

A Word About Opioid Use

Today the overuse of opioids is a problem. Many of these opioids are prescribed and thus are legal. Other people steal or buy opioids “on the streets.” These are illegal. Because their use is so widespread, there are many myths and half-truths about them. This information is for anyone who is using prescription opioids or knows someone who is using them.

We have all heard of opioid pain medications and many of us have been prescribed opioids or know an opioid user. (Please note that we did not say abuser.) Like all prescription medications, this class of drugs is useful and it can also cause many problems. Many people who take opioids legally would like to use less or not use opioids at all but are afraid of pain, withdrawal, or even letting health professionals know their wishes. There is probably no group of drugs that is less understood, either by the public or health professionals. This content puts the use of prescription opioids into perspective.

What are opioid pain medications?

Opioids are the most commonly used prescription pain medications. In the United States, medical use of opioids requires a prescription, and you cannot purchase opioids over the counter without a prescription. Examples of prescription opioids include:

- acetaminophen/hydrocodone (Vicodin, Norco)
- acetaminophen/oxycodone (Percocet)
- oxycodone (Oxycontin, Roxicodone)
- oxymorphone (Opana)
- fentanyl (Duragesic, Abstral)
- hydromorphone (Dilaudid, Exalgo)

Although they are the most common, opioids are not the only pain medications doctors prescribe. There are also non-opioid medications that help pain, but they work in different ways than opioids. For example, other pain medications help with pain by targeting neurotransmitters or other causes of pain, such as inflammation, or by addressing symptoms that make pain worse, such as poor sleep, stress, or depression. These medications are not opioids.

How can opioids be useful?

Opioids are particularly useful for treating acute pain that is commonly the result of illness, injury, or surgery. Once healing starts, usually after a few days, the pain starts getting better and opioids are no longer needed. Sometimes, the fear of pain is worse than the pain itself. People who started on opioids for a good reason are afraid that the acute pain they had immediately after surgery or an accident will return and thus they just keep taking the medication.

In most cases, when one stops taking opioids after an acute incident, there is pain, but it is not intense, acute pain. This pain can typically be handled with an over-the-counter pain reliever, such as Tylenol (acetaminophen), Advil (ibuprofen), Aleve (naproxen), or one of the best pain relievers of all, aspirin.

Just as our bodies need time to heal, pain needs time to lessen. This does not happen all at once. Unfortunately, many people, even including some health professionals, believe that opioids are supposed to get rid of all pain. When this does not happen, people may ask for more opioids, and when all the pain does not go away, they ask for even more.

Another reason that opioid use is a problem is that the human body adjusts to the opioid medication and becomes tolerant to them. Tolerance means the medication works less well, so people falsely believe they need to take more and more to gain relief from pain (tolerance is different than addiction). In the past, physicians, in an effort to help patients, continued to give opioids and up the doses when patients continued to have pain. By being aware that this can happen, you can avoid this trap and the risks that come with it.

We now know that higher doses of opioids are not better at relieving pain. A lesser-known fact is that when opioids are taken for more than a few weeks they reduce pain by only about 25%–30%. Rather than taking more of what is not working perfectly, consider other low-risk pain treatments such as sleep, physical therapy, exercise, remaining socially active, and relaxation. We described all of these effective options earlier in this book.

What is wrong with long-term opioid use?

