

TAKING OPIOIDS RESPONSIBLY

for Your Safety
and the Safety of Others

Patient Information Guide
on Long-term Opioid
Therapy for Pain



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VA National Pain Management Program
VA National Center for Ethics in Health Care

Patient Information: Taking Opioids Responsibly

This patient information guide contains information you need to know to understand how VA uses opioids (also called “opiates” or “narcotics”) to treat chronic pain, and how to take opioid medications safely. Opioids can be dangerous if they are not taken responsibly.

VA providers must discuss the plans for your treatment with you and obtain your consent to the plan before they treat you with opioids long-term.

This process will make sure that you and your provider are clear about the goals for your pain relief and daily function that might be expected by making opioids a part of your treatment. The process also makes sure that you understand the possible risks and side effects of taking opioids and aims to improve the chance that the treatment will go smoothly.

Opioids don’t work for every person or type of pain. If they reduce your pain, they are unlikely to take it all away. If you don’t benefit from opioid therapy or if its harms outweigh the benefits, your opioid will be tapered and discontinued. You can still continue to receive VA pain care by using other pain therapies.

YOUR PAIN CARE PLAN

Opioids alone are not enough to treat your pain and are part of a pain care plan that uses other things to manage pain and improve your quality of life, such as:

- Heat and cold therapy (heating pads, ice packs)
- Cognitive behavioral therapy and self-management techniques
- Exercise
- Weight loss
- Massage
- Acupuncture
- Chiropractic
- Nerve stimulation
- Relaxation or stress reduction training
- Physical therapy
- Occupational therapy
- Mental health therapy
- Stretching
- Counseling and coaching
- Meditation
- Rehabilitation
- Non-opioid pain medicines (non-steroidal anti-inflammatory drugs, antidepressants, anticonvulsants)
- Injections
- Specialist pain care
- Surgical therapy
- Pain school or classes
- Social support groups
- Attention to proper sleep

Any one of these can help to reduce pain, but they may work better together.

TAKING OPIOIDS RESPONSIBLY

Because opioid medications can be dangerous, your provider can only prescribe them safely if you follow these “dos and don’ts” for taking opioids responsibly.

1. DO take your opioid and non-opioid pain medicines as prescribed.

Make sure you take the right dose of medication at the right time. Don’t avoid taking your pain medication to save it for a later time.

2. DON'T take extra doses.

If you take extra doses on your own, you could get very sick or die from an opioid overdose. You may also run out of your opioids before you can get your next refill. This may lead to withdrawal symptoms (see list below). Your provider will usually deny requests for early refills. This protects you and the public from harm due to opioid abuse and addiction. If you have severe, increased, or new pain, don't just take more of your opioids. Call your pain treatment provider or clinic to decide on the best care.

3. DO inform all of your providers that you are currently prescribed opioids.

4. DO tell your usual VA provider if you get an opioid prescription from another provider.

Tell your VA provider within 24 hours or on the next weekday if you get an opioid prescription from another provider—for example, for acute pain after injury or surgery.

5. DO tell your VA provider about any other health care that you are receiving from non-VA providers.

Tell your VA provider about medications or supplements that you are currently taking that are not prescribed by VA providers. This includes the use of marijuana that is authorized for use by a non-VA provider. Coordination of pain management services is important to ensure your safety. You should know that your VA provider may choose to alter your pain management plan of care, including long-term use of opioid therapy, to take into account non-VA provided care that raises safety concerns.

6. DO tell your provider if you are pregnant or planning to become pregnant.

Taking opioids during pregnancy can harm your unborn baby. Tell your provider if you think you might be pregnant, if you know you are pregnant, or if you are planning to become pregnant. Your provider may need to alter your pain management plan of care to protect your health and the health of your unborn baby.

7. DON'T stop taking opioids on your own.

If you stop taking opioids suddenly, you may have withdrawal symptoms. If your provider asks you to *slowly decrease* your use of opioids, follow their advice. This will help reduce withdrawal symptoms and prevent you from feeling sick.

Tell your provider if you think you are having withdrawal symptoms. Your provider may be able to give you medicine for a short time to help control them.

Withdrawal symptoms can include:

Belly cramps	Trouble sleeping	Feeling very tired
Tears in your eyes	Diarrhea	Loss of appetite
“Goose bumps” (chills)	Anxiety	Extra saliva
Muscle aches / cramps	Sweats	Runny nose
Nausea and vomiting	Increased blood pressure	Increased heart rate

8. DO be cautious about driving or operating machinery.

Never drive or operate machinery if you feel sleepy or confused. State laws may determine what kinds of jobs you can do when you are taking opioids. You may not operate heavy machinery or drive a truck or public vehicle like a bus.

