The American Chronic Pain Association

Using Opioids Safely: A Guide to Responsible Use for People with Chronic Pain

Introduction

[Narrator] Living with chronic pain is difficult, but you are not alone in facing this challenge. Your healthcare providers, family, friends, and the American Chronic Pain Association are there to help, but to improve the quality of your life it’s important for you as an individual with pain to take an active role in the development of your treatment plan. When you do, you and your healthcare provider become a team working together to find the right combination of treatments that will reduce your pain, and increase your ability to the things that make your life meaningful. There are many ways to treat chronic pain, medication, physical therapy and exercise, relaxation techniques, counseling and other pain management techniques. In fact, the best approach is a combination of therapies.

[Narrator] If you and your healthcare provider agree that an opioid medication should be a part of your pain management strategy it’s even more important for you to take an active role. That is because opioids are powerful drugs with the ability to harm as well as help. It’s your job to be sure you use them safely and responsibly.

What is an Opioid?

[Steven Stanos, D.O.] An opioid is a, is a synthetic or non synthetic a...a chemical that is derived from the opium poppy, and uh within the opium poppy is morphine, codeine and some other chemicals. Um and then over time the pharmaceutical industry has developed, um you know, uh cleaner versions um of that basic morphine compound.

[Narrator] Opioids target specific cells within the central nervous system that have the power to regulate the amount of pain we feel. Special molecules on the surface of these cells, called receptors, act as pain switches that turn on or off in the presence of certain chemicals.

[Heldergarde Berdine, PharmD., BCP] The opioid attaches to a receptor, and these receptors are in the central nervous system. What happens with pain transmission is that pain is transmitted through sort of an electrical network in the body, and the opioids attach to the receptor and block these transmissions of electrical stimulation that are carrying the pain impulse through the central nervous system.

[Narrator] You may have heard of some of the opioid family like morphine, hydromorphone, fentanyl and oxycodone. Opioids can come in many formulations. Sometimes they are combined with other drugs. Often they come in a slow release form, one that frees small amounts of the medication over a longer time period. This allows you to take fewer pills during the course of the day. The delay mechanism is also meant to help prevent misuse of the medication. You and your prescriber can discuss the various options and determine the formulation that best meets your medical and lifestyle needs.

[Steven Stanos, D.O.] The long acting medicine, as its name implies, is in your body for longer periods of time. And most chronic pain patients have a certain steady level of pain, and so are. uh... are approach
with most chronic pain patients is to have them on a stable long acting medicine and they would use the short acting medicine when they need too throughout the day. And that being said I have some patients that may have significant pain just in the morning so maybe they just need a short acting medicine. So I think you need to look at a patient individually, how is their pain changing throughout the day. Um and I think most of us a pain physicians and clinicians like to use a combination of both.

**Opioids and Expectations**

[Narrator] Opioids don’t work on all types of pain, and they do not work equally well for all individuals. It’s unrealistic to expect an opioid or any medication to take away all your pain, but it may reduce your level of pain enough for you to return to doing many of the things you need and want to do. Combined with other pain management strategies a medication can help you reach a higher level of functioning.

[Hildegarde Berdine, Pharmd., BCP] With chronic pain many times you will not achieve full relief of pain, but you and your physician will decide what is the degree of pain relief that I am looking for and that I feel comfortable with. So first and for most, the opioid will be used to produce pain relief. Secondly, the opioid should be able to allow the person to manage their pain, and function appropriately in their everyday life.

[Narrator] But, like other medications, opioids have side effects. They may make you too sleepy, or keep you from feeling alert and they often cause constipation.

[Bridget Calhoun, Dr. P.H.] Although opioids can be very effective in reducing someone’s pain they also have side effects that you should be aware of. These side effects may be as minimal as causing some mild constipation, or they may really impact your day to day living because they may make you overly tired or not feel like doing anything, or they may even make you feel a little dizzy, or ..uh.. forgetful even.

[Narrator] Although side effects tend to diminish over time you should discuss them with your prescriber. Together you can determine if a different dosage can reduce the negative effects, or if they can be managed in other ways. In the end it’s a balancing act. Do the benefits of the medication outweigh the negatives? That’s something only you can decide.

**Risks With Opioids**

[Narrator] There are other reasons to be concerned when using opioids. While opioids can make a positive difference for someone who is coping with chronic pain, they can have terrible consequences when they are misused or abused. Illness, injury and even death can result from the improper use of these medications. In fact, statistics show that deaths from prescription drug abuse have risen alarmingly in recent years, spurring the U.S. government to impose even tighter regulations on their use. Sometimes the victim is the person for whom the drugs are prescribed, all too often though it’s someone who is never intended to have access to them. Stricter regulations alone can’t prevent accidental overdose or intentional abuse. That’s why those of us who reap the greatest benefit from
opioid drugs have the greatest responsibility for using our prescribed medications in a safe manner and making sure that no one else can use them.