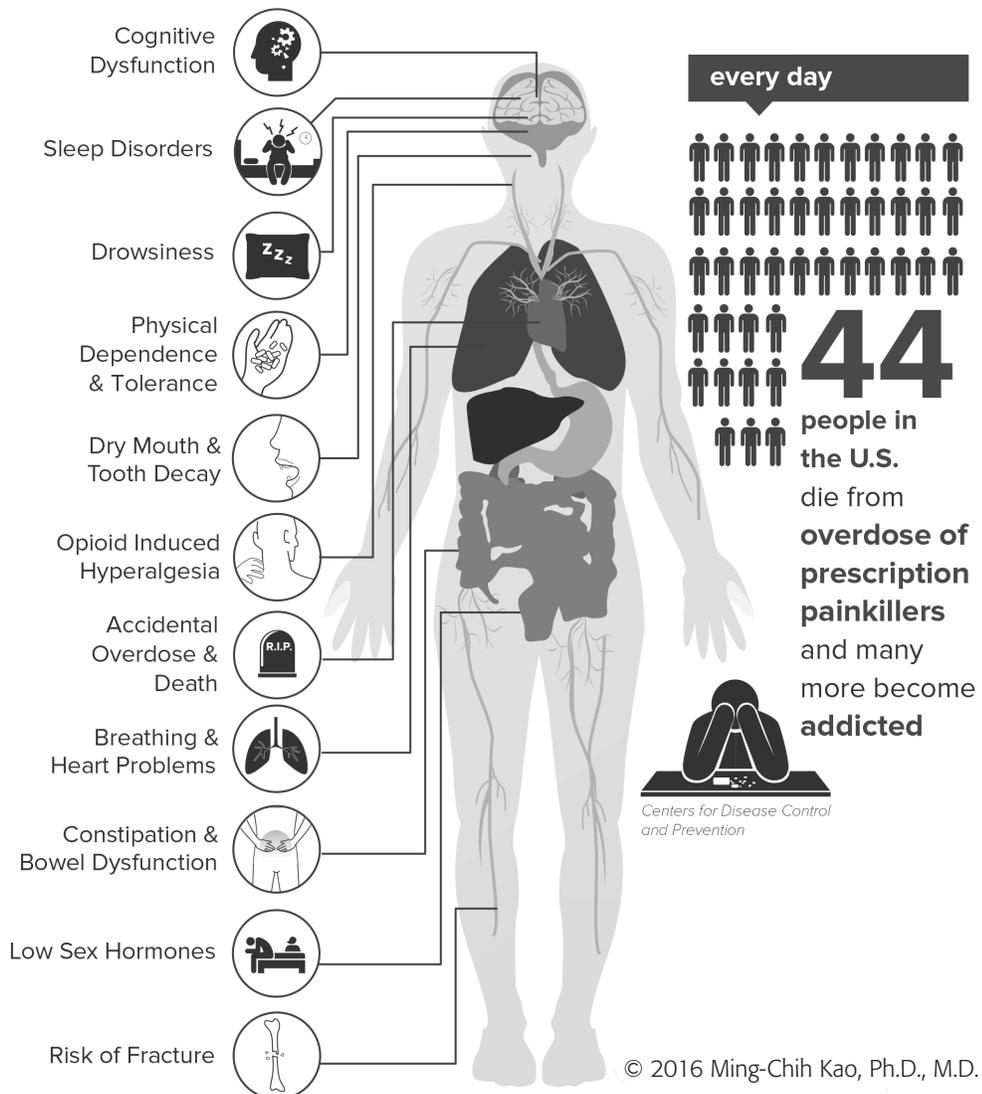
There are many side effects and problems with long-term opioid use, and that is why there is so much concern about this issue. Strangely enough, many of these get worse the longer you take opioids. These problems include:

- Poor sleep (remember the symptom cycle; a lack of sleep can actually increase your pain)
- Poor mood/depression (which also can increase pain)

- Fatigue (another pain increaser!)
- Constipation
- Low estrogen for women and low testosterone for men, which lead to lessening of sexual desire and ability and can also cause irritability, mood swings, and body changes

These side effects are serious, but perhaps the most serious problem is that long-term use of opioids can *cause more pain* in some people. The solution is not taking more opioids but stopping opioids and treating the pain differently.

Side effects of long-term opioid use



How do I know if I am addicted and why does this matter?

Addiction is a condition that results when a person takes a substance (such as an opioid) and cannot stop despite wanting to, or despite the substance use having many negative effects on their life and relationships. It is possible to become addicted to opioids even if they have been prescribed by a doctor for medically related pain. A person's life may begin to revolve around opioids; they focus exclusively on getting opioids, taking them, and thinking about them. For many people, the continued use of opioids can begin to interfere with day-to-day life, such as work, school, relationships, and health. Often, people who are addicted are not aware that they are causing harm to themselves as well as friends and family.

