

## Appendices

### Appendix One Harm reduction advice for drug users<sup>42</sup>

Research the substance before trying it.

Plan how you are getting home before you start your night.

Avoid taking drugs alone and have a 'straight/sober' friend around if possible.

Tell someone what you have taken, how much and when.

Try not to accept/buy drugs from people you don't know.

Avoid mixing with other drugs, including alcohol.

If using for the first time or using a new batch/packet take a test dose first.

Use scales to measure dose and start by taking small amounts – this might be quarter of a pill, one small line, a single skin joint.

Pace yourself and wait two hours before taking any more.

Keep hydrated, drink about one pint of water per hour in small sips.

If you have problems with jaw clenching chew gum or soft sweets.

Take regular breaks when dancing.

If you start to feel unwell, tell someone and be honest about what has been taken.

If the effects are too extreme try to relax and take small sips of flat sugary juice.

If someone who has taken drugs is sleeping or unconscious place them in the recovery position or on their side and check them frequently to ensure they are okay. Snoring may be a sign of overdose.

Testing kits are available online and can help show what the drugs contain but they may not be good enough to identify newer compounds or added substances.

Try to have a few drink and drug free days a week to allow your body to recover.

Use safe sex practices

Get regular health check-ups and tests for blood borne viruses like hepatitis B, hepatitis C and HIV.

## **Appendix Two**

### **Resources for professionals, drug users and their relatives**

#### **For doctors and patients**

Royal College of Anaesthetists' Opioid Aware resources:

<https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware>

Opioid Audit for Primary Care:

<https://www.therapeutics.scot.nhs.uk/pain/>

Opioid drug equivalents/ conversions:

[http://www.palliativedrugs.com/download/090714\\_opioid\\_conversions.pdf](http://www.palliativedrugs.com/download/090714_opioid_conversions.pdf)

Talk to Frank, information on all types of drugs and friendly, confidential drug advice:

<https://www.talktofrank.com>

A Guide to New Psychoactive Substances - Change Grow live:

<https://www.changegrowlive.org>

#### **Resources for clinicians on NPS**

New Psychoactive Substances resource pack:

<https://www.gov.uk/government/publications/new-psychoactive-substances-nps-resource-pack>

NEPTUNE (novel psychoactive treatment: UK network):

<http://neptune-clinical-guidance.co.uk>

UK National Poisons Information Service:

[www.npis.org](http://www.npis.org)

## Appendix Three Screening tools

### The CAGE and CAGE-AID Questions<sup>13</sup>

The original CAGE questions appear in plain type. The CAGE questions Adapted to Include Drugs

(CAGE-AID) are the original CAGE questions modified by the *italicised text*.

The CAGE or CAGE-AID should be preceded by these two questions:

1. Do you drink alcohol?
2. Have you ever experimented with drugs?

If the patient has experimented with drugs, ask the CAGE-AID questions. If the patient only drinks alcohol, ask the CAGE questions.

#### **CAGE and CAGE-AID Questions**

1. In the last three months, have you felt you should cut down or stop drinking or *using drugs*?  
Yes/ No
2. In the last three months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or *using drugs*?  
Yes/ No
3. In the last three months, have you felt guilty or bad about how much you drink or *use drugs*?  
Yes/ No
4. In the last three months, have you been waking up wanting to have an alcoholic drink or *use drugs*?  
Yes/ No

**Each affirmative response earns one point. One point indicates a possible problem. Two points indicate a probable problem.**

## Opioid Risk Tool<sup>21</sup>

This tool should be administered to patients upon an initial visit prior to beginning opioid therapy for pain management.

A score of 3 or lower indicates **low risk** for future opioid abuse

A score of 4 to 7 indicates **moderate risk** for opioid abuse

A score of 8 or higher indicates a **high risk** for opioid abuse

Mark each box that applies	Female	Male
<b>Family history of substance abuse</b>		
Alcohol	1	3
Illegal drugs	2	3
Prescription drugs	4	4
<b>Personal history of substance abuse</b>		
Alcohol	3	3
Illegal drugs	4	4
Prescription drugs	5	5
<b>Age between 16—45 years</b>	1	1
<b>History of preadolescent sexual abuse</b>	3	0
<b>Psychological disease</b>		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
<b><u>Scoring totals</u></b>		