[Narrator] There are two ways that opioid medications can be misused. The first is accidental misuse. For example, you might have misread the label on your medications or mistaken one medication for a different one, or lose track of how much you’ve taken and end up taking more medication than you should. Accidents can also happen if you are careless with how you handle and store your medication. Leaving pills out where a child can find them is an obvious hazard, and storing your pills in unmarked containers or shared medicine cabinets only makes it likelier that a family member will use them by mistake. The other type of misuse is intentional. That happens when someone else who has access to your drugs is using them or even selling them without your knowledge, or even worse they may be using or forging your prescriptions to illegally acquire the medications that were meant for you. Only you can ensure that you are using your medication safely and safe guarding them from misuse by others. It’s not that hard if you strictly observe a few simple rules.

At the Pharmacy

[Narrator] Be careful with your prescription. Store it securely in your purse or wallet until you can take it to the pharmacy. A lost or stolen prescription means that someone can sell your prescription or get it filled and sell or misuse the medication and you may not be able to get it replaced. It’s a good idea to use only one pharmacy to have all your prescription filled. Then the pharmacy will have a complete record of all your medications. Ask your pharmacist to check to be sure that the new medication will not interact with something you are already taking.

[Narrator] When you pick up your prescription at the pharmacy check it carefully, make sure you are getting the right drug in the right dose. Look to see that the dosing schedule is the same as the one you and your provider discussed. Mistakes at the pharmacy are rare, but they can happen. If you have questions ask the pharmacist or call your prescriber before you take the medication.

[Narrator] And remember to ask about over the counter or OTC, drugs you may use occasionally. Such as, headache, cold or allergy pills or liquids, these may contain medications that will interact with you new prescription or even cause an overdose. The same goes for herbal remedies or supplements that you may use for any reason. Remember these drugs are real medicine and need to be treated with respect, especially if you also use an opioid to help you with your pain.

[Narrator] Review the instructions for taking your medications with the pharmacist. Don’t be afraid to ask questions. You might want to print out a copy of the A.C.P.A care card and take it along to help you remember the instructions. After all, the pharmacist is trained and eager to help you, and you want to make sure you get the greatest benefit from your medication with the least amount of risk.

[Bridget Calhoun, Dr. P.H.] When you are given a new prescription that is not the time to be humble or to hold back any questions, that is the time to become as informed as possible on the safety concerns of the medications you have been given, as well as the best way to take them to alleviate any of your symptoms or complications from your condition. So really think of it as a way or an opportunity to have
all your questions answered in a very nonthreatening way. Pharmacists expect questions to be asked and they are well versed in explaining it in ways that you can understand.

At Home

[Narrator] When you get your medication home store it in a safe place where only you have access to it. The best place is in a locked drawer or on a very high shelf. Some people even use a lock box or home safe to store their opioids, that way you can be sure it will not be taken by accident.

[Narrator] Keep your medicine out of the reach of children or pets. Never leave loose pills out on the kitchen counter, or a night stand, or a coffee table. Keep your medications in their original packaging until you are ready to take them. Don’t transfer your medications to an unmark container, or an old prescription bottle or any container that could be mistaken for OTC medications. And if you use a pill sorter to keep track of your medications, treat it the same way you would the original bottle, keep it locked up or well out of the reach of others.

Safety When You Travel

[Narrator] Now, what should you do when you’re not at home? Well, just as you only carry a small amount of cash with you and keep the rest in the bank, you should only carry the amount of medication you’ll be needing while you’re out of the house or traveling. It’s best to keep the rest of your medication safe and sound at home.

Safe Dosing

[Narrator] Make sure you only take your medication only as directed. It’s easy to get confused, especially when you first begin a new medication. Monitor yourself, or ask a family member to help you keep track of the number of pills you take and when you take them. If you think your medication has not provided the relief you expected resist the urge to take another dose. This could cause an accidental overdose especially when you are new to a medication. On the other hand don’t try to reduce your dose by cutting pills in half and don’t crush them to make them easier to swallow. This can change the way the medication is released into your system and can have serious consequences.

[David A. Provenzano, M.D.] One of the big concerns that we have when we have individuals on long acting pain medications is that they may want to cut the medication or cut the pill and we have to really educate them that this can be extremely dangerous because by.. cutting the medication you alter how much of that medication is released. So you may get much higher levels immediately which can cause such things as stop you from breathing, could cause... and in severe cases could cause death, um and also can cause significant side effects, um.. or it could sticks to your stomach or become very nauseous or vomit.

