

CHRONIC PAIN AND OPIOID USE DISORDER

Chronic pain can affect a person's life in many ways. It can make it harder to get around, exercise, get work done, and accomplish daily tasks. Pain can also affect mood, making people feel anxious, depressed, or angry.

People who suffer from chronic pain are sometimes prescribed opioids, which can provide relief without causing problems. However, people can get addicted to opioids. When this happens, the opioids are no longer doing what they're supposed to be doing, and people can get stuck in a cycle of use, withdrawal, and increased pain. This handout contains information about the relationship between opioid use disorder (OUD) and chronic pain and how to manage these conditions when they happen together.



SIGNS OF OUD: THE 4 CS

- **CRAVING**
- **CONTROL** of amount or frequency of use
- **COMPULSION** to use
- Use despite **CONSEQUENCES**

HOW OUD DEVELOPS

It can be very difficult to tell whether someone taking prescribed opioids for pain has developed OUD or not. Some of the signs of OUD include feeling high or buzzed after taking medication, taking medication in a different way (like crushing or biting tablets), taking medication for reasons other than pain (like due to stress or anxiety), taking a higher dose of medication than prescribed, or taking medication more often than prescribed. 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 someone isn't feeling enough relief from their medication, they might start trying to get other opioids from other sources. This can lead to toxicity and other harms from contaminated street opioids.

Once someone has become dependent on opioids, they go through withdrawal every few hours as the medication wears off, which makes pain much worse. When this happens, people experience intense pain and nausea, goosebumps, and severe anxiety and irritability. Experiencing these symptoms every few hours can also cause fear, anxiety, and depression, which can also make pain more intense. As this cycle continues, people can start feeling desperate.

WHY OUD DEVELOPS

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. Social factors like poverty can also play a role. **It's 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.**

YOUR OPTIONS

People who have developed OUD from prescription opioids have two main options:

1. Switching from your current opioid to opioid agonist therapy (OAT).
2. Tapering your current opioid.



OAT is a way of treating OUD by using a long-acting opioid medication (usually buprenorphine, methadone, or slow-release oral morphine), which relieve opioid cravings and withdrawal symptoms for a full 24 hours. 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. The length of time you spend on OAT depends on many things—some people may stay on it for months or years.

www.metaphi.ca/wp-content/uploads/OATDecisionAid.pdf

Tapering is another option for people who have developed OUD from prescription opioids. When you decrease the amount of opioid you take slowly and gradually, this gives your body time to adjust to each decrease and prevents you from going through severe withdrawal. This can usually be done over as many weeks or months as you need.

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 in the long run. Your health care provider will support you to decide which option would be best for you and monitor you throughout the process to make sure that the plan is helping you. They will also work with you to find other ways to manage your chronic pain, like non-opioid medications or physiotherapy.

DON'T GO COLD TURKEY!

If you have been taking a high dose of opioids every day for more than a few months, it can be dangerous to just stop taking them. When you stop taking opioids, your tolerance decreases very quickly (hours or days). **Symptoms of opioid withdrawal can last for weeks or longer (depending on how long and how much you've been using), and you are at very high risk of relapse or toxicity if you use opioids, especially street opioids, to relieve these symptoms.** It is much safer to either switch to OAT or taper your opioid slowly.



WHAT HAPPENS NEXT?

Switching to OAT or tapering your opioid are important steps towards making a change. However, these options aren't 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 health care provider, connecting with others, 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 health care provider. You can also find more information and resources on the META:PHI website.