

What's opioid use disorder?

Opioid use disorder (OUD) is a **medical condition** that can result from opioid use. People with OUD usually have the following four traits:

- They cannot control their opioid use.
- They continue to use opioids even though it harms them.
- They spend a lot of time obtaining and using opioids and recovering from use.
- They have strong cravings to use opioids.

I don't have OUD, I have pain.

If you are taking prescribed opioids for pain, it can be very difficult to know if you have OUD or not. The difference has to do with the way **tolerance** develops. When someone without OUD is using opioids for chronic pain, they are usually able to get the same amount of relief from the same dose for many weeks or months. However, a person who has OUD will find that they must **increase or alter their dose (like crushing or biting tablets) in order to get the same amount of relief**. People who develop OUD while taking opioids for pain **usually don't know that their use has become problematic** – instead, they might think that their pain condition has gotten worse, or that the opioids just don't work as well as they used to.

If I switch to buprenorphine or taper, will I no longer have OUD?

If you switch to buprenorphine or taper, it is very likely that you will start to feel better. However, these options are **not cures for OUD**. Often, people with OUD have been using opioids to help them cope with difficult things in their life, such as stress, anxiety, or traumatic memories, and changing your opioid use will not make these challenges go away. Other things you can do include getting **counselling**, having regular visits with your **primary care provider**, connecting with **family and friends**, getting **exercise**, and finding ways to **take care of yourself**. If this feels overwhelming, try to remember that you don't have to do everything all at once. Just take it one day at a time.

How can I learn more?

If you have any questions about opioid use disorder and chronic pain, you should speak to your doctor, nurse, or counsellor. You can also find more information and resources on the META:PHI website.

<http://www.metaphi.ca/patient-resources>



Chronic Pain and Opioid Use Disorder

Chronic pain can affect a person's life in many ways. It can make it harder for us to get around, exercise, get our work done, and do things we enjoy. When our pain is especially bad, it can affect our mood and make us feel anxious, depressed, or angry.

People who suffer from chronic pain are often prescribed opioids, which sometimes provide relief without causing problems. However, people can get **addicted** to opioids. When this happens, the opioids are no longer helping but actually making things worse.


This pamphlet contains information about the relationship between opioid use disorder (OUD) and chronic pain and how to manage these conditions when they happen together.

You're saying my pain isn't real?

Having OUD **does not mean** that your pain isn't real. It's very common for people who become addicted to opioids to have a diagnosed pain condition. But because you have OUD as well, continuing to use opioids is making your pain worse.

How could my pain medication be making my pain worse?

Many opioids only last for a few hours. If you don't take more immediately when they wear off, you go through **withdrawal**, which makes your pain much worse.

 Withdrawal causes achy joints and muscles, an upset stomach, goosebumps, and intense anxiety and irritability. In addition, experiencing these symptoms every few hours can also cause frustration, anxiety, and depression, which can also make pain more intense.

Why did I develop OUD?

There are many reasons why one person might develop OUD while another doesn't. People who have experienced **trauma** are at greater risk for addiction, as are people with a **family history** of addiction. It is very important to remember that **OUD is not related to your character, will power, or morals, and has nothing to do with the kind of person you are.**

What do I do?

There are two main options for treating OUD:

1. Switching from your current opioid to buprenorphine.
2. Tapering your current opioid.

Buprenorphine is an opioid medication, but it's different from other opioids in that it is **slow-acting and long-lasting**, relieving opioid cravings and withdrawal symptoms for a full 24 hours **without making you feel high**. Because it lasts for a long time, you only have to take it once a day, meaning that you won't experience withdrawal every few hours like with shorter-acting opioids.



Tapering is another option for people who have developed OUD from prescription opioids. An opioid taper means decreasing the amount you take **slowly and gradually**. This gives your body time to adjust to each decrease and prevents you from going through bad withdrawal. This can usually be done over as long a period of time as you need to feel comfortable.

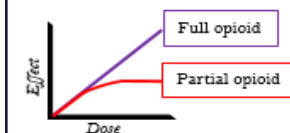
The idea of switching or tapering your opioid medication may be very scary at first, but many people find that these options make them **feel and function much better**. Your health care provider will help you decide which option would be best for you and monitor you throughout the process to make sure that the treatment plan is helping you.

If opioids are bad for me, shouldn't I stop taking them?

If you have been taking a high opioid dose every day for more than a few months, it's **very dangerous** to just stop taking them. When you stop taking opioids, your tolerance decreases within just a couple of days. Symptoms of opioid withdrawal can last for up to a week, and if you decide to start your medication again in order to relieve these symptoms, you are at **high risk of overdose**. It is **much safer** to either switch to buprenorphine or taper your opioid slowly.

Isn't buprenorphine just another addiction?

Buprenorphine is different from other opioids in that it is a **partial opioid**. While full opioids (like morphine, heroin, or methadone) **increase in effect** as the



dose increases, partial opioids have a **ceiling effect**: once a certain dose

is reached, further dose increases don't have a bigger effect. Buprenorphine also works very slowly, so it doesn't have the same euphoric effect as other opioids. Taking buprenorphine should make you **feel and function better** than taking your usual opioid.