VA | U.S. Department of Veterans Affairs

PMOP
PAIN MANAGEMENT • OPIOID SAFETY • PDMP

Safe and Responsible Use of Opioids for Chronic Pain

A Patient Information Guide

Introduction

The healthcare providers and staff at the Department of Veterans Affairs (VA) are concerned about your pain. We are committed to providing you with the best possible care.

In this patient information guide, we review:

- Information about opioid medicines
- Your pain care plan involving specific types of treatments and activities
- Alternatives to opioids for pain management
- Possible side effects of opioid medicines
- How to take opioids in a safe and responsible way

Opioids are medicines that may be used to treat pain. Opioids also are called "opiates" or "narcotics." Opioids can be dangerous, even when prescribed and taken responsibly. Taking opioids at any dose may be harmful. We want to make sure you have the information and strategies to keep yourself and others safe when using these medicines.

Prescription Opioid Medicines Include:

- Hydrocodone
- Oxycodone
- Morphine
- Hydromorphone
- Fentanyl
- Codeine
- Methadone
- Tramadol
- Buprenorphine
- Oxymorphone
- Tapentadol

Opioids also can come from sources other than medicines you get from your healthcare providers. These include medicines not prescribed to you (e.g., from family or friends). Any medicine that you did not get from a pharmacy with a prescription can have extra risks. The ingredients and strength may not be known, for example, counterfeit pills may contain fentanyl or carfentanil ("elephant tranquilizers"). It is important for you to inform your provider(s) about all medicines and substances you are taking as some can interact to cause harm, including overdose and death.

Your healthcare team will talk to you about the best ways to treat your pain. Together, you will discuss the goals for your treatment and how much relief you can expect from the different options. An example of a goal would be to improve your ability to move, exercise, and participate in activities you enjoy.

Opioids are often not the most effective treatment for long-term, non-cancer pain. In fact, opioids are usually NOT recommended for the treatment of most patients with chronic pain. If prescription opioids are used, you will be given information on possible side effects, other risks, and monitoring needed for your safety.

Over the past 20 years, we have learned several important things about using opioids for chronic pain.

1. **Tolerance**
   When opioids are taken daily, your body gets used to the medication. Over time, the opioid will be less effective at lowering your pain. Needing higher and higher doses to achieve the desired effect is a sign that you may be at risk for addiction and overdose and should alert you and your team to reassess your pain treatment plan.

2. **Risks**
   Opioids come with serious risks that are outlined on pages 4 and 5. The most serious risks include respiratory depression (stopping breathing - also known as "overdose") resulting in death, and the risk of developing opioid use disorder (is also known as "addiction"). Increasing the dose of an opioid will increase the risk of opioid use disorder, overdose, and other side effects.

3. **Risk increases with other health conditions, medicines, and substances**
   If you have health conditions such as sleep apnea, breathing problems, liver problems, or kidney problems, you may have a higher risk for overdose and side effects even with low doses of opioids. Drinking alcohol, taking sedating medicines such as benzodiazepines - for example, alprazolam (Xanax®), diazepam (Valium®), clonazepam (Klonopin®), and lorazepam (Ativan®) - or other medicines that can make you sleepy can increase your risk of side effects and overdose. All of these substances slow breathing, just like opioids do, so combining any of them with an opioid greatly increases the risk of overdose and is not recommended.

4. **Dependence**
   Dependence means that your body will depend on the opioid to feel normal. If you stop the opioid suddenly or decrease the dose too quickly, you will feel increased pain and other symptoms of opioid withdrawal. This may make it hard to stop even if you want to. Dependence can happen even when low doses of opioids are taken for acute pain, such as dental procedures or fractures, for less than one week. Opioids may be needed for acute pain in some situations. To reduce the risk of dependence when treating acute pain, opioids should be used for the shortest duration of time at the lowest effective dose.

5. **Opioid Use Disorder**
   Opioid Use Disorder, also known as opioid addiction, is a chronic brain disease characterized by cravings and the loss of control of opioid use which can be life-threatening. Symptoms include preoccupation with and craving for opioids, continued use despite opioid use interfering with the ability to do your job, disrupting relationships with your family, often using more opioids than intended, and other signs that one has lost the ability to control the use of opioids. While not every patient who develops tolerance and dependence has an opioid use disorder, these are two signs of increased risk for developing opioid use disorder. When carefully assessed, 4% to 8% of patients on long-term opioid therapy (more than 90 days) develop an opioid use disorder.

