient obtains opioids from other sources, i.e., multiple prescribers, 'street'. Referral to drug addiction services will be required.

Step 2: Assess complexity of pain management strategy

High complexity patients should be referred to the relevant specialist service, such as pain clinics at NGH or KGH via the usual referral pathway.

Patients with potential drug misuse problems can be referred to 'Change Grow Live - Substance to Solution (S2S). Referrals will be accepted from all healthcare professionals (HCPs) including practice pharmacists and nurses. Consider referring the following patient groups:

- Patients using illicit opioids with their prescribed opioids
- Patients misusing their prescribed opioids
- Patients misusing other substances/alcohol with their prescribed opioids

This list is not exhaustive. HCPs may contact CGL regarding any patient they feel may benefit from the service or where they would like support to manage them. CGL will advise accordingly and review whether the referral is appropriate for their service.

Step 3: Discuss with patient

What patients expect from the opioid tapering discussion:

What to include:

- Benefits of tapering opioids.
- How opioids will be reduced or stopped
- What outcomes to expect
- Non-pharmacological / alternative treatments such as regular movement

What to avoid:

- Medical jargon
- Making the patient feel they are at fault
- Not involving carers

How to deliver key messages:

- Keep it simple.
- Use multiple resources to support options (leaflets, websites)
- Ensure people feel in control
- Introduce topics in small chunks
- Provide contact details

Five steps to structure the opioid tapering discussion:

1. Invite the patient to discuss their current experience of pain, prescribed analgesia and any non-pharmacological interventions
2. Explain the benefits of reducing or stopping opioids
3. Agree outcomes of opioid tapering
4. Arrange for monitoring and support
5. Document any agreed tapering schedule

See Appendix 1 for guidance on how to structure the opioid tapering or discontinuing consultation with patients.

See Appendix 3 for a sample patient invitation letter/text message to an opioid review.

See NICE Decision support tool: making decisions to help you live well with chronic primary pain This tool is for people aged 16 years and over with chronic primary pain. It can help patients think about what options they might like to consider to help them live well with pain.

Step 4: Start the tapering process

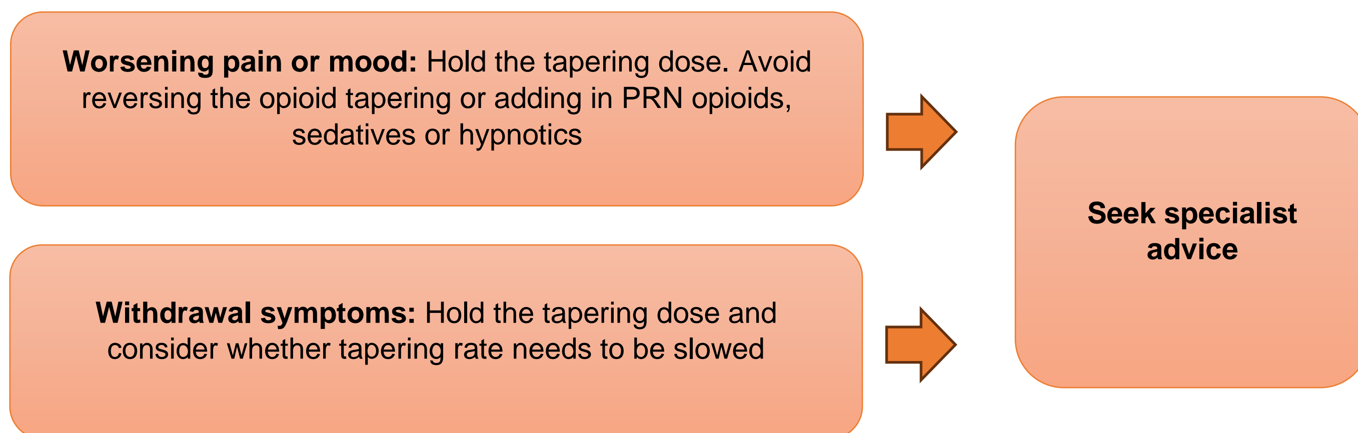
- Optimise non-opioid management of pain.
- Consider consolidating all opioid medication in to one single modified release (MR) preparation if appropriate, considering the recommendations regarding dose equivalence and switching opioids in Step 1.
- Agree a dose reduction schedule and review plan with the patient. Give the patient choice about how to reduce their opioids, for example:
  - **Option 1.** Keep the MR dose stable first and wean down the immediate release (IR) PRN doses initially.
  - **Option 2**. Reduce the MR dose first and keep the PRN IR dose stable initially. It is important that the patient does not increase the PRN dose to compensate for the reduced MR dose
- Explain that it may be necessary to adjust the speed of tapering but the opioid doses will not increase once reduced.
- Keep daily dosing interval the same for as long as possible e.g. twice daily.
- Dispensing intervals will be dependent on patients' degree of control over opioid use.
- Inform patient there is an increased risk of overdose if a higher dose of opioid is taken following tapering as tolerance is reduced.
- Do not attempt to taper other dependence forming medications concurrently with opioid tapering.
- Transfer opioid medication from repeat to acute prescription.

