



Opioids



The use of opioids, prescribed for severe or chronic pain, carries both benefits and risks for patients. It is critical for doctors and patients to carefully assess effectiveness and recognize signs of misuse.

Q: What are opioids?

Opioids are a class of drugs found in the opium poppy plant that can be found in prescription medication (e.g., pain killers such as morphine, oxycodone, hydrocodone, fentanyl) or street drugs (e.g., heroin.)

Opioids are highly addictive, and their misuse has become a well-known public

health crisis throughout the United States: each year thousands of people die from opioid overdose.

Q: When are opioids prescribed, and for how long?

Spinal cord injuries can cause an array of secondary health conditions, including chronic pain. Doctors might prescribe opioids for severe pain that has lasted for more than three months and has not responded to any other non-opioid treatments, including physical therapy.

A low dose of opioids may be prescribed for no more than three months if the outcome lowers pain levels *and* improves the ability to perform daily tasks.

Opioids should always be prescribed at the lowest possible effective dose. Higher doses, which increase the risk of misuse or overdose, have not been proven to reduce pain over the long-term.

Q: What are the Centers for Disease Control and Prevention (CDC) recommendations on treating pain with opioids?

The CDC Clinical Practice Guidelines for Prescribing Opioids for Pain(https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w), updated in 2022, are designed to help doctors manage opioid treatment for adults with short and long-term pain using a patient-centered approach. (The guidelines exclude pain management for sickle cell disease, cancer-related pain treatment, palliative care and end-of-life care.)

Recommendations include:

- Before prescribing opioids for subacute or chronic pain, clinicians and health care providers should maximize the use of non-opioid medications (such as ibuprofen and acetaminophen) along with non-pharmacological treatments including physical therapy, exercise, meditation, massage, and acupuncture.
- If opioids are needed, clinicians should prescribe the lowest effective dose for the shortest amount of time. Patients should also be advised to take “only as needed” rather than on a set schedule (e.g., one tablet every 4 hours) to prevent long-term opioid use.
- Doctors should discuss with patients the realistic benefits and known risks of opioid therapy before beginning treatment. If opioid therapy is initiated, there should be a plan to monitor measurable treatment goals; an exit strategy should be in place in case opioid treatment is ineffective.
- If benefits do not outweigh risks of continued opioid therapy, clinicians should work closely with patients to gradually taper to lower dosages or taper and discontinue opioids. Unless there are signs of impending overdose (e.g., confusion, sedation or slurred speech,) opioid therapy should not be abruptly

discontinued or have dosage rapidly reduced.

Q: What should people with spinal cord injuries know about opioid use?

People with spinal cord injuries have an increased risk of experiencing the side effects of opioids, including drowsiness, sleep-disordered breathing, constipation, and confusion.

If an opioid prescription is recommended, carefully follow the doctor’s instructions, monitor side effects, and be aware of signs and symptoms of misuse. People can, and do, overdose from misuse of opioid prescriptions.

Q: What is an opioid use disorder?

Opioid misuse can lead to a chronic medical condition called opioid use disorder. Individuals who develop this condition, either from the misuse of street drugs or medical prescriptions, experience physical dependence and loss of control over their opioid use.

Q: What are the symptoms for opioid use disorder?

Symptoms include cravings and an inability to control use; drowsiness; sleep disruption; flu-like

symptoms; decreased libido; loss of interest in activities and hobbies; isolation from family and friends; diminished hygiene; and new financial difficulties. Withdrawal symptoms may include muscle and bone pain, diarrhea and vomiting, and severe cravings.

Q: Where can I seek help for an opioid use disorder?

Medications and behavioral therapies are used to treat opioid use disorders.

Visit the Substance Abuse and Mental Health Services Administration (SAMHSA) website to search program and facility treatment options (<https://www.findtreatment.gov/>) by zip code or through state agencies (<https://findtreatment.samhsa.gov/locator/stateagencies.html#.Y0WX4HbMI2w>), or call its toll-free help line at 1-800-662-HELP (4357.)

Q: What are non-opioid options for treating chronic pain?

A range of physical and behavioral therapies, and non-opioid medications, are used to treat musculoskeletal, abdominal, and neuropathic pain frequently associated with spinal cord injury. Exercise programs, stretching, acupuncture, therapeutic massage, and transcutaneous electrical nerve stimulation can help relieve musculoskeletal pain. Modifying daily tasks, such as manual wheelchair use and transfer techniques,

can also help decrease pain. Antiseizure medications may be used to treat neuropathic pain. Relaxation techniques and psychotherapy may be used in combination with physical treatments to manage long-term pain.

Sources: Johns Hopkins Medicine, Model Systems Knowledge Translation Center, Centers for Disease Control and Prevention, National Institutes of Health.

Need to talk to someone?

Our Information Specialists are available to answer your questions.

Call toll-free 1-800-539-7309 Mon-Fri, 9 am-8 pm EST.

Schedule a call or ask a question online at <https://www.ChristopherReeve.org/Ask>

Resources for Opioids:

Addiction.com: Living with Disability Increases Risk of Substance Abuse

<https://www.addiction.com/3007/living-disability-increases-risk-substance-abuse/>

An estimated 50 million Americans live with some type of disability, including those born with a mental or physical impairment. Whether a disability stems from an accident or a medical condition, it often has serious and negative impacts on a person's well-being. Some people use drugs and alcohol to numb their disability's physical and emotional pain, while others use substances to avoid boredom.

In fact, individuals with disabilities have a substance abuse rate two-four times that of the non-disabled population, according to the Department of Health and Human Services.

Addictions and Recovery: Opioids—Addiction, Withdrawal and Recovery

www.addictionsandrecovery.org/opioid-opiate-recovery.htm

Allied Against Opioid Abuse

<https://againstopioidabuse.org>

Email: info@againstopioidabuse.org

A national education and awareness initiative to help prevent abuse and misuse of prescription opioids.

Brandeis University: briefs on opioid use

<http://heller.brandeis.edu/ibh/research/inroads/publications-issue-briefs.html>

-The Intersection between Traumatic Brain Injury and Opioid Use Disorder

-Opioid Use Disorder and People with Disabilities—Fact Sheet—Medication Treatment

-Peer Support for People with Substance Use Disorder

CDC Clinical Practice Guidelines for Prescribing Opioids for Pain

https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w

Drug Rehab.com

www.drugrehab.com

Provides information on addiction for teens, military personnel, and seniors.

Everyday Health: How to Prevent Opioid Dependence

www.everydayhealth.com/opioids/how-prevent-opioid-dependence

Hospital for Special Surgery: Patient Guide to Opioid Tapering

https://www.hss.edu/conditions_patient-guide-opioid-tapering.asp

Mayo Clinic: How Opioid Addiction Occurs

<https://www.mayoclinic.org/diseases-conditions/prescription-drug-abuse/in-depth/how-opioid-addiction-occurs/art-20360372>

Even short-term opioid use can lead addiction and overdose. Short-term pain relief can lead to life-threatening problems.

MedlinePlus.gov: Opioid Abuse and Addiction

<https://medlineplus.gov/opioidabuseandaddiction.html>

Model Systems Knowledge Translation Center: Opioids and Your Health

<https://msktc.org/sites/default/files/SCI-OpioidsYourHealthFS-508.pdf>

Model Systems Knowledge Translation