General Practice Policy on Dependence-Forming Medications

Purpose: To provide a safe, consistent, and evidence-based approach to the prescribing, review, and discontinuation of dependence-forming medications (DFMs), while promoting patient safety, minimising misuse, and supporting appropriate pain and mental health management.

1. Scope of Policy

This policy applies to all clinical staff involved in the prescribing of the following DFMs:

- Opioid analgesics (e.g. morphine, codeine, oxycodone, tramadol)
- Benzodiazepines (e.g. diazepam, lorazepam)
- Z-drugs (e.g. zopiclone, zolpidem)
- Gabapentinoids (e.g. gabapentin, pregabalin)
- Any other Schedule 2–4 controlled drugs where there is a risk of dependence or diversion

2. Prescribing Principles

- **Short-term use only:** DFMs will only be initiated for short-term use where alternative treatments are inappropriate or ineffective.
- **Avoidance of initiation for chronic use:** Long-term use for chronic, non-cancer pain or insomnia will be actively discouraged.
- **Shared decision-making:** Patients will be fully informed of the risks and benefits prior to initiation.

3. Initiation & Review

- **Initiation will only occur** following a GP consultation.
- **All new prescriptions** will be subject to review within 4 weeks.
- Ongoing prescriptions will require review **at least every 3-6 months.**

4. Repeat Prescriptions

- Patients must attend regular medication reviews.
- **Only one month's supply** will be prescribed at a time for DFMs.

5. Prescribing Boundaries

- Patients receiving DFMs from secondary care will only be continued following clear written specialist communication.
- **Patients obtaining DFMs from multiple sources** will be subject to a prescribing review and may be refused further prescriptions.
- **Requests for early or replacement prescriptions** (e.g. lost medication) will be refused unless there is compelling documented justification.

6. Tapering & Discontinuation

- The practice will support gradual dose reduction wherever clinically appropriate and will consider referral to local DFM withdrawal services.
- Structured withdrawal plans will be agreed upon with patients, with support from pharmacists when needed.

7. Safeguarding & Monitoring

- Any suspicion of misuse, diversion, or escalating dose requests may prompt safeguarding alerts or referral.
- 28 day prescribing may be reduced to 7 day issues, with a named responsible GP if misuse is suspected.

8. Communication & Documentation

- All decisions regarding DFMs must be thoroughly documented, including indications, discussions of risk, and review dates.
- Patients will be provided with written information outlining risks and responsibilities (e.g. medicine agreements or contracts).