Rate of taper:	Will vary according to individual response. A **decrease of 10%** of the total daily dose every **one to two weeks** is usually well tolerated.
Slower tapering:	May be indicated for patients who are anxious, psychologically dependent on opioids, have cardio-respiratory co-morbidities or who have been on opioids for >2 years. These patients may require specialist input.
Faster tapering:	May be indicated for patients experiencing significant adverse effects, displaying aberrant drug taking or drug seeking behaviours. Seek advice from Drug and Alcohol services where appropriate.
Hold the dose:	If the patient experiences severe withdrawal symptoms, a significant worsening of pain or mood, or reduced function during the taper.

- Once one-third of the original total daily dose is reached, **slow the taper** to half or less of the previous rate e.g. 5-10% every 2 – 4 weeks.

Step 5: Follow-up and review

Frequency of review depends on **rate of taper and degree of support** required e.g., monthly if 10% drop every 1-2 weeks. The same prescriber should ideally review patient (by telephone or face to face) prior to decreasing each dose. Ask about reduction in side effects, improvements in alertness, daily living, mobility and emotional well-being as well as withdrawal symptoms and pain:



Patients who are unable to complete taper may be **maintained on a reduced dose,** if clinically appropriate, providing the treatment plan is being followed and improvement is seen with pain and function. Reattempt tapering in 3-6 months as dictated by patient and clinical factors.

Consider the patient's mental health and manage as appropriate. Discuss adjunctive support which may be beneficial such as wellbeing apps, meditation, acupuncture and reflexology.

References

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6. NICE. Decision support tool: making decisions to help you live well with chronic primary pain. Published 04 September 2024. https://www.england.nhs.uk/publication/decision-support-tool-making-decisions-to-help-you-live-well-with-chronic-primary-pain/

Disclaimer

- The information in this document is believed to be true and accurate at the time it was written, after careful consideration of the referenced evidence.

- The use and application of this guidance does not override the individual responsibility of health and social care professionals to make decisions appropriate to local need and the circumstances of individual patients.

Document History

Author	**Approved By**	**Date Approved**	**Review Date**
Clare Worvill & Kerry Parmar	NPAG	August 2024	August 2027
Reviewed / Updated By	**Approved By**	**Date Approved**	**Next Review Date**
Clare Worvill & Kerry Parmer. Added links to patient resources and NICE patient decision tool. Minor wording amendments	NPAG chair	September 2024	August 2027

Appendix 1: Guidance to help practitioners structure the opioid tapering or discontinuing consultation with patients

