Safe and Effective Prescribing for Pain in the Prison Setting

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Pain Management

- WHO pain ladder – i.e. Start with non-opioids
- Greater use of non-pharmacological interventions e.g. physiotherapy
- Consider split dose of opiate maintenance medication
- Where opiate analgesia required use once daily preparations (e.g. slow release tramadol)
- Eradication of all pain not realistic but should not seriously interfere with daily living activities

What’s the Legal Position for Pain Management in Prison?

No defined legal position but the Bolam Principle would support:

- Legitimacy to Review at any point of transfer in the healthcare system
- Switching to equivalent medications is legally defensible
- Not same legally as the class action re lack of drug treatment in secure environments
- The history has to be “credible” rather than “unquestionably believed” – think function as much as symptoms
- Corroborate with third party (physical education officers, wing based officers)
- Frontloading a psychosocial intervention is reasonable practice
- Remember to fulfil our duty of care, our practice has to be “reasonable” not “best”
- GMC Good Medical Practice Guide – treat patients with dignity and respect – polite and courteous ie. never arrogant, condescending, judgemental or mocking. Assertiveness is allowed (in fact necessary) and we can bring our controlled feelings into the consultation
Other drugs of abuse

Important as likely increase in these requests if pain protocols adhered to

- Dermatological ointments/emollients/shampoos – only prescribe in cases of a diagnosed skin condition

- Dietary supplements – only prescribe where BMI is <19

- Benzodiazepines if not in liquid preparation
Other drugs of abuse - benzodiazepines

- Benzodiazepines – all first night prescribing according to protocols
- Any repeat only after successful completion of group sessions
- Consider reduction of long-term community prescribing of benzodiazepines in accordance with national guidelines
- Don’t prescribe benzodiazepines or sedative antidepressants just for insomnia. ? Milky drinks
The future

- Obtain star-pu data for prisons and compare with community
- Better assessment tools (involving third party evidence)
- Trial a “pain support programme” psychosocial intervention and if successful offer prior/alongside prescribing (with prescribing contingent upon engagement)

Wright N with Marteau D and Palmer J. *The Offender and Drug Treatment: making it work across prisons and wider secure environments*. Leeds: Wrighthealth publishing, 2010

The British Pain Society in collaboration with the Royal College of Psychiatrists, The Royal College of General Practitioners and the Advisory Council on the Misuse of Drugs.