



You may be at risk if you are taking opioids/narcotics for chronic pain

Are you taking one of the following medications?

- Buprenorphine (Butrans®)
- Codeine (Tylenol NO. 1®, NO. 2®, NO. 3®)
- Fentanyl (Duragesic®)
- Hydrocodone (Hycodan®)
- Hydromorphone (Dilaudid®)
- Meperidine (Demerol®)
- Methadone (Metadol®)
- Morphine (MS-Contin®, M-Eslon®, Kadian®, Statex®)
- Oxycodone (OxyNeo®, Percocet®, Supeudol®)
- Tramadol (Tramacet®, Ralivia®)

This brochure is for people taking opioids for chronic non-cancer pain

Opioids or “narcotics” are derived from the opium poppy (or synthetic variations). Opioid medications include codeine, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone and tramadol.

Short-term pain and chronic pain.

What’s the difference?

Short-term pain is your body’s alarm system to warn you of injuries such as broken bones, surgery or illness. As your body heals, the pain goes away. Using opioids may be appropriate for this kind of pain.

Chronic pain is long-term pain that lasts for many months or even years. It persists when there is a short circuit in the wiring of the nervous system. The pain cannot be reversed with medication.



Did you know?

1 week



is all it takes before some people become physically or psychologically addicted to opioids.

— Centers for Disease Control and Prevention, 2016

6,188+ people

were hospitalized in Canada for harmful effects of opioids in 2017, and most cases were accidental. This equals 17 people every day.

— Canadian Institute for Health Information (CIHI), 2018



Seniors have the highest rate of opioid pain reliever use.

— Canadian Centre on Substance Abuse, 2015



24% of seniors hospitalized because of opioids were taking them as directed.

— CIHI, 2016

Canada ranks 2nd

behind the United States for highest per capita use of prescription opioids.

— International Narcotics Control Board, 2015

3,996+ deaths

in Canada were from opioid overdoses during 2017. This surpasses yearly car accident deaths by over 50%.

— Public Health Agency of Canada, 2018

Taking opioid medications along with drugs like cocaine or heroin, alcohol or **sleeping pills increases the risk of death.**



Since the year 2000, 75% of people taking illegal/non-prescription opioids, including heroin, started via prescription medications.



— Cicero *et al.*, 2014

Test your knowledge about opioid medications

| | True | False |
|---|-----------------------|-----------------------|
| 1. My opioid medication is safe to take for a long time. | <input type="radio"/> | <input type="radio"/> |
| 2. Overdose can still happen, even if I'm taking my medication as directed by my doctor. | <input type="radio"/> | <input type="radio"/> |
| 3. Higher doses of opioid medication are riskier than lower doses of the same medication. | <input type="radio"/> | <input type="radio"/> |
| 4. Only opioids can relieve my chronic pain. | <input type="radio"/> | <input type="radio"/> |



Answers

1. False

We used to think that opioid medications were safe. We now know that this is not always true. Long-term treatment with opioid therapy needs to be carefully monitored to prevent an accidental overdose. You may be at risk of harm from opioids, even if you have been taking them for some time.

2. True

Accidental overdoses can occur at any dose, even when taking an opioid medication as prescribed. Higher doses increase your risk of overdose.

3. True

Higher doses of opioids rarely provide better pain relief for people with chronic pain and can sometimes make pain worse. The risk of life-threatening side effects from opioids begins with small daily doses and the risk increases as the dose goes up.

4. False

There are many alternative therapies that can be used to improve your function. Your doctor can help you find safer alternative treatment options to manage your chronic pain.

Men, women & opioids

Men's and women's bodies react to opioid medications differently. Each sex experiences distinct benefits and side effects. Talk with your doctor or pharmacist about how these differences may affect you.

WOMEN



- Sensitivity to pain varies as estrogen levels change with the menstrual cycle, the pill or hormone replacement therapy.
- Response to opioid medications may depend on estrogen levels.
- Women are admitted to hospital due to the harmful effects of opioids more often than men. Harmful effects can occur at any dose and include sedation, stopping breathing and death.

MEN



- Taking opioids can reduce normal blood testosterone levels by half.
- Opioids often affect sexual function (diminished libido and erectile dysfunction).
- Men are twice as likely as women to die from opioid medications.

What causes chronic pain?