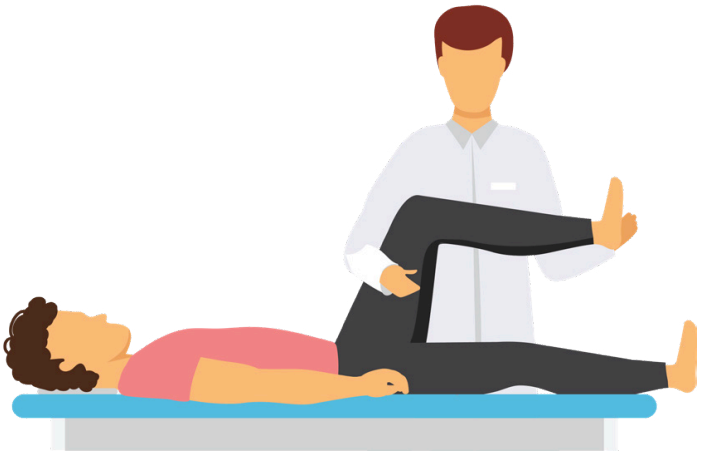
Your Pain Care Plan

Even if opioids are used to reduce pain, they will be most effective when combined with other safer and effective strategies. You and your healthcare team will make a pain care plan based on your condition and specific situation. Treatments may include self-care activities, non-medication treatments or therapies, medicines that do not contain opioids and, in some instances, opioid-containing medicines. Here is a list of some commonly used options that might be included in your pain care plan.

1. **Self-care**
   These activities include everything you can do on your own to manage your health (including pain) and live your life as fully as possible.

   - General Health Activities
     - o Develop or maintain supportive relationships.
     - o Get a good night's sleep every night.
     - o Eat healthy foods including fruits and vegetables.
     - o Move your body every day and do activities you enjoy.
     - o Stop smoking and using other tobacco products.
     - o Try meditation or other relaxing activities.
   - Pain Management Strategies
     - o Improve your posture: stand or sit up straight.
     - o If you are overweight, lose weight. Consider enrolling in a weight management program.
     - o Practice yoga, exercise, stretching, and/or Tai Chi.
     - o Learn and practice deep breathing and relaxation exercises.
     - o Use heat or cold packs on the painful areas.
     - o Attend pain management classes and join support groups.

2. **Non-medication Treatments**
   - Behavioral Therapies
     - o Learn to react to pain in a way that helps you function better and reduce your pain, for example, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and/or mindfulness-based therapies including meditation.
   - Acupuncture
   - Spinal Manipulation (Chiropractic therapy)
   - Physical Therapy and Occupational Therapy
   - Nerve stimulation (like a Transcutaneous Electrical Nerve Stimulator [TENS unit])

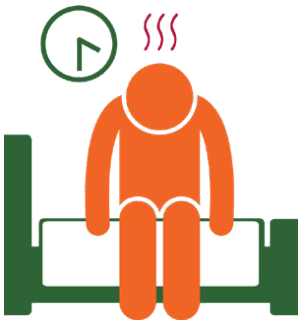


3. **Non-opioid Medication Treatments**
   - Topical Treatments
     - o Gels, creams, ointments, or patches that are applied to the skin on a painful area, for example, diclofenac gel, methyl salicylate cream/ointment, lidocaine patch or ointment
   - **Oral Treatments**
     - o Anti-inflammatory medicines – for muscle/bone pain
       - - Nonsteroidal anti-inflammatory drugs (NSAIDs), for example, ibuprofen, naproxen, meloxicam, etodolac, celecoxib
     - o Antidepressant medicines – for muscle/bone and nerve pain
       - - Tricyclic antidepressants (TCA), for example, nortriptyline, desipramine, amitriptyline, imipramine
       - - Serotonin norepinephrine reuptake inhibitors (SNRI), for example, duloxetine, venlafaxine
     - o Anticonvulsant medicines – for nerve pain, for example, gabapentin, pregabalin
4. **Opioid Medicines**
   - Opioids are more effective in reducing acute pain than chronic pain
     - o Usually only "take the edge off" chronic pain for a short time.
     - o Daily use of opioids can actually make your pain worse over time.
   - No matter how much you take, opioids will not completely take the pain away.
     - o Opioids do not address the cause of the pain and often the risks associated with opioid use outweigh the benefits in managing pain.
     - o Even short-term opioid use can have the same risk of developing opioid use disorder.
   - Higher doses have shown to increase risk of certain adverse effects and may not improve pain control.
   - Methadone is an opioid that is sometimes used for chronic pain. Because it is so long-acting, the amount can build up, putting you at risk for overdose.
     - o Methadone can cause changes in your heart beat that you may not notice. Your heart beat should be monitored by electrocardiogram (EKG) testing.
     - o Many medicines interact with methadone and, in some cases, cause harm, including overdose and death.

