



Image by Brett
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Exploring acceptability and feasibility of an overdose intervention for individuals prescribed strong opioids for chronic non-cancer pain

Tessa Parkes, Rebecca Foster and Deborah Steven on behalf of the study team

The Study Team

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Funding acknowledgement

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Background

- Scotland currently experiencing an epidemic of people dying from opioid overdoses

Current responses includes provision of injectable naloxone to people with opioid dependency and family/friends/potential witnesses via health boards since our national naloxone programme

Those at risk of overdose incl those prescribed strong opioids for chronic non cancer pain (CNCP) – not enough known about this group of individuals and no overdose interventions

**Dependence and withdrawal
associated with
some prescribed medicines**

An evidence review

SIGN 136 • Management of chronic pain

A national clinical guideline

First published December 2013

Revised edition published August 2019

Study design – Part 1

1. A quantitative service improvement assessment of prescribing patterns for CNCP to assess the potential size of the population at risk of overdose in NHS Fife

Growing Concerns



Gabapentin and Pregabalin for Pain — Is Increased Prescribing a Cause for Concern?

Christopher W. Goodman, M.D., and Allan S. Brett, M.D.

n engl j med 377;5 nejm.org August 3, 2017



Patient Concerns

“people who are not misusing the drugs ‘feel they are being punished for something they haven’t done’.

‘In many cases it is difficult to find the right combination of pain relief, and we know from our helpline that people have been left fearful and confused...’.

‘It’s premature and risks harming people who are using these medicines because there is nothing else for them that works’.”

Heather Wallace, Chair of Pain Concern, Scotland

Service Improvement

- Data collection across NHS Fife GP Practices Aug- Oct 19
- All Opioids prescribed in a 6 month period
- Focus on strong opioids & associated risk factors

- Risk Factors

- Concomitant medicines e.g. gabapentinoids and/ or benzodiazepines
- Co-morbidities e.g. respiratory disorders, sleep apnoea, reduced renal function
- Stratify according to Morphine Equivalence Daily (MED)
 - >120mg
 - >90mg
 - >50mg

- Data will be used to inform a multi agency event Spring 2020 and drive improvements in prescribing and review within NHS Fife

Study design – Part 2

2. A qualitative exploration of views via semi-structured interviews and group interviews.

Does the intervention sound feasible and acceptable to you?

- Community pharmacists
- Individuals who have been prescribed strong opioids for CNCP
- Family members (including partners) of those who have been prescribed strong opioids for CNCP

The proposed (next study stage) intervention – in brief

Intra-nasal naloxone via community pharmacists

Education and training for those prescribed and family members, partners and friends



Study approach – Part 3

3. Developing the bespoke intervention for people prescribed

Re-seeking views

Use findings to inform current service delivery and a next stage feasibility and acceptability study.

Interested in being involved?

Contact Rebecca at Rebecca.Foster@stir.ac.uk