For some people, the cause of chronic pain is known, such as nerve disease, disc problems or arthritis. For other people, test results may have been negative, and the cause of chronic pain remains unknown. Scans and tests are important, but they provide only part of the story.



Is chronic pain all in my head?

Chronic pain is real, though it can't be seen. There may be no physical explanation for why your pain has lasted so long. However, this does not make it less real.

Improving coping strategies and using alternative treatments can be a realistic option for managing chronic pain. A large number of people with chronic pain use prescription opioid medication to help with pain relief, but that may not be the best option.

Some questions about your opioids

| Are you on the right track? | Yes | No |
|---|-----------------------|-----------------------|
| Have you recently talked with your doctor about the best treatment options using opioids? | <input type="radio"/> | <input type="radio"/> |
| Do you have a plan which includes reviewing your opioid dose regularly? | <input type="radio"/> | <input type="radio"/> |

If you answer NO to any of these questions, bring this brochure with you to your next doctor's appointment and make a plan for regular review of your pain and opioid dose.

| Are you experiencing signs of tolerance to opioids? | Yes | No |
|---|-----------------------|-----------------------|
| Are you still experiencing pain, despite an increase in dose? | <input type="radio"/> | <input type="radio"/> |
| Are you sleeping worse than before? | <input type="radio"/> | <input type="radio"/> |

If you answer YES to any of these questions, you may be experiencing opioid tolerance. Please talk to your doctor or pharmacist about gradually reducing your dose.

| Are you experiencing signs of addiction to opioids? | Yes | No |
|--|-----------------------|-----------------------|
| Do you feel you could not survive without your medication? | <input type="radio"/> | <input type="radio"/> |
| Do you take your medication to avoid withdrawal symptoms (e.g. insomnia, anxiety, nausea)? | <input type="radio"/> | <input type="radio"/> |
| Do you treat your pain with alcohol or other drugs? | <input type="radio"/> | <input type="radio"/> |
| <p>If you answer YES to any of these questions, you may be experiencing signs of addiction. Please talk to your doctor or pharmacist about gradually reducing your dose, and using alternative treatments for pain.</p> | | |

| Are you experiencing side-effects of opioids? | Yes | No |
|---|-----------------------|-----------------------|
| Tiredness | <input type="radio"/> | <input type="radio"/> |
| Memory problems | <input type="radio"/> | <input type="radio"/> |
| Nausea | <input type="radio"/> | <input type="radio"/> |
| Constipation | <input type="radio"/> | <input type="radio"/> |
| <p>If you answered YES to any of these questions, reducing the dose of your opioid can reduce these side-effects without reducing your level of pain control. Most people find little difference in their pain when opioid medications are stopped.</p> | | |

Gradually reducing your dose

DO NOT REDUCE YOUR DOSE WITHOUT YOUR DOCTOR'S OR PHARMACIST'S SUPERVISION.

See your doctor or pharmacist to develop a personalized plan that's right for you.

How will my doctor or pharmacist reduce my opioids?

Everyone is on a different dose of opioids. Gradually reducing your dose of opioids requires an individualized plan.

You doctor or pharmacist will reduce the dose by 10%-20% every 1-4 weeks, with the last third of the program taking longest. An electronic dose reduction calculator is available at: deprescribingnetwork.ca/tapering

If I gradually decrease the dose of my opioid, will my pain get worse?

No. In fact, pain, function and quality of life often improve when opioids are stopped. This is because over time, opioids can become less effective, with increasing doses only increasing side-effects.

When you need an opioid medication, take the lowest dose for as short a time as possible, and then gradually reduce your dose until you stop. Once side-effects of opioids lessen, people often find they feel better.

Important information



CAUTION

Your tolerance to opioids will decrease as you cut down your dose. This means **YOU ARE AT RISK OF OVERDOSING IF YOU QUICKLY GO BACK TO HIGH DOSES OF OPIOIDS.** Always take opioids as prescribed.



WITHDRAWAL SIDE EFFECTS

When reducing the dose of an opioid too quickly, some people may experience withdrawal reactions (e.g. insomnia, anxiety, nausea). Various strategies and treatments are available to manage withdrawal side effects. **Talk to your doctor or pharmacist to prevent severe withdrawal symptoms.**



WARNING

DO NOT CUT SLOW-RELEASE TABLETS IN HALF.