5. Other Treatment Options

- You may benefit from more specialized treatments available in primary care clinics or from pain clinics.
  - o These treatments may include trigger point injections in areas of localized pain and muscle spasms, or steroid injections for joint pain.
- Pain clinics may provide epidural steroid injections and several types of pain blocks that can help some patients with spine conditions. Rarely, spinal cord stimulation devices or spine surgery may be considered.
  - o These interventional pain procedures are for pain conditions that have not or are not likely to respond to other treatments.
  - o They are often used with the treatments listed above (1–4).

Known Side Effects and Other Risks of Opioids



Feeling tired, drowsy, or foggy

- Unsteady walking
- Increased risk of falls, broken bones, or concussion

- Car accidents
- You can be arrested for Driving While Impaired/Driving Under the Influence

It is important to report any side effects to your healthcare team. Tell your healthcare team if side effects interfere with your daily activities. This information will help them to better manage your pain.

Side Effects and Other Risks of Opioids	
Side Effect/Risk	**What This Might Mean**
Sleepiness or Mental Confusion (slow thinking)	Opioid dose may be too high. • Increases risk of falls and may cause problems with making decisions.
Bad Dreams or Hallucinations	Opioid dose may be too high, or the opioid may not be a good fit for you. • May need to reduce opioid dose or change to a different medicine.
Constipation	All opioids cause constipation that, if severe, can cause intestinal blockage. • Laxatives may be needed; exercise, eating more fiber and drinking more water may help relieve constipation.
Nausea and Vomiting • Most common with multiple daily doses	Can happen when first starting opioids or later in treatment. • Usually goes away with time; medicines to help reduce nausea may be needed.

Side Effects and Other Risks of Opioids	
Side Effect/Risk	**What This Might Mean**
Itching (possible allergic reaction)	Mild itching is a common side effect. More severe itching with hives is rare, but if it happens, it is typically soon after starting an opioid. • If you get a rash or hives, call your healthcare team right away. • If you have shortness of breath, throat swelling, or feel like you may pass out, tell someone to call 911 right away. This can be an allergic reaction and may be life-threatening.
Decreased Sex Hormones	May cause less desire for sex as well as depression, anxiety, lack of energy, hot flashes, night sweats, loss of muscle mass, weakness, and loss of bone (osteoporosis). • Men, may have less ability to have an erection. • Women, may cause irregular menses or lack of menstrual cycle. • Use of birth control is needed since opioids may harm a baby if you become pregnant.
Bone Loss	Often occurs with taking opioids for months to years. Brittle bones (osteoporosis) may result in bone fractures.
Dry Mouth, Tooth Decay	Dry mouth may be uncomfortable and, in some cases, cause tooth decay and loss of teeth. • Chewing sugarless gum, sugarless candy, or ice chips can help. • See your dentist regularly.
Worsening Pain	For some people, opioids may increase pain. If this happens, a change in your pain treatment plan may be needed.
Opioid Use Disorder (is also known as "addiction")	Can happen even when opioids are taken as prescribed and it can be life-threatening. • Medication for opioid use disorder can relieve pain and other opioid withdrawal symptoms, decrease opioid craving, and reduce the risk of overdose and death. • Medicines for opioid use disorder include buprenorphine, extended-release injectable naltrexone, and (when administered daily through an Opioid Treatment Program) methadone. If you are concerned that you may have developed opioid use disorder, talk with your provider about getting treatment for opioid use disorder along with ongoing pain care.
Respiratory Depression and Overdose	Any opioid use increases risk for respiratory depression (slow or shallow breathing) and possible overdose and death.

As we learn more about the impact of opioid treatments, new side effects and risks may be identified. Ask your healthcare team if you have questions or concerns.

What Can You Do to Reduce Your Risk When Taking Opioids?

