**NHS South Yorkshire Integrated Care Board**
Management Office
197 Eyre Street
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**To:** South Yorkshire Prescribers

23rd November 2026

Dear Colleagues

This open letter is intended to help prescribers respond to concerns from patients who may feel pressured to reduce or stop their opioid medication, and it may be shared with patients for that purpose.

**Opioid medications can be dangerous, and the risks increase with higher doses and longer treatment**

Opioids can be good painkillers when used briefly for acute pain, and also at the end of life, but they're not safe in continuous long-term use.[1]

Risks of long-term use include falls and fractures, hormone problems (including sex hormone problems), constipation, effects on cognitive function and sedation (concentration, processing and memory), immune system problems and hyperalgesia (where opioids cause patients to feel *more pain*).[1] A recent coroner's report highlights the ultimate risks of this.[2]

For people prescribed opioids for chronic pain, 1 in 10 suffer moderate harm, and 1 in 62 will die who wouldn't have died if their pain was managed without opioids.[3]

Opioids can cause harm at any dosage, but the risks of harm increase with higher doses, particularly above 50mg OME. The maximum threshold (outside of palliative care) used to be 120mg OME, but this has been reduced to 90mg as we now understand more about the significantly increased risks at higher doses.[1]

**Opioids should be regularly reviewed and should be reduced and stopped as clinically indicated.**

If pain remains severe despite opioid treatment, it likely means the opioids aren't working. Opioids can help initially but then the effect can wear off in time (usually within about 12 weeks). These are reasons to stop the opioids, rather than to increase the dose, try a different opioid or add to it with other medications. It's better to stop an opioid that isn't helpful enough, *even if there aren't any other medications left to try.*[1,4]

Even when reasonable pain relief is reported from taking opioid medication in the longer term, it is recommended to taper (reduce) the opioid medication at regular intervals so their effectiveness on pain symptoms (and possible contribution to side-effects) can be assessed

National guidance provides clear advice for when opioids shouldn't be used. This includes common conditions such as chronic low back pain and chronic primary pain (including fibromyalgia).[4]

There are plenty of medication-free ways to manage pain, including gently increasing activity and physical fitness, wellbeing techniques (like mindfulness and meditation), acupuncture and psychological treatments like Cognitive Behavioural Therapy.[1]

**A prescriber has a professional and ethical responsibility in prescribing these medicines.**

All prescribers have a professional responsibility to minimise harm in their prescribing decisions.[5,6,7,8] Where a prescriber feels that the risks of continuing an opioid medication outweigh the benefits, they must not prescribe, even if the patient prefers to continue this medication. A prescriber continuing a harmful medication may have to account for their actions (e.g. to a professional or regulatory body).

We hope we've been able to explain some of the reasons why we're asking prescribers to have conversations with patients about reducing and stopping their opioid medication.

Yours faithfully





Dr David Warwicker
Medical Lead for Medicines Optimisation

Dr David Crichton
ICB Chief Medical Officer

Glossary of terms:

ICB (Integrated Care Board) – we use NHS money to buy health services for patients in our area. We can also investigate complaints about providers of NHS services that we buy (including primary and secondary care services like GPs, pharmacies, hospitals and out-of-hours services).

Opioid – medication in the same family as morphine, including codeine (which is in co-codamol), dihydrocodeine, fentanyl, tramadol, diamorphine (heroin) and buprenorphine.

OME (Oral Morphine Equivalent) – opioids are different strengths, and this allows us to convert different opioid doses into the equivalent dose of morphine for comparison, e.g. 8 x co-codamol 30/500 tablets per day is 36mg OME – the same as taking 36mg of morphine per day.

References:


1) FPM *Opioids Aware.* Available at https://fpm.ac.uk/opioids-aware Accessed 15/12/2025
2) HM Coroner for South Yorkshire East (2025) *Samuel Brown: Prevention of Future Deaths Report*. Available at https://www.judiciary.uk/prevention-of-future-death-reports/samuel-brown-prevention-of-future-deaths-report/
3) NHSE (2023) *National medicines optimisation opportunities 2024/25* Available at https://www.england.nhs.uk/long-read/national-medicines-optimisation-opportunities-2023-24/ Accessed 15/12/2025

4) NICE (2021) *Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain.* Available at https://www.nice.org.uk/guidance/ng193 Accessed 15/12/2025
5) GMC (2021) *Good practice in proposing, prescribing, providing and managing medicines and devices*. Available at https://www.gmc-uk.org/professional-standards/the-professional-standards/good-practice-in-prescribing-and-managing-medicines-and-devices Accessed 15/12/2025
6) NMC (2015) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates.* Available at https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf Accessed 15/12/2025
7) GPhC (2025) *In practice: Guidance for pharmacist prescribers.* Available at https://assets.pharmacyregulation.org/files/2025-04/in-practice-guidance-for-pharmacist-prescribers-updated-april-2025.pdf Accessed 15/12/2025
8) HCPC (2024) *Standards of conduct, performance and ethics.* Available at https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/ Accessed 15/12/2025