## **Appendix Four**

### **Special health needs of older people with substance misuse issues and complications related to a long history of drug and alcohol use<sup>16</sup>**

Liver damage due to hepatitis B and C and/ or excess alcohol use  
HIV infection  
COPD from smoking tobacco or from inhaling drugs, TB  
Increased cardiovascular disease risk due to alcohol, smoking and lifestyle  
Venous damage (IV access can be difficult) and/or arterial damage  
Cardiac valve destruction due to endocarditis  
Poor dental health  
Family breakdown/relationship problems  
Mobility problems consequent on groin injecting  
Traumatic injuries due to falls, accidents or assaults  
Risk of overdose  
Impaired immunity  
Increased risk of cancer  
Chronic pain  
Impaired mental health (with increased risk of self-harm and suicide).

#### **Effects of polypharmacy**

- sedation, cognitive impairment, increased risk of falls and road traffic accidents
- drug-drug interactions may increase or decrease methadone levels
- risk of QTc prolongation when methadone is co-prescribed with drugs including antipsychotics, tricyclic antidepressants, citalopram, and erythromycin.

#### **Effects of normal ageing**

Cognitive impairment, loneliness, boredom, isolation  
Increased sensitivity to alcohol and drugs  
Housing and financial problems, personal care costs

## Appendix Five

### Drug reduction regimes for gabapentin and pregabalin<sup>10</sup>

#### Gabapentin

Suggested gabapentin reduction regime from 1200mg TDS

Gabapentin	Morning	Afternoon	Night	No. 300mg capsules
<b>Week 1</b>	1200mg (i.e. 4 x 300mg)	900mg (i.e. 3 x 300mg)	1200mg (i.e. 4 x 300mg)	<b>77</b>
<b>Week 2</b>	900mg	900mg	1200mg	<b>70</b>
<b>Week 3</b>	900mg	900mg	900mg	<b>63</b>
<b>Week 4</b>	900mg	600mg	900mg	<b>56</b>
<b>Week 5</b>	600mg	600mg	900mg	<b>49</b>
<b>Week 6</b>	600mg	600mg	600mg	<b>42</b>
<b>Week 7</b>	600mg	300mg	600mg	<b>35</b>
<b>Week 8</b>	300mg	300mg	600mg	<b>28</b>
<b>Week 9</b>	300mg	300mg	300mg	<b>21</b>
<b>Week 10</b>	300mg	-	300mg	<b>14</b>
<b>Week 11</b>	-	-	300mg	<b>7</b>

#### Pregabalin

Suggested pregabalin reduction from 300mg BD

Pregabalin*	Morning	Night
<b>Week 1</b>	250mg	300mg
<b>Week 2</b>	250mg	250mg
<b>Week 3</b>	200mg	250mg
<b>Week 4</b>	200mg	200mg
<b>Week 5</b>	150mg	200mg
<b>Week 6</b>	150mg	150mg
<b>Week 7</b>	100mg	150mg
<b>Week 8</b>	100mg	100mg
<b>Week 9</b>	50mg	100mg
<b>Week 10</b>	50mg	50mg
<b>Week 11</b>	25mg	25mg
<b>Week 12</b>	-	25mg

## Appendix Six Pain Management Prescribing Agreement

The pain management prescribing agreement below may be useful in some cases, for instance with high risk patients, to ensure and document the patient's understanding of their treatment. It is not recommended for all patients and clinical judgement is required. Practices may wish to tailor it to their needs.

### Pain Management Prescribing Agreement

Name .....

Date of birth.....

As part of my treatment plan which includes prescribing pain relief medicines I agree to the following conditions:

1. I am currently taking \_\_\_\_\_mg of \_\_\_\_\_daily
2. I agree to fully participate in the pain management plan as outlined in my medical record. As part of this plan I will be referred to other specialist and agree to engage fully in all treatments offered.
3. If I do not adhere to the agreed programme, I accept that my prescribed pain relief medicines will be reviewed and may be reduced.
4. I acknowledge that I should not take any additional pain relief medicines unless under the advice of a clinician.
5. I agree not to sell or otherwise dispose of medication prescribed to me.
6. I agree to the medicines being dispensed daily / weekly [delete as appropriate].
7. I understand that early requests for medicines will not be granted.

Signed (patient) .....

Signed (on behalf of service) .....

Date.....