A good plan starts with a conversation. Your healthcare team will talk with you about the risks, possible benefits, and any alternatives to using opioids to manage chronic pain. This will be done before any opioids are prescribed. After answering your questions, you will be asked to sign an informed consent form.

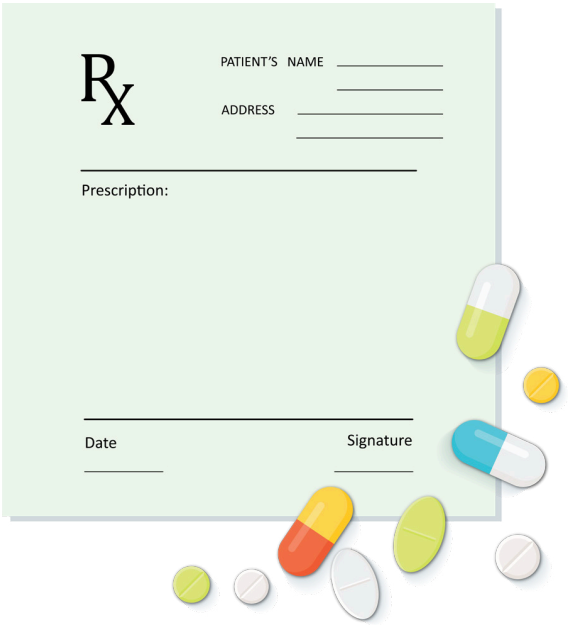
Signing this form shows that you understand and agree with your treatment plan that includes opioids and the possible risks when taking them for chronic pain. You will learn about ways to reduce risks and increase the chance that your plan will help you manage your pain.

Tips to Reduce Your Risks	
Tips	**Reasoning**
✓ Take all your medicines as prescribed.	Taking more opioid pain medicine than you need puts you at risk for side effects and possible overdose and death. Talk with your healthcare team before making any changes involving your medications.
✓ Talk to your healthcare team if you are having more pain.	Do not take extra doses of opioid medication. You may run out of pills early and this can cause withdrawal symptoms. Taking extra doses can also increase your risk of overdose and death.
✓ Recognize side effects.	If you are having side effects that you cannot tolerate, stop the medication, and call your healthcare team.
✓ Let all your providers in the VA and outside of the VA know you are taking opioids.	Tell all your providers, including dentists, surgeons and specialists, that you are taking opioids. Taking opioids from multiple providers may lead you to use more than needed which can cause an overdose.
✓ Tell your VA providers about all medicines and supplements you are taking.	Tell them about over-the-counter medicines, herbal supplements, and if you take medicines or substances that are not prescribed to you. Many medicines and substances can interact. When your provider knows about what you are taking, they are better equipped to make the most appropriate pain plan for you. This will put you at a lower risk for side effects.
✓ Do not take medicines prescribed for someone else. Do not give away or sell your medicines.	Taking medicines that are prescribed to someone else, including a family member, is illegal and can put you at risk for harmful side effects and possible overdose and death. Keep your medicines in a safe and secure location.
✓ Avoid combining opioids with alcohol and certain medicines that can make you sleepy.	Combining opioids with alcohol, sedating medicines (such as benzodiazepines), cannabis, or illegal drugs can slow your breathing and cause severe harm or death. It is important that your provider knows about all substances you are taking. Your provider may consider it unsafe to continue prescribing opioids if using these substances creates a safety concern.
✓ Be informed about the risk of developing opioid use disorder.	Anyone taking opioids can develop dependence. The risk of opioid use disorder goes up the longer you take opioids and with higher doses. Treatment is available for opioid use disorder. Talk to your healthcare team if you feel this may be happening to you.

Tips to Reduce Your Risks	
Tips	**Reasoning**
✓ Talk to your provider about non opioid and other care options that can help reduce your pain. Be sure to keep your medications safely stored to prevent your medications from becoming lost or stolen.	If you have been taking opioids for more than a few weeks, your body has become used to them (tolerance). If you stop them all at once, you can have withdrawal symptoms. Your healthcare team will work with you on a plan to slowly reduce (taper) your opioid medicines. If you have any problems, let them know if appropriate.
✓ Learn how to prevent overdose and ask for naloxone. Get support from your family and friends.	Talk to your healthcare team about your overdose risk. Learn how to decrease your risk and what to do if you overdose. Naloxone can reverse the effects of opioids during an overdose. Your family members, friends, and roommates should all receive training on how to recognize an overdose and use naloxone. Keep naloxone with you at all times.
✓ Use caution when driving or operating machinery.	Sleepiness and confusion are common side effects from opioids. Do not drive or operate machinery if you feel sleepy or confused. Alcohol and other sedating medicines can increase these symptoms. State laws may limit the type of work you can do if you take opioids.
✓ Dispose of unused opioid medicines.	Ask your pharmacy for instructions for safe disposal of any unused opioid medicines.