[Narrator] If you don’t think you are getting the right medication in the right dose contact your healthcare provider for advice and guidance. It’s never O.K. to play doctor when your safety is on the line. Be very careful about mixing opioids with other medications. Be sure you tell your prescriber about everything you normally take. This includes over the counter drugs, herbal remedies, and even
nutritional supplements. Ask your prescriber before you take a cold, cough or allergy medication. You want to be sure the active ingredients in these remedies are safe to use with your regular opioid.

[Narrator] And finally never share your medication with someone else. This can be a hard rule to follow, especially if someone you care about is in pain. But remember that everyone’s body is different and you cannot predict how someone else will react to a medication. The same dose that offers you relief could put your loved one in a great danger. It’s not worth the risk.

[Steve Feinberg, M.D.] Now the more worrisome side effects of opioids, and the worse ones are respiratory depression. Now people that are tolerant to opioids don’t tend to have that kind of problem, but in someone who is not used to taking opioids it is very easy to actually overdose and stop breathing, which is not a good thing.

[Narrator] If you have any of these symptoms get emergency help right away. They are the typical signs of an overdose of opioids, slow heartbeat, trouble breathing or slow, sallow breathing, sever sleepiness, cold, clammy skin, faintness, dizziness, confused thinking, trouble walking or talking normally, seizure, hallucinations, unusual snoring. Remember opioids are safe when used as directed under a professional’s care, but they must be treated with respect.

**Theft and Diversion**

[Narrator] Let’s turn now to intentional abuse. Which is often referred to as diversion, a medication is considered diverted when it is not used by the person for whom it is originally prescribed. Once it has been diverted it is used to get high or sold for illegal use, not to treat a real pain problem. There are ways you can protect yourself from being a victim of diversion. Think of it as if your medication supply were a large sum of money. You wouldn’t advertise the fact that you had a lot of money in your pocket, or purse or in your home. For the same reason you shouldn’t broadcast the fact that you possess and use opioids. Family and friends may need to know but it’s nobody else’s business, like your cash, your medications are for your benefit not someone else’s. Another thing you can do to protect yourself is to store your medications in secure location. Never leave them out where they are visible or accessible. A locked drawer or a lock box are the best locations, and remember to do the same thing with any refill slips that include your name, your physicians name and the prescription code number.

**Safe Disposal**

[Narrator] Careful use and storage of your medications keeps everyone safe, but so does thoughtful and proper disposal of unused medicines, packaging and any paper work that includes information about you or your prescription. The sad truth is that not even our trash is private, and your trash could be someone else’s treasure. So you need to take precautions. Empty medication bottles and pharmacy bags both have printed labels that could be used to forge an order for refills. Those things as well as any unused prescription orders should be disposed of as carefully as credit card receipts and bank account information. Make sure that they cannot be stolen, shred, compact, burn or bag them up with the leftovers. Equal care needs to be taken when you dispose of expired medications or leftover medicines you don’t plan to use. If you’ve used other medications you are probably familiar with the standard
routine of mixing them up with coffee grounds, or kitty litter and wrapping them up securely to make them unusable and prevent them from getting into the water supply. However, that method is not recommended for unused opioids, rather opioids should be flushed down the toilet or washed down the drain. This ensures they won’t be stolen or consumed by someone’s pet after they reach the trash bin. If you have any questions about how to safely dispose of your leftover medications ask your pharmacist or prescribers for advice.

**Summing Up: Rules for Safe use of Opioids**

[Narrator] That’s a lot to remember, so let’s recap some rules for the safe and responsible use of opioids. Check you prescription at the pharmacy to be sure your getting what was order. Keep your medication in a safe place away from children and pets. Take your medication only as directed, don’t double up or cut or crush them. Never share your medication with others. Guard your medication from theft by storing and carrying it with care. And dispose of it properly in the way your healthcare provider recommends.

**Opioid Agreements**

[Narrator] Once you and your healthcare provider have decided on opioid therapy you may be asked to sign what’s called an opioid agreement. Some people are offended by this. They think that it means your prescriber doesn’t trust you or that he or she is looking for a way to get out of treating you. This just isn’t the case. The term opioid agreement may sound intimidating, but it really is just a formal way to confirm that you understand that opioids are powerful drugs with potential risks and side effects and that you consent to being treated with them.

