

General Information about Opioids

What are opioids?

Opioids are drugs that block pain signals to the brain and have very serious side effects. Commonly prescribed opioids include hydrocodone, oxycodone, codeine, morphine, and fentanyl. Heroin is also an opioid.

Opioids are not made for long-term use; the more you use them, the more your body builds a tolerance. You will have the same level of pain but need more opioids – increasing your chances of overdose or addiction. Long-term use of opioids can be appropriate for some patients receiving active cancer treatment, palliative care, and/or end-of-life care.

What are the dangers of opioids?

- Opioid medications are addictive
- Overdose on opioids can happen by accident
- Opioids can cause significant side effects including constipation, nausea, vomiting, dry mouth, sleepiness, dizziness, confusion, and increased sensitivity to pain
- Overdosing on opioids may result in death

What are the alternatives for pain management?

- Physical therapy and exercises
- Behavioral therapy including relaxation techniques
- Non-opioid pain relievers such as acetaminophen (Tylenol), ibuprofen (Advil), or naproxen (Aleve)
- Certain antidepressants and anti-seizure medications

How do I take opioids?

- Start low and go slow – your prescriber should give you the lowest dose for the shortest amount of time possible
- Never take opioids in greater amounts or more often than prescribed – otherwise addiction or overdose become more likely
- Do not share your prescription medications with anyone. It is both illegal and unsafe.
- Avoid taking opioids with alcohol. Mixing can increase your risk of overdose.
- Avoid mixing opioids with the following medications when possible (unless otherwise advised by your prescriber):
 - Sedatives or tranquilizers including benzodiazepines (i.e., Xanax and Valium)
 - Muscle relaxants (i.e., Soma or Flexeril)
 - Sleeping pills or hypnotics (i.e., Ambien or Lunesta)
 - Other prescription opioid pain relievers
- There may be circumstances where prescribing opioids with these medications are necessary and acceptable. Your prescriber may use urine drug tests and check your prescription history to help make prescribing decisions that ensure your safety.

- Follow up regularly with your healthcare professional to monitor how the medication is working, side effects, or signs of opioid use disorder (like addiction).
- If you are taking opioids for an extended period of time, you should taper – with the guidance of your healthcare professional – as your pain subsides until you are off opioids completely. If you are taking high doses or long-term opioids, consider having naloxone on hand.

What can providers do?

Long-term opioid use has uncertain benefits but known, serious risk. Opioids should not be used as first-line treatment of pain. Chronic pain should be treated with non-opioid therapies excluding active cancer, palliative, and end-of-life care. Identify and address co-existing mental health conditions. Use first-line medication options preferentially and use disease-specific treatments when available. To the extent possible, use non-opioid therapies including:

- Rehabilitative services and physical therapy
- Cognitive behavioral therapy and relaxation techniques
- Exercise and strength training
- Non-opioid medications: acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDs), serotonin, and norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs)

If in immediate crisis, call 911 or go to the emergency room.

If you are seeking help, please visit “RESOURCES – WHERE TO FIND HELP” on the Metro Public Health Department website (link below).

[Nashville > Health Department > Drug Overdose Information](#)