Stopping Opioid Therapy Through Tapering
You or your provider may decide that opioid therapy is not right for you and that the dose of the opioid should be reduced (tapered) and eventually stopped.
If you and your provider decide to reduce your opioids, your provider will try to prevent or lessen any withdrawal symptoms. Decreasing slowly makes it easier to stop opioid medicines. Unless there are urgent safety concerns, a gradual reduction helps you to avoid withdrawal symptoms.
Your provider will explain how to slowly lower the dosage of your opioid medication. Your provider will discuss other methods to help reduce your pain and include these in your new pain care plan.
When slowly reducing your opioid medication, do not increase your dose or take extra doses. Your body is no longer used to higher doses and you may overdose. Follow the plan and discuss what you are feeling with your healthcare team.
If you have extra opioids left over from your prescription, ask your pharmacy for instructions about safe disposal of any unused opioid medicines.

Working Together with Your Healthcare Team
Communication is key! You are a respected member of your healthcare team. Honest communication will help you achieve your healthcare goals.
Be honest when you give your health, drug, and alcohol history. Let your provider know about drug or alcohol use in your family.
Ask your provider about any questions or concerns you have about your pain care plan.
Tell your VA providers about opioid prescriptions from other providers and the pharmacies you use if you are not getting all prescriptions filled by the VA.
Emergency rooms and urgent care clinics are not good places to get treatment for chronic pain. If you must go to an emergency room, tell the provider about your pain care plan.
Follow your pain care plan.
When you start taking opioids, you may see or talk to your provider or members of your healthcare team more frequently—in some cases, once per week. Once the opioid dose is stable, you will need to connect with your healthcare team at least every three to six months.
Try to keep all your pain care and other clinic appointments. Please update your contact information at every visit so your healthcare team can stay in contact with you.
Urine drug testing is part of the pain care plan when opioids are prescribed. These urine drug tests will show which substances and medicines you have been taking. This can help determine if there are added risks for side effects or overdose from opioids when they are used with other medicines or substances (e.g., cannabis, street drugs, and alcohol). The VA does not use these tests for law enforcement or employment purposes. Some urine test results may require your healthcare provider to change your pain care plan based on concerns for your safety.
Your provider, nurse, and pharmacist are required to track when you renew and refill opioids—both within and outside the VA—as part of the prescription drug monitoring program (PDMP). Laws are established in each state about how often providers are required to check the PDMP. VA and other healthcare providers may get and share information about your opioid prescriptions without your specific consent.



Filling Opioid Prescriptions

Ask your healthcare team how to renew your opioid prescriptions.

If there is a problem getting your opioids by mail at your address, you may have to fill your opioid prescriptions in person according to the plan you make with your healthcare team.

When ordering by mail:

- Contact your healthcare team or pharmacy at least 10 business days before it is due.
- Make sure that you or someone you trust gets the package when it is delivered.

Plan ahead! The pharmacy may be closed on weekends, holidays, and after regular clinic hours.

Protect Your Opioids from Damage, Loss, or Theft

Keep your opioids in a safe, locked place, out of reach of family, children, visitors, and pets.

Always keep your opioids in their original labeled container.

If you travel, carry your current labeled container of opioids with you in case you are asked questions by airport security or law enforcement.

If you are concerned about the safety of storing medicines in your home, talk to your healthcare team.

If someone steals your opioids or your opioid prescription, promptly report the theft to the police. Then, speak to your healthcare team about your options because early refills may or may not be approved.

At the VA, we are committed to helping you achieve the goals of your pain care treatment plan in a way that keeps you and your friends and family safe. If you have any questions, please contact your VA healthcare team.

Please call _____ with any questions or concerns.

Veterans Crisis Line

DIAL 988 then PRESS 1

Veterans may still reach the Veterans Crisis Line with the previous phone number—1-800-273-8255 and Press 1—by text (838255), and through chat (VeteransCrisisLine.net/Chat).

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