



Resource impact summary report

Resource impact

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The guideline covers prescribing and managing withdrawal from opioids, benzodiazepines, gabapentinoids, Z-drugs and antidepressants. The guideline assumes that non-pharmacological treatment options have been discussed and offered where appropriate before these medicines are prescribed.

Most of the recommendations reinforce best practice and do not need any additional resources to implement. However, the recommendations on withdrawing medicines associated with dependence or withdrawal symptoms (section 5 of the guideline) may represent a change to current local practice.

This resource impact summary report is aligned with the [NICE guideline on the assessment of all chronic pain and management of chronic primary pain in over 16s](#) in which it is recommended that opioids, benzodiazepines, gabapentinoids, Z-drugs and antidepressants are not initiated to manage chronic primary pain.

The number of adults in England who have long term prescriptions for a medicine associated with dependence or withdrawal symptoms in 2020/21 is estimated to be around 7.7 million people, equivalent to around 13,800 people per 100,000 population ([NHS Business Services Authority Prescription Services](#)).

Experts suggest that some local centres already have services supporting withdrawal from prescribed medicines, but these are not widely available across the country. It is expected that implementing the recommendations will increase the number of people needing support from healthcare professionals who have experience to provide specialist withdrawal support. Therefore, additional resources may be required to fully implement the recommendations.

Depending on current local practice, additional resources may be required for the following:

- Developing healthcare professionals in a way that allows them to support people wanting to withdraw from prescribed medicines.
- Additional primary care and community service appointments to provide tapering support for people withdrawing from medicines. Based on the economic evidence supporting the guideline recommendation, an average of 7 additional primary care and community service appointments will be needed to fully support each person withdrawing from prescribed medicines. These appointments may be longer than a standard appointment. With a 1% increase (for illustrative purposes) in people withdrawing from prescribed medicines this equates to 970 appointments per 100,000 people. Local organisations are encouraged to review local practice.
- Additional staff time to support withdrawal, for example, providing tapering support, counselling, cognitive behavioural therapy or group exercise which could be available via Improving Access to Psychological Therapies (IAPT) services or other community settings. In some areas IAPT expansion of services may be needed to offer support for people withdrawing from medicines associated with dependence or withdrawal symptoms.

Implementing the guideline may:

- Prevent people becoming long-term users of opioids, benzodiazepines, antidepressants, gabapentinoids or Z-drugs and therefore save costs from reduced prescribing.
- Reduce unplanned hospitalisations due to adverse drug events and less medicines prescribed and fewer reviews due to tailored medicine
- Result in improved quality of life; therefore, reducing the number of people who develop dependence on medicines by raising awareness of the risk factors and ensuring shared decisions are made based on fully informed discussions of the risks and benefits.
- Lead to improved consistency of best practice across the country (reducing barriers to accessing and engaging in treatment services).

Any cost savings, such as reduced drug costs and unplanned hospitalisations, may offset the potential costs identified above.

A local resource impact template has been developed alongside this report to help organisations assess the local impact of implementing the recommendations. The local template includes interventions such as group exercise and acupuncture which were [recommended in the NICE guideline on chronic pain \(primary and secondary\) in over 16s](#) for the management of chronic primary pain. Clinical experts suggest the interventions could also be used to support withdrawal from medicines associated with dependence or withdrawal symptoms.

Prescribing and managing withdrawal services are commissioned by integrated care systems. Providers are NHS hospital trusts, community providers, mental health trusts, primary care providers, GPs and secondary care providers.