1. **Invite the patient to discuss their current experience of pain:**
   - Adopt a biopsychosocial approach: explore the relationship between how pain affects the patient's life and how life affects the patient's pain, including:
     - Day-to-day activities, work and sleep
     - Physical and psychological wellbeing
     - Stressful life events, including emotional and physical trauma.
     - Social interaction and relationships
   - Examples of useful phrases here may be:
     - "pain is not something you can see on a scan, there are lots of things which influence it"
     - "there is evidence to suggest that experiences you have throughout your life (including your early life) determine how your nervous system responds to pain or threat, which can make some individuals more likely to experience painful sensation in their bodies"
   - Examples of useful questions here, may be:
     - "when was the last time that you didn't have pain?"
     - "tell me what has happened since then?"
   - Take a positive approach:
     - What matters to this patient (what does living well look like)?
     - What are their strengths (skills they have already to manage pain; what helps when their pain is difficult to control)?
   - Establish whether the opioid is working
     - Explore some of the things which have helped in the past, have any pain medicines helped?
   - Prescribed analgesia
     - Investigate use of and attitudes toward non-opioids
     - Investigate use of and attitudes towards opioids plus any associated side effects
     - Investigate potential for opioid abuse (e.g. opioid risk tool)
   - Any non-pharmacological interventions
     - Investigate adherence to recommended activities
     - Attitudes towards trying additional/different non-pharmacological intervention

2. **Explain the benefits of reducing or stopping opioids:**
   - Invite patient to describe their understanding, thoughts and concerns regarding stopping
   - Recognise, acknowledge and validate thoughts and concerns
   - Address any inaccuracies using non-judgemental, supportive language
   - E.g., "We can think of pain as a smoke alarm, alerting to danger, but sometimes it is triggered by making toast, rather than a fire. Every time you trigger the alarm, the alarm gets more sensitive. We need to try to reset it"
   - E.g., "there is evidence to show that taking opioid-based medications for some time can increase the level of pain you experience - so the alarm is not only more sensitive but also louder when it goes off"

- E.g., “would you be interested in hearing what has helped other patients we have worked with?

3. **Agree outcomes of opioid tapering**
   - Incorporate outcomes to which patient assigns a high positive value (things that are important to the patient in terms of improved function)
   - Explicitly discuss that:
     - Symptoms will likely fluctuate over time and flare-ups may occur
     - It is possible that the cause of the flare-up may not be identifiable
     - Pain may not improve or may get worse and need ongoing management
     - There is an increased risk of overdose if a higher dose of opioid is taken following tapering as tolerance is reduced
     - Quality of life **can** improve even if the pain remains unchanged
   - "One thing that a lot of other people find helpful is moving more, is there any activity that you used to enjoy?"
   - Physiotherapy will recommend movement, but most patients should be able to move more themselves, and finding activity that they enjoy is more likely to continue.

4. **Arrange for monitoring and support**
   - Ensure that the patient feels that they are not ‘in this alone’, if it doesn’t work as hoped they can come back to you and re-evaluate/refine the plan
   - Develop a care and support plan, exploring with the patient their preferences, strengths, priorities, interests and abilities (think: which primary care team members can contribute to this?). This should include:
     - Priorities, abilities and goals
     - What they are doing already that helps
     - Preferred approach to treatment
     - Additional support needed for young people aged 16–25 years to continue with education and training.

5. **Document an agreed tapering schedule**
   - Guidance regarding content to document is provided on the Opioids Aware website.
   - The Oxford University Hospitals website includes templates for opioid reduction which may be useful.

Use Ardens opioid monitoring template to aid the structured medication review and opioid tapering consultation.

The Ardens Opioid Monitoring template can be accessed from the analgesia formulary. It can also be found in Auto consultations > Ardens Drug Monitoring J to Z. At the top you can record that opioid monitoring has been completed. The template will assist with managing individual patients, with quick access to:

1. Patient agreement for opioid based medication
2. Opioid conversion table
3. Opioid risk tool

Ardens template:

Opioid Initiation & Monitoring

Other Details... Exact date & time Mon 15 May 2023 13:25

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button Hide Warning

Initiation & Monitoring | Trial | Opiate Risk Tool | View | Resources |

Opioid Initiation & Monitoring

ardens
help & feedback

Assessment
- Opioid alert reviewed — Drug Review
- Drug monitoring done
- Alternative pain management optimised — Analgesia Formulary
- Co-morbidities considered — Chronic Pain
- Side effects, risks, dependency + overdose discussed — Opiate Side-Effect ... — ACB Scale
- Drug interactions considered + discussed — Gabapentinoid Mon... — Benzodiazepine + Z-Drug
- Dose, route + formulation considered + documented — Ask about medications taken from elsewhere
- Aberrant behaviour risk
- Indication + goals — To assist decision with titration/tapering
- Pain score — Abbey Pain Assessme... — DN4 Questionnaire
- Symptoms status — Symptom Diary — PADT
- Current opioid(s) & daily dose