9. DON'T drink alcohol or take "street" drugs.

It is not safe to drink alcohol or use illegal "street drugs" when you are taking opioids. They can impair your ability to manage your opioid therapy and cause severe harm or death. Some drugs can interfere with your pain care or opioid therapy. If you abuse alcohol or use street drugs, your provider will encourage you to get treatment for this problem, and may stop prescribing opioids. Treatment for alcohol or drug abuse will not interfere with your ability to get treatment for your pain or other conditions – and this treatment may be helpful.

Illegal "street" drugs include

- Cocaine
- Heroin
- LSD
- Marijuana that is not authorized by a provider **NOTE:** *It is illegal for patients to possess marijuana on Federal property; this includes all VA facilities.*
- Diverted ("black market") prescription drugs (e.g., opioids, benzodiazepines, methamphetamine, other controlled substances, and steroids)
- Inhalants (e.g., glue, solvents, lighter fluid)
- Methamphetamine or MDMA / Ecstasy

10. DO get help from your friends and family.

Your friends and family may be able to help you manage your opioid therapy safely. Your provider may encourage you to involve your friends and family members to learn about opioids and may ask for your permission to contact your family about your opioid pain care.

11. DON'T sell or give away your opioids.

Don't let any other people take or use your medicines. This is dangerous and illegal and could lead to criminal charges. So keep your medicines in a safe and secure place. The VA may not replace doses that are lost, stolen, or shared with others. If this happens, your provider may stop opioids completely.

MANAGING SIDE EFFECTS AND RISKS

Possible Side Effects

It is important to report any side effects to your provider. Tell your provider if any side effects interfere with your daily activities. This information will help you and your provider develop a treatment plan that balances harms (side effects and risks) and benefits (pain relief and how well you function).

1. Sleepiness or "slow thinking"

Opioids can impair your judgment and cause problems with how you make decisions. Sleepiness may lessen over time, and caffeine may help you feel more awake.

2. Mental confusion, bad dreams, or hallucinations

Your provider may need to change your dose or medicine to treat these side effects.

3. Constipation

This is a common side effect that may not go away. Your provider may give you laxatives to improve bowel movements. Regular physical activity, a diet high in fiber, and drinking more

water may also help. Severe constipation can cause complete intestinal blockage, so you should see your provider if constipation is severe.

4. Itching

Itching is rare. It usually occurs early in treatment. Your provider may need to change your opioids and order medicine to treat itching.

5. Sweating

Wearing light clothes may help decrease sweating.

6. Nausea and vomiting

This can occur early or late in treatment. They usually go away in time. Your provider may give you medicines to help control nausea.

7. Decreased hormones that affect sex drive, sexual arousal, and other aspects of your health

Opioid use may decrease sex hormone levels and your desire to have sex. If you are a man, opioids may decrease your ability to have an erection. Decreased sex hormones may also cause depression, anxiety, tiredness, hot flushes, and night sweats. It can also cause loss of muscle mass, weakness, brittle bones (osteoporosis), and bone fractures. Women may have irregular or no menstrual periods. Use effective birth control methods to prevent pregnancy during opioid treatment. Tell your provider if you are pregnant or plan to become pregnant. Opioids may harm your baby if you take opioids while you are pregnant.

8. Dry mouth that can cause tooth decay

Dry mouth is common. It may help to chew sugarless gum or suck on sugarless hard candy or ice chips. Your provider may give you medication. If you have dry mouth for a long time you should see your dentist to check for dental problems.

9. Allergies

Allergic reactions to opioids are rare. If you get a rash or hives call your provider right away, or call 911. If you become short of breath, have throat swelling, or feel like you may pass out, tell someone to call 911 right away.

Other Risks from Opioids

1. Sleep apnea

Sleep apnea is abnormal breathing pauses during sleep. This is serious. Your provider may:

- Ask you about your sleep habits.
- Order tests to check if you are at risk for sleep apnea.
If you have sleep apnea your provider may:
 - Advise you to use only non-opioid pain therapy.
 - Prescribe a breathing machine for you to use when you go to sleep.
 - Advise you to avoid alcohol and medicines that may make sleep apnea worse.

2. Worsening of pain

For some people, opioids may actually make pain worse.

3. Impaired driving

Opioids may affect your ability to drive a car or use other machinery safely.

- Never drive or operate machinery if you feel sleepy or confused.
- To ensure public safety, state laws may determine what kinds of jobs you can do.
- While you are using opioids you may not operate heavy machinery or drive a truck or public vehicle like a bus.

4. Tolerance

With long-term opioid therapy you may need a higher dose of opioid to get the same pain relief, resulting in an increase in the likelihood of many of the other side effects and risks.