[Edward Covington, M.D.] I think the opioid contract accomplishes several things and the first is that it gives the patient a written description of the down side of opioid therapy. It tells them about risks, and it can serve as a reminder that they can look at if they forget which people do. The second thing that the contract does is that it really establishes in black and white what the expectations of both parties are. This is what I expect a patient to do if they want to receive chronic opioids. I expect them to tell me if they are getting medicines from other doctors, I expect them not to get opioids from anybody but me, I expect them not to combine their opioids with marijuana and cocaine, uh.. and if they are not willing.. to adhere to this then I am not willing to provide them with opioids. A. because it’s not safe and B. because it would expose me to sanctions.

[Narrator] Certainly the opioid agreement protects your healthcare provider, but it also is assigned to help and protect you, by ensuring that you have access to the medications you need and confirming that you understand both what you can expect from your treatment and what your treatment will require from you. When you sign an opioid agreement you’re acknowledging that you’re aware of both the benefits and risks of opioid therapy, and that you can accept the obligations of using opioid drugs responsibility. Different agreements use different words, but it all comes down to the same thing. Your commitment to help your healthcare provider help you.
**Stopping Opioids**

[Narrator] So what if your opioid medications aren’t working as well as you’d hoped or you’re concerned about the side effects, and you just want to stop taking them. You can stop using opioids, but there is a right way and a wrong way to do it. And the wrong way is to simply decide on your own that you are just going to quit taking your medication today, right now. That’s because abruptly turning off a medication that your body is accustomed to can trigger some very unpleasant reactions.

[Edward Covington, M.D.] What we typically do if we find that a medication either isn’t working or is causing more side effects than its worth is we stop it. This can be a real problem with opioids. It’s important to point out that opioid withdrawal is almost never hazardous. Uh.. People don’t die from stopping opioids, but they sometimes pray that they will, uh.. because it can be miserable, it feels like a bad case of the flu with shaking and sweating and irritability and frequently cramping and diarrhea, uh.. but this abates on its own without treatment uh.. after usually a few days. The point is that there’s no reason to go through this since it can be almost completely avoided simply by tapering the drug slowly over a period of days to weeks.

[Narrator] We know it takes time for the body to become adjusted to opioids when we first start taking them. So it’s no surprise that it also takes time to readjust when the medication is stopped. That’s why you need to gradually reduce your dosage your body can handle without going into withdrawal. And most importantly you need to do it under the supervision of your healthcare provider, who knows how to help get you through the process in the least amount of time with the least discomfort.

**Tolerance, Dependence and Addiction**

[Narrator] Opioids are legally classified as narcotics, and if you stop taking opioids abruptly you can experience withdrawal. And because the words narcotics and withdrawal are so often linked to the word addiction people with pain are often worried that they can become addicted to opioid medications. Family and friends may also have concerns as may employers and coworkers. The problem with words like addiction is that they get used so often by people who don’t know what they mean in context where they don’t really apply. As a result a lot of what we see on T.V. and a lot of what passes for common knowledge is just plain wrong. So let’s set the record straight. Addiction is a physical and psychological disease. Not a side effect of medication. Addiction is all about the individual not the drug. Because there is so much confusion and misinformation on the subject of addiction and because the decision to use or not use opioids is too important to be based on anything but hard facts, we are going to take some time here to clarify what addiction is and what it isn’t.

[Narrator] What most people mistakenly think of as addiction are actually perfectly natural consequences of opioid use called tolerance and dependence. Tolerance is really very simple concept, the longer you use a medication the more accustomed your body becomes to it. So after a while you may need to take higher doses of your medication to achieve the same pain relieving effect.

[David A. Provenzano, M.D.] When people take opioids they can develop tolerance, which can be good for some things and bad for others. Good forms of tolerances may become that you become more
tolerant to the side effects of opioid pain medications. For example, we know that a large percentage of patients that take opioids have feelings of nausea and they may have vomiting, but you may become tolerant to those side effects, or you may not become as drowsy from these medications as you once were. But it also can have... tolerance can be a negative thing too and what I mean by that is that you may have been able to take a few pills before to get pain control, but now we have to give you more pain medications because they are not working as well.

[Narrator] All tolerance is really, is the natural process of your body adjusting to a medication. As your body adjusts you will find that side effects becomes less frequent and less severe, but for exactly the same reasons you may find that your medication is becoming less effective at the dose you are taking. And that’s not addiction it’s just the way things work in the normal course of opioid therapy for chronic pain. We accept it; we deal with it and we make the necessary changes with the guidance of our healthcare provider.

[Narrator] Now let’s talk about dependence. Dependence sounds like it means addiction, but it’s not the same thing at all. Like tolerance, dependence is a routine part of opioid pain therapy. In fact, tolerance and dependence are really two sides of the same coin. That’s because both result from your body’s gradual adjustment to regular use of an opioid medication. And the same changes that make your body more tolerant of the medication also make it more dependent on the medication to help it function normally.

