

## POSITION STATEMENT

### High dose morphine prescribing for chronic non-cancer pain

#### Recommendation:

The Faculty of Pain Medicine **has lowered the recommended oral morphine equivalent (OME) threshold to 90mg per day, with an ideal target of 50mg per day** for long-term prescribing.

This change reflects evidence of greater harm at higher doses without proportional benefit.

Following an initial trial, **opioids must be reviewed and discontinued if there is no response**. If to continue, the **daily dose of opioid should not exceed 50mg OME unless recommended by a pain specialist**.

Patients already receiving a morphine equivalent dose of 90mg daily or higher in primary care should be reviewed, consulted and considered for a suitable withdrawal regimen.

#### Background

GPs and other primary care prescribers should consider suitability of strong opioid use in patients with chronic non-cancer pain **ONLY** if other therapies have been insufficient e.g. exercise therapy, manual therapy (e.g. physiotherapy, TENS), self-management techniques and non-opioid analgesics (e.g. simple, topical).

Please access this guidance via the LSCMMG website to ensure that the correct version is in use.

Version Number	Date	Amendments Made
Version 1.0	September 2022	New document. AG.
Version 1.1	April 2026	Updated in line with the new FPM recommendations and clinician feedback.

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## Appendix – Equivalent doses of opioid analgesics to oral morphine (BNF)

<b>Analgesic/Route</b>	<b>Equivalent dose to 10 mg of oral morphine sulfate</b>
Codeine: PO	100 mg
Diamorphine: IV, SC	3.3 mg
Dihydrocodeine: PO	100 mg
Hydromorphone: PO	2 mg
Morphine: IV, SC	5 mg
Oxycodone: PO	6.6 mg
Oxycodone: IV, SC	5 mg
Tramadol: PO	100 mg
<b>PO = by mouth; IV = intravenous; SC = subcutaneous. This table is intended to be used as an approximate guide for equivalence to PO morphine only. It is not meant to be used to derive conversion ratios between other drugs (or their routes) within the table</b>	