5. Withdrawal symptoms (physical dependence)

Your body will get used to receiving opioid medication and you may suffer withdrawal symptoms if you suddenly stop taking opioids, taper them too quickly, or take a drug that blocks their effects. People who take opioids for a long enough time become physically dependent on them. This is NOT the same as addiction.

6. Addiction

Addiction means there is a craving for a substance and the craving gets out of control. Some patients become addicted to opioids even when they take opioids as prescribed. If you show any signs of addiction, your provider is likely to refer you to an addiction specialist or a substance use treatment program.

- Your provider and addiction specialist may cut back on your dose or stop opioid therapy.
- They may prescribe non-opioid medicines.
- They will help you with your pain using non-opioid treatments.

7. Drug interactions

Sometimes there are problems when drugs are taken together. Tell your provider about all of the pills you take, both prescribed drugs and pills you buy at the store. If you are taking herbs or vitamins, tell your prescriber.

8. Immune system changes

Your body's immune system helps fight infections. Opioids may make the immune system work poorly. Taking opioids long-term may result in infections or immune-related illnesses.

9. Birth Defects

Opioid use during early pregnancy is associated with an increased risk of rare birth defects. If you are or plan to become pregnant, talk to your provider about your pain treatment options.

10. Death

Opioids are one of the main prescription drugs associated with deaths in the U.S. Death may be more likely when you take larger doses of opioids.

FILLING OPIOID PRESCRIPTIONS

- Ask your provider how to refill or 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. If you fill your prescriptions in person, some providers want you to contact them at least 3 business days before your opioid prescription is due.
- If your opioid prescription has a refill, you may
 - Order a refill by mail, or
 - Order a refill through My HealthVet (<http://www.myhealth.va.gov>). You must be verified to use the prescription refill part of My HealthVet.
- When ordering by mail,
 - Contact your provider or pharmacy at least 10 business days before it is due.
 - Make sure that you or someone you trust receives 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, AND THEFT

- Keep your opioids in a safe, locked place, out of reach of family, children, visitors, and pets.
- Always store your opioids in the original labeled container.
- If you travel, carry the current bottle of opioids with you for safety. This will help you answer any questions about your medicine.
- If you are concerned about the safety of storing medicines in your home, tell your provider so you can talk about how to handle this problem.
- If someone steals your opioids or your opioid prescription, report the theft to the police. If you will be asking for a refill or new prescription sooner than usual, give your provider and pharmacy the police report so they will know why.

WORKING TOGETHER WITH YOUR PROVIDER

- Be honest with the health care team and treat them with respect. The team will be honest with you and treat you with respect as well.
- Be honest and complete when you report your health, drug, and alcohol history. You should also tell your provider about drug or alcohol use in your family.
- Speak up about your questions and concerns! Your provider wants to answer questions.
- Tell all of your providers who prescribes opioids for you and where you get your prescription filled.
- Same-day care and the emergency room staff are not good places to get treatment for chronic pain. If you have to go to an emergency room, tell the doctor about your pain care plan.

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- Follow your pain care plan. Your pain care plan may include certain tests and other ways to manage your pain. Do all the things that you and your provider agree to as part of your plan.
- You may need to meet with your doctor at least once per month upon starting opioid therapy and at least every 6 months once your treatment is stable. Try to keep all of your pain care and other clinic visits if possible. When you take opioids you should give the VA a phone number and address where we can reach you. Please update your contact information at every visit if there have been changes.
- With your consent, your provider and other health care team members may order urine, saliva, or blood tests to ensure that you take your opioids and that they get into your body. In some people, the body does not absorb the opioid well. These tests help show if this is true for you. The tests also check if your urine or blood contains drugs not prescribed for you like “street” drugs and alcohol. The VA does not use these tests for law enforcement or employment purposes. The results of these tests may cause your provider to talk to you about keeping or changing your plan.

IF YOU HAVE TO STOP OPIOID THERAPY

- If your provider stops your opioids because they are not helping you or because of addiction, abuse, or misuse, your provider will offer other forms of treatment for pain or substance use problems.
- If you have to stop your opioids, your provider will try to prevent or control any withdrawal symptoms. This typically, but not always, requires slowly lowering the dose.
- If you have partially used or unneeded opioids remaining from your prescription, your provider or pharmacist will tell you how to properly dispose of them.

PRESCRIPTION DRUG MONITORING PROGRAMS

- For your safety, your provider and pharmacist will monitor when you renew and refill your opioids both within VA and, when allowed or required by law, outside VA.
- Most States have programs that track prescription drugs to identify and address inappropriate or unsafe patterns of controlled drug use.
- VHA will not give your information to a prescription drug monitoring program without your specific consent except when allowed by law.