[Hildegarde Berdine, PharmD., BCP] Dependence is another term you might be wondering about if you are taking an opioid. Dependence means that your body will undergo withdrawal symptoms if you quickly stop taking the medicine. Everyone that takes an opioid will become dependent on the chemical in a very short period of time, usually within two weeks. And there’s nothing wrong with that. If you are achieving pain reduction and you’re following the doctor’s prescription, the way to take the medicine, there is nothing wrong with becoming dependent on the medicine.

[Narrator] Whether its insulin, or blood thinners, or antidepressants everyone who relies on medication to maintain normal function is, in one sense or another, dependent on that medication to do things their body can’t do. Calling that addiction is like saying you’re addicted to food, because you can’t live without eating. Dependence is not addiction. If tolerance isn’t addiction and dependence isn’t addiction, then what is addiction? Perhaps the simplest answer is that addiction is what happens when a drug stops being a means to an end and becomes an end itself. When taking the drug becomes more important than controlling the pain, that’s addiction. From a medical standpoint of course addiction is more complex. It’s a disease that affects both the brain and the body and there are genetic and psychological reasons that make some people more likely to become addicted than others.

[Hildegarde Berdine, PharmD., BCP] Addiction involves certain unusual behaviors. Some of those behaviors might be...um... the desire to horde the medication, to take increasing doses of the medication without your physician’s approval. Addiction is a state where you are compelled to take the medicine and you need the medicine, you need the medicine to produce not necessarily pain relief, but you want the medicine to produce a joyful effect.
[Narrator] Addiction doesn’t show up in blood tests or x-rays, rather it reveals itself as a set of behaviors. These include loss of control over drug use, compulsive use, continued use despite harmful effects and craving that are so powerful that the user is willing to take dangerous actions, risk jobs and relationships, or even commit crimes to acquire and use the drug. For anyone who is concerned about becoming addicted to opioid pain medications, there are just two things to keep in mind. First, addiction to opioid medications is extremely rare when the drug is used to treat pain under a doctor’s care. You’ll develop a certain degree of tolerance and dependence, but it’s unlikely that you will become addicted. And second, addiction isn’t subtle. It’s not being concerned about running out of medication on a trip out of town, or asking your healthcare provider to increase your dose because your pain is breaking through more frequently. Addiction is obvious and unmistakable. So if you have to wonder if you are addicted to your medication, odds are you’re not. One of the things that makes opioid addiction so rare is that healthcare providers make every effort to carefully screen candidates for opioid therapy in order to identify those who may be inclined to addiction or already have a history of addictive behavior.

[Hildegarde Berdine, PharmD., BCP] The healthcare provider will access you for behaviors relative to your potential for becoming addicted to an opioid. So you can feel confident that the healthcare provider will only prescribe an opioid if it’s right for you.

[Narrator] For people with high risk for addiction other non opioid pain therapies may be recommended. In other cases opioids may still be prescribed, but only under close supervision. Screening is just one more way that healthcare providers work with you to ensure your safety, minimize your exposure to medical risk and give you the confidence you need to use the most effective treatments available for your pain without fear or anxiety.

**Questions to Ask If You Are Considering Using an Opioid**

[Narrator] Opioids can be a safe and effective part of a pain management strategy, but if you are considering using them there are a number questions you need to ask yourself. Do you have reasonable expectations for the therapy? Remember an opioid alone is unlikely to get rid of all of your pain it may however reduce your pain enough that you can do more things and get more pleasure out of the things you do. Do you understand which medication your doctor recommends? Opioids come in many formulations and each has plusses and minuses. You and your prescriber may need to try several before you find the one that offers you the best pain reduction with the least side effects. Do you fully understand how to take the medication? How you take the medications is almost as important as which medications you take. Knowing when to take it, whether with or without food and what other medications or foods to avoid are critical to getting the full benefit from the drug and taking your medication as directed is an important part of using it safely. Can you make the commitment to keeping the medication safe? Finally, you need to acknowledge the fact that opioids can be dangerous drugs in the wrong hands. As someone who benefits from them you need to accept the responsibility of keeping them secure, away from children and pets, and out of the hands of those who would divert and abuse them.
[Narrator] Opioids are not right for every type of pain or for every person. When they work well they can make a positive difference in the amount of pain you feel and the quality of your life. But you will need to consider both the inherit risks and the potential rewards of using these medications. The decision to use opioids, like all medical decisions, should be made thoughtfully with your healthcare provider once you have all the facts, only then can you be sure you have made the choice that is right for you.