

Deprescribing Communication Tool: Opioids for persistent noncancer pain



**SUPPORT
Meds**

TO: PRESCRIBER INFORMATION

Name:

Phone:

Email:

Fax:

FROM: SENDER INFORMATION

Name & profession:

Phone:

Email:

Fax:

PATIENT INFORMATION

Name:

DOB:

Medicine & dose:

Date:

Why deprescribe opioids?

- » Opioids do not provide clinically important improvements in pain or function for many patients with persistent noncancer pain.¹
- » The analgesic effect of opioids decreases over time, likely due to opioid tolerance or opioid-induced hyperalgesia.¹
- » Every day in Australia, pharmaceutical opioids cause 2 deaths, 13 ambulance attendances and 6 hospitalisations.^{2,3}
- » Opioid deprescribing can lead to:^{4,5}



stable or improved pain outcomes



improved function



enhanced quality of life.

How to deprescribe opioids

Tapering should be gradual and individualised to the person's current opioid regimen, clinical characteristics, treatment goals and preferences. The following approach may be considered as a general guide:⁶

- » **Short-term use (less than 3 months):** slow dose reduction (e.g. 10 to 25% every week)
- » **Longer-term use (more than 3 months):** slower dose reduction (e.g. by 10 to 25% every 4 weeks)

Closely monitor and regularly review patients during tapering, and adjust tapering plan if needed; slower tapering and more frequent monitoring may be needed for some patients (eg those taking higher doses or for long periods of time). Stopping abruptly without prior dose reduction may increase risks of harm.⁶

For more information and a tapering calculator, see

www.monash.edu/mips/support-meds.



REFERRING HEALTH PROFESSIONAL REPORT

- To the best of my knowledge, the patient does not have cancer-related pain, end-of-life pain or dyspnoea, or severe opioid use disorder.
- Education brochure on opioids for persistent pain provided and discussed with patient.
- Patient referred to the Pain Management Network and Faculty of Pain Medicine websites for information on pain and its management.

Additional comments:

PRESCRIBER REPLY

(Optional)

References: 1. Busse JW et al. JAMA 2018;320(23):2448-60 2. Australian Institute of Health and Welfare. Alcohol, tobacco & other drugs in Australia 2025 [online] 3. National Drug and Alcohol Research Centre. Trends in overdose and other drug-induced deaths in Australia 2003-2022 [online] 4. Frank JW, et al Ann Intern Med 2017; 167: 181-91 5. McPherson S, et al Pain 2018 Oct;159(10):2097-104 6. Langford, et al. MJA 219(2);80-9

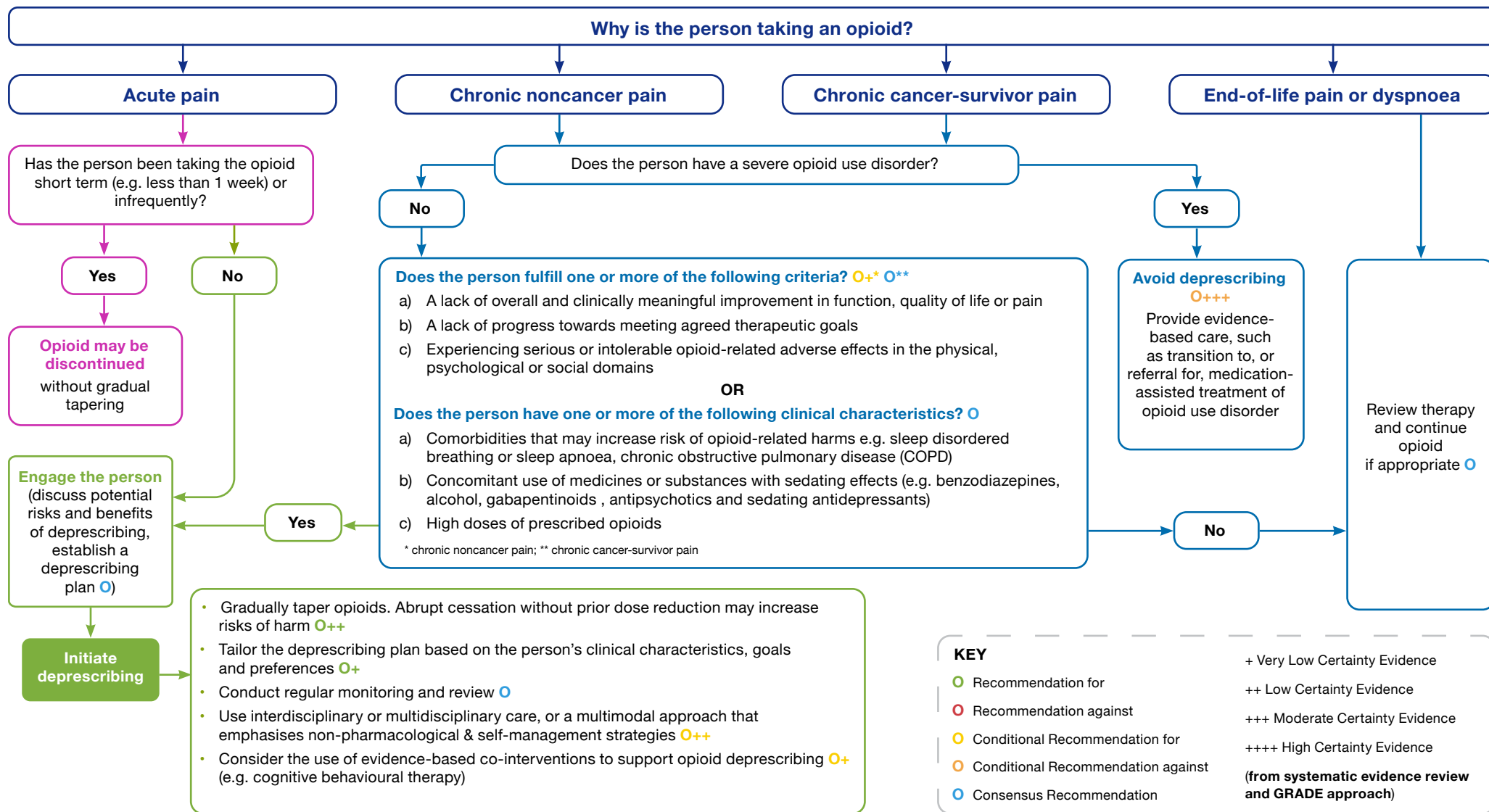
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Deprescribing Algorithm: Opioids for persistent noncancer pain



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