Alternative Options: Non-opioid, neuropathic + non-medical options

Co-morbidities: Opiate allergy, liver failure, renal

Status
- Opioid commenced
- Opioid continued
- Opioid titration — Max 30% increase each time, monitor frequently
- Opioid tapering — Taper by ~10%/w but slower/hold prn. Once on 30% dose, slow to 5%
- Opioid switched — Opioid Conversion

Plan
- New opioid(s) & daily dose
- Advice on quantities supplied, safe storage & disposal
- Advice on addiction, tolerance, interaction & withdrawal — Long Term Risks Letter
- Advice to not drive if driving ability is impaired — Driving
- Opioid agreement signed — Opioid Agreement
- Follow up discussed — Follow-Up

Show recordings from other templates

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Appendix 2: Opioid tapering resources

For practitioners

Opioids Aware This is a very comprehensive set of resources offered by the Faculty of Pain Management and can be found here https://www.fpm.ac.uk/opioids-aware. Highly recommended, including a structured approach to opioid prescribing, help with tapering and stopping, understanding pain, and best medical practice.

- Opioids Aware: Dose equivalent tables and changing opioids
- Opioids Aware: Tapering and stopping

Resources regarding opioids and chronic pain from Oxford University Hospitals https://www.ouh.nhs.uk/services/referrals/pain/opioids-chronic-pain.aspx. These include:

- **Guidance for opioid reduction in primary care**
  https://www.ouh.nhs.uk/patient-guide/leaflets/files/95275opioids.pdf

- **An opioid equivalence dose calculator**
  https://www.ouh.nhs.uk/services/referrals/pain/opioids-chronic-pain.aspx

The above resources acknowledge that alternatives need to be offered to patients for managing long term pain, for example social prescribing and psychological approaches.

For patients

Live Well with Pain is an organisation which supports patients and provides resources for patients and healthcare professionals https://livewellwithpain.co.uk/

Useful patient information can be found at https://www.gov.uk/guidance/opioid-medicines-and-the-risk-of-addiction

Appendix 3: Sample template patient letter (invitation for opioid review)

This letter can be tailored to patient / practice requirements. It can be sent to individual patients or a group of patients identified by searches.

Dear [Patient name]

We are currently undertaking a review of prescriptions for medications collectively known as opioids, which are prescribed to patients within our practice.

An opioid (sometimes called an opiate) is a strong pain medicine, such as morphine, oxycodone, fentanyl, buprenorphine, tramadol, codeine and dihydrocodeine.

This review is needed because although opioids are very good for short term pain and end of life pain, there is little evidence that they are helpful for long-term pain. Some people may obtain good long-term pain relief with opioids if the dose can be kept low and they are only used occasionally. It is difficult to identify these people at the start of treatment.

We are now writing to patients who from our records have received several opioid prescriptions during the past year and asking them to make an appointment with their GP surgery to review their medication.

At this appointment, the GP or pharmacist will carry out a full assessment and medication review. They will be able to discuss with you the benefits and risks associated with the medication prescribed for your long-term pain and explore your treatment options.

The enclosed opioid patient information leaflet discusses common side effects and health risks that can occur when opioids are taken for a long time and at high doses. **Please can you make an appointment with us so that we can review how things are going and talk about the medication you are taking**.

* Example patient leaflets:

- Taking Opioids for Pain (Opioids Aware website)
- Reducing and stopping opioids (Oxford University Hospitals website)

Sample patient text message (invitation for opioid review)

We are reviewing opioid pain medicines prescribed to patients in our practice. Please make an appointment so we can review your pain, and the medicines you are taking, to ensure you are on the best possible treatment. At this appointment, the GP will carry out a full medication review. They will discuss with you the benefits and risks associated with the medicines prescribed for your long-term pain and explore your treatment options.

