

Questions and Answers: The Facts on Pain Care and Prescription Opioids

Overview

One of the biggest public health crises facing America is substance use disorders. Opioid use is one of the most troublesome of these disorders, resulting in nearly 20,000 deaths a year - more deadly than gun violence. The consequences are profound, impacting individuals and families no matter where they live, how much they earn, or how old they are. And the impact is broad, affecting social services, the health care system, communities, and the economy. It is a crisis we need to solve – and health plans are committed to helping.

For people who are in pain and seek medical care to treat it, it's important to know the facts. This document is a tool to inform and support dialogue between patients and providers exploring options for managing and relieving pain.

Q: What are opioids?

A: Opioids are a group of drugs that change the way pain is experienced or felt by blocking pain signals to the brain. Examples include OxyContin, Vicodin, and Percocet.

Q: What are opioids prescribed for?

A: Opioid pain relievers may be prescribed to treat moderate to severe pain on a short-term basis, after a surgery, dental procedure, or injury.

They may be prescribed to people who have long-term pain such as arthritis and low back pain. It is important to keep in mind that their use in controlling ongoing pain not related to cancer is not well-proven and increases the risk of physical addiction. For these reasons, opioids for chronic pain should only be started after

careful discussion with your physician, and the dosage should be kept to a minimum.

Q: What are the potential risks?

A: Opioids have the potential to be misused because they are addictive. They can also cause a person to stop breathing if extra doses are taken or if other medications are also being taken, such as Valium or Xanax.

[According to the American Society of Addiction Medicine \(ASAM\)](#), of the 20.5 million Americans ages 12 or older who had a substance use disorder in 2015, two million involved prescription pain relievers and 591,000 involved heroin. Given the risk of abuse and addiction, the federal government has classified opioids as controlled substances. That means they are very closely monitored by pharmacies and government agencies.

There are also risks with long-term use of opioid pain medicine. There are no studies that

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show whether opioids are safe or effective to treat chronic pain. Most patients who use opioids long-term continue to have moderate to severe pain. In fact, [there is research to show that long-term use of opioids may increase the experience of pain](#), a condition called hyperalgesia. Long-term use of prescription opioids also has greater potential for tolerance and addiction.

Q: Should I take opioids? What are my choices?

A: People experience pain differently. You and your health care provider should discuss your pain and the options for how to best manage it. Physicians who treat pain know that some people with mild to moderate chronic pain can be comfortable without taking pain medicine regularly and may do better with exercise, lifestyle changes, mindfulness training, counseling, acupuncture, or massage.

Your provider may start by recommending over-the-counter medications, like Tylenol or Advil, or may suggest other non-opioid prescriptions, such as anti-convulsants or anti-depressants.

Be sure to work with your doctor or health care provider to find the best treatment plan for you.

Q: Does my doctor know what medications I've already been prescribed?

A: Your health care provider might or might not have the complete picture. Talk with your health care provider to ensure they are aware, and bring all your medications to your next visit.

Q: How should I store my opioids?

A: There is a risk of a family member or friend finding and using your prescribed opioids. You should keep these medications in a safe place – ideally locked – to keep them secure.

Q: Can I take opioids if I use tobacco or drink alcohol?

A: There is some evidence to show that smokers experience more severe and extended pain than those who do not smoke. Interactions between tobacco products and opioids are not always clear. Your doctor or health care provider will consider this when developing your treatment plan.

Drinking alcohol while using opioids can make some common side effects worse, including drowsiness and low blood pressure. Using opioids and alcohol together depresses the central nervous system, which can impair judgment, thinking, and motor skills, and can lead to dangerous situations, such as traffic accidents.

Q: Should I be concerned about addiction?

A: Opioids can be taken safely for short durations, but there is risk of addiction with longer term use. You do not need to be misusing opioids to become addicted. While some people are at higher risk for addiction than others, it is not possible to accurately predict who will become addicted. Your doctor or health care provider can work with you to reduce potential risks by limiting the duration of your prescription, helping reduce the dose, and moving you to safer medications such as Tylenol or ibuprofen as soon as possible.

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Risk factors for addiction include a personal or family history of drug or alcohol problems, depression, or other mental health conditions. The use of other medications, such as Valium or Xanax, may cause a bad reaction, including loss of consciousness and death. Also, people taking opioids at high doses (50 milligrams morphine equivalent dose or higher) are at greater risk for developing addiction.