Cutting pills in half destroys the slow-release coating on the pill. You may receive a higher dose and risk overdosing.

Relieving chronic pain without opioids

There are a wide variety of alternatives to manage your chronic pain:

- Self-management strategies
- Psychotherapy
- Specialist pain care / pain clinics
- Non-opioid pain medicines
- Electrical nerve stimulation therapy
- Massage therapy
- Structured exercise programs
- Physiotherapy
- Heating pad use
- Mindfulness-based stress reduction
- Yoga / Pilates / stretching
- Acupuncture
- Traditional healing practices: a local Elder can make recommendations for you
- Counselling / social support



Talk to your doctor, nurse, social worker or therapist to see what is available in your area.

Pace yourself: exercise and strength

An activity program is a self-management strategy, which you can practice on your own at home. An activity program can help relieve your chronic pain by gradually increasing your strength, function and activity levels.

Pace yourself: Maintain a fairly even balance of activity, rather than overdoing it in the morning and having to rest all afternoon.

Take frequent breaks between activities, every 10-15 minutes at first, and gradually increase the amount of activity (for example, sitting, standing, stretching or walking) by 1 minute every few days.



How to create an activity program

Step 1:

Work out how much activity you can do now without experiencing too much pain (how many sit-ups or how long you can walk).

Step 2:

Pick a starting point that is 20% LESS than what you can currently do.

Step 3:

Build up your activity or exercise by 1 minute at a time, every 2-3 days.

Step 4:

Keep a daily diary of these activities to record your progress (refer to the example on the next page).

Over a few weeks, you will gradually increase your strength, function and activity level.



Activity diary

An activity diary can help track your progress as you gradually increase your strength, function and activity levels.

Start well within the limits of your capabilities and use the method described on the previous page. Write your own activity diary using the example below as a guide. Monitor your progress by checking off your achievements each day. **Be patient, pace yourself and stick with it!**

Example sheet:

| Activity | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|-------------|--------|--------|--------|--------|--------|--------|--------|
| 1. Sitting | 5 min | 5 min | 6 min | 6 min | 7 min | 7 min | 8 min |
| 2. Standing | 10 min | 10 min | 11 min | 11 min | 12 min | 12 min | 13 min |
| 3. Walking | 15 min | 15 min | 16 min | 16 min | 17 min | 17 min | 18 min |

Now write your own activity diary:

| Activity | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|----------|------|-------|------|--------|------|------|------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |

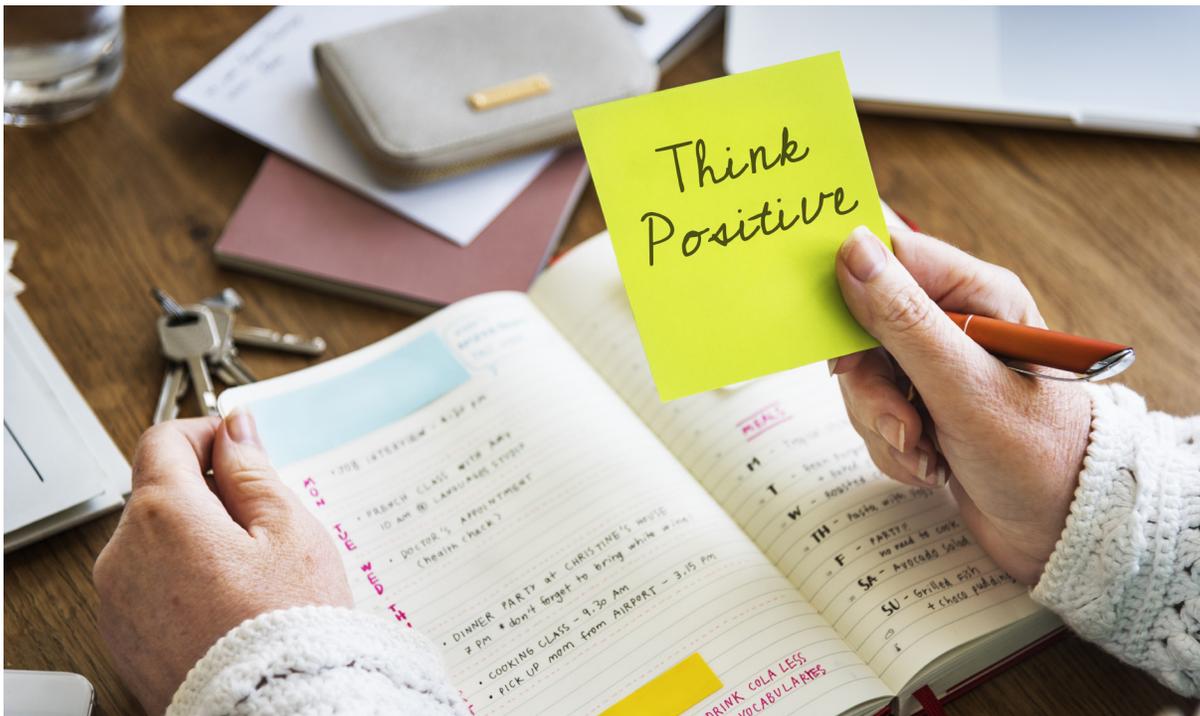
Changing how you think about pain

Positive thinking can help you deal effectively with a problem or source of stress and can also be useful for managing chronic pain.

People may experience feelings of distress when they believe the threat of pain is worse than it really is, or when they forget that they can cope if they have to.

Some thoughts can contribute to negative emotions of sadness and frustration, which can make pain worse.

Negative attitudes about yourself and your pain are common, but it doesn't have to be this way. We can choose how we react.



Being realistic about pain

Talk out loud to yourself and begin listening carefully to your reactions to your pain. This can make you aware of negative as well as positive attitudes you have about yourself and your pain.

Ask yourself:

- Are you being realistic about your pain?
- If your pain is increasing, how likely is it that the pain will become unbearable or worse than you've had to deal with in the past?

Remind yourself:

- How you successfully coped in the past.
- How you are learning to manage your pain.

Taking control and celebrating small wins can provide you the confidence to continue dealing with your pain.



Photo: Kris Krug, flickr.com creative commons

Parts of this brochure were based on the book *Manage Your Pain: Practical and Positive Ways of Adapting to Chronic Pain* by Dr. Michael Nicholas, Dr. Allan Molloy, Lois Tonkin and Lee Beeston (Souvenir Press, London, 2011). For more information on pain management techniques, please consult this book.

Bert's story

After 53-year-old Bert Mitchell almost died in a car accident in 2003, he woke in “excruciating” pain. His doctors put him on powerful opioid medications.



When did you realize you were addicted?

“Four years later, I was watching a news story about “poor man’s heroin.” I realized that’s what I was on and decided not to take any more that day. The drugs started to wear off, and I could feel the pain coming back in waves until it was full-blown. It was so compelling that I had to relent.”

What did your doctor say?

“The doctor was very angry. I didn’t know it, but I was experiencing withdrawal. My doctor and I wrote a program to slowly get off the medication. It was horrible. I couldn’t function. So he put me on fentanyl patches. I was so scared to go off those that it took me six or seven years before I tried again.”

Why did you decide to go off opioids?

“I felt the drugs made me feel worse than the pain. I was drowsy. I almost crashed my car a few times. I was twitching in bed, getting up and walking around at night.”

What do you think clinicians could do better?

“I wish I had known how addictive opioids can be. A few years later my appendix burst and I told the doctor I didn’t want opioids because I was susceptible to addiction. He prescribed me Percocet®. When I went to the pharmacist he told me that it was oxycodone*. Didn’t my doctor realize? Aren’t surgeons aware that post-surgery pain relief can get you hooked? Perhaps they don’t know. I’m afraid this is a big part of the problem with opioids. Doctors don’t know enough about the euphoria you can feel and how quickly you can get addicted.”

How are you now?

“Much better. I have my life back. I don’t take anything. I’m sore, but I’d rather be sore than be addicted to opioids. I use physiotherapy, massage therapy and other treatments.”

*Note: Percocet® contains both oxycodone and acetaminophen.

Is it time to talk about getting off opioids?

Take this brochure to your doctor or pharmacist to begin a discussion about getting off opioids.

DO NOT STOP WITHOUT A SUPERVISED, TAILORED, GRADUAL REDUCTION PROGRAM FROM A HEALTH CARE PROFESSIONAL OR YOU MAY EXPERIENCE SEVERE WITHDRAWAL SYMPTOMS.