Appendix 4: Further resources

The following resources may also be helpful for supporting tapering of opioids (those linked to above also included here).

Tools for tapering opioids

Source/Topic	Link
Guidance for opioid reduction in primary care (from Oxford University Hospitals Trust)	https://www.ouh.nhs.uk/services/referrals/pain/opioids-chronic-pain.aspx
Norfolk and Waveney Guidelines for tapering opioids in chronic pain	https://www.norfolkandwaveneyformulary.nhs.uk/chaptersSub.asp?FormularySectionID= 24
Wessex AHSN Checklist for patients already being prescribed opioids	https://wessexahsn.org.uk/img/projects/PCN%20Checklist%20Final%20V%20(Opioid%20Exposed).pdf
Wessex AHSN Checklist for patients starting opioids	https://wessexahsn.org.uk/img/projects/PCN%20Checklist%20Final%20V(Opioid%20Naive).pdf
Ardens Opioid Monitoring template	https://support.ardens.org.uk/support/solutions/articles/31000135252-opiate-monitoring

Clinical guidelines/Professional guidance/Best Practice information

Source/Topic	Link
BMA Chronic pain: supporting safer prescribing of analgesics	https://www.bma.org.uk/media/2100/analgesics-chronic-pain.pdf
Gov.UK Prescribed medicines review report	https://www.gov.uk/government/publications/prescribed-medicines-review-report
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	https://www.england.nhs.uk/long-read/optimising-personalised-care-for-adults-prescribed-medicines-associated-with-dependence-or-withdrawal-symptoms/

Includes Case Studies from elsewhere	
NICE Guideline covering assessing all chronic pain (chronic primary pain, chronic secondary pain, or both) and managing chronic primary pain in people aged 16 years and over	https://www.nice.org.uk/guidance/NG193
NICE Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults	https://www.nice.org.uk/guidance/ng215/resources/medicines-associated-with-dependence-or-withdrawal-symptoms-safe-prescribing-and-withdrawal-management-for-adults-pdf-66143776880581
RCGP learning module Chronic Pain in Adults	https://elearning.rcgp.org.uk/course/info.php?id=588
Faculty of Pain Medicine Wide range of learning resources for both professionals and patients, good basic info on front page	https://www.fpm.ac.uk/opioids-aware
Health Innovation East Midlands Improving the management of non cancer pain – reducing from opioids	https://healthinnovation-em.org.uk/our-work/innovations/improving-the-management-of-non-cancer-pain-reducing-harm-from-opioids
QOF QI Prescription Drug Dependency (webinar recordings requiring NHS Futures login and access to PCNs and Practices Support Hub – see futures.nhs.uk)	https://future.nhs.uk/connect.ti/P_C_N/view?objectID=36511152
The Lancet Opioid prescribing trends	https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(18)30471-1.pdf
Department of Health Drug misuse and dependence – clinical guidelines on clinical management	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf
Physiopedia Biopsychosocial model and Chronic Pain	https://www.physio-pedia.com/Biopsychosocial_Model

Patient information

Source/Topic	Link
Faculty of Pain Medicine Patient Information Leaflet	https://www.fpm.ac.uk/opioids-aware-information-patients/taking-opioids-pain
Gov.UK Safety leaflet on opioid medicines to help patients and their families reduce the risks of harm	https://www.gov.uk/guidance/opioid-medicines-and-the-risk-of-addiction
Live Well with Pain self-management resources	https://livewellwithpain.co.uk/
Flippin Pain – self management resources	https://www.flippinpain.co.uk/
NICE Decision support tool: making decisions to help you live well with chronic primary pain. This tool is for people aged 16 years and over with chronic primary pain. It can help them think about what options they might like to consider to help them live well with pain.	https://www.england.nhs.uk/publication/decision-support-tool-making-decisions-to-help-you-live-well-with-chronic-primary-pain/

General resources and recommendations

NHS England Framework document issued March 2023 - Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms can be found here. This is a recent policy document which includes references to key opioids resources.