[Research published in the *New England Journal of Medicine*](#) shows that more than one-in-five patients who use opioids long-term develop a mild to severe prescription opioid use disorder.

Q: What are the signs of addiction to opioids?

- A: Watch for these symptoms:
- Using more of the drug than prescribed
 - Inability to stop or cut down
 - Spending too much time getting or recovering from the effects of the drug
 - Cravings or strong desires
 - Failure to fulfill obligations in life
 - Using opioids even as they cause or worsen social or relationship problems
 - Giving up or stopping important activities due to drug use
 - Using when it is physically dangerous to do so
 - Using even though this causes or worsens physical or psychological problems
 - Tolerance changes (needing more or less to achieve the desired effects)
 - Withdrawal symptoms when cutting down or stopping the drug
 - Trying to seek additional prescriptions from other prescribers
 - Asking friends and family for “leftover” prescriptions they may have.

The more of these symptoms a person has, the more likely it is that they have an addiction.

Q: What should I do if I want to stop using opioids or think I am addicted?

- A: Talk to your health care provider immediately, even if you think you can stop using opioids on your own. Withdrawal symptoms may make it hard to stop without help. Withdrawal symptoms include:
- Low energy, irritability, anxiety, insomnia
 - Muscle aches and pains
 - Abdominal cramping, nausea, vomiting, diarrhea.

If you begin to feel these symptoms, call your doctor right away. Together you can develop a treatment plan that works better for you.

The Substance Abuse and Mental Health Services Administration (SAMHSA), a government agency, has a [decision-making tool](#) that may be useful in understanding your options and steps toward recovery.

Q: What are my options if I need to stop taking opioids?

- A: You should talk with your doctor about how to safely reduce your use of prescription opioids over time. The Centers for Disease Control and Prevention (CDC), a government agency, [provides guidelines for safe tapering](#) that providers can follow with their patients to help them stop using opioids. This approach can work.

If you seek treatment for opioid addiction, options are available. Options include short- and long-term residential and outpatient

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rehabilitation programs, outpatient counseling (individual, group, family), and medication-assisted treatment (MAT). Treatments are designed to help you stay free of drugs and to improve the quality of life for you and your family.

If you want to get treatment, talk with your doctor, therapist, friend, or a family member before you decide what to do. Support from others can help you make decisions that are right for you.

Q: What about mutual support programs like Narcotics Anonymous (NA)?

A: These free programs may help you in a long-term program of recovery with peers. NA offers meetings, a 12-step program of recovery, access to a sponsor (a peer in recovery to mentor you as you work on changing your life), drug-free activities, recovery literature, and other tools. You can find recovery groups and meetings in your area at <https://www.addiction.com/meetingfinder>.

Q: Should my family be involved in my treatment?

A: Yes, it is important to have your loved ones involved in your treatment. Opioid addiction has profound consequences on the family, including children. If your family gets involved in your treatment, they can learn more about how to support your recovery and may help identify early signs of possible relapse before you do, which could help reduce your risk of relapse.

They can also get help for themselves to cope with emotional stress and problems experienced. Many families benefit from

NA or other local mutual support programs for family members who are affected.

Q: What if I stop using opioids, then relapse and use them again?

A: If you start using opioids after being drug-free for some time, the first step is determining if you need help to stop your relapse. If you become physically addicted again, you may need medical detoxification in a hospital, residential program, or outpatient program to safely get the drugs out of your system. Counseling and other treatments may also be helpful. Talk with your doctor or another health care professional about treatment options to help you get stable after a relapse.

Q: How should I get rid of opioids I don't use?

A: There are safe ways to get rid of drugs you do not need. The Drug Enforcement Administration (DEA) holds National Drug Take-Back events or there may be other drug take-back events in your community. These programs accept unused prescription drugs without identifying who disposed of them. Another way to get rid of unused drugs is to leave them in Drug Drop Boxes. Websites such as RxDrugDropBox.org and MedReturn.com can help you find a nearby drop off site.

[There are also home disposal systems available.](#) You put your pills in the designated bag, add water, and shake. This process neutralizes the active ingredients in the drug, allowing for safe disposal.

Always be sure to remove personal information on your prescription bottle before disposal.