Almost everyone who is taking opioids several times a day for more than a few weeks will experience withdrawal symptoms if the opioids are suddenly stopped or if a dose is missed. *Withdrawal symptoms do not mean a person is addicted.* Instead, withdrawal symptoms are a natural indication that the body has become dependent on opioids, and opioids are needed to prevent withdrawal symptoms. Many people who are not addicted to opioids want to reduce their use of opioids because they do not like being dependent on them.

Many people think that they cannot become addicted if they take opioids exactly as prescribed. This is not true. Even using prescribed opioids can be a slippery slope. Physical pain and emotional pain are very closely related. It is easy to begin taking opioids for a physical problem but end up taking more to treat

the emotional aspects of your condition. It is also easy to remain on opioids for a long period because they seem to be relieving stress and unpleasant emotions and there may be fear of withdrawal. Lastly, people who have a history of addiction to cigarettes, alcohol, or drugs are at increased risk for opioid addiction.

How can I cut down on opioid use without having terrible symptoms?

It is common for people to think that they cannot cut down or stop opioids because they will experience more (and worse) pain or withdrawal. In fact, opioids can be reduced or “tapered” without increasing pain if it is done the right way. Research shows that when opioids are reduced sensibly, people do not have increased pain and many experience *less pain*.

To achieve these positive results, opioids must be tapered *very slowly*. This is done by making small reductions in the dose over long periods of time. This tricks the body into not noticing that any change in medication is occurring. The body has time to adjust, and this prevents withdrawal symptoms. Using a slow, gentle taper method, people can successfully taper off opioids even if they have been on high doses for many years. *Do not try tapering at home by yourself.* Be sure to talk to your doctor and find out what's right for you. If your doctor does not know much about tapering, bring in this information and ask that they access the resources listed in the following tips and the other readings. This is a very new area of medicine. All physicians cannot be experts in everything. However, all physicians should be willing to seek new information.

Tips for Reducing Opioids

- **Partner with your doctor or prescriber.** Share with your doctor your desire to reduce your opioids very slowly over time.
- **Think big picture.** Consider taking at least three months to reduce your opioids by 50%.
- **Go slow.** Give your body the time it needs to adjust to a dose decrease. It is OK to “pause” an opioid taper if you have symptoms or are going through a stressful time.
- **One thing at a time.** Do not make other medication changes during an opioid taper.
- **Use mind-body skills each day.** Use your relaxation skills daily to help manage any fear or stress you have about reducing your opioids (see Relaxation Techniques on page 79). Good stress management helps keep your pain low. Remember, less pain = fewer pills.
- **Start (or continue) a gentle exercise program.** Exercise can help with stress management and your overall health. If you are not already doing this, it is a good time to start.
- **Be kind to yourself and very proud.** You are doing something really important that

will benefit your health and well-being for years to come.

A Word about Opioid Safety

Opioids are dangerous if they fall into the wrong hands, are combined with certain other medications or alcohol, or if too large a dose is taken. Follow these steps to keep yourself and others safe:

- **Lock it up.** Keep your opioid medication in a locked safe. Doing so prevents your medication from being stolen or accessed by children, family members, or visitors to your home. Even one pill can kill a child.
- **Keep to your prescribed dose.** Never take more opioid medication than is prescribed to you.
- **Your medication is yours.** Never give your opioid medication to others, and never take another person’s opioid prescription.
- **Tell your doctor** about all your other medications.
- **If you drink alcohol** at all, share this with your doctor. Your life may depend on it.

Suggested Further Reading

To learn more about the topics discussed in this chapter, we suggest that you explore the following resources:

Darnall, B. (2014). *Less Pain, Fewer Pills: Avoid the Dangers of Prescription Opioids and Gain Control over Chronic Pain*. Bull Publishing, Boulder, CO. This book provides information about opioid use and gives readers a concrete plan for opioid reduction. It also includes a relaxation MP3 audio file to assist with pain and opioid reduction.

<https://tinyurl.com/ydahenqx>

Kindle version available.

Darnall, B. (2016). *The Opioid-Free Pain Relief Kit: 10 Simple Steps to Ease Your Pain*. Bull Publishing, Boulder, CO. This easy-to-read book provides a step-by-step plan for how to reduce pain naturally. The book comes with a relaxation MP3 audio file and worksheets to create your own personalized plan for success.

<https://tinyurl.com/ya6wls5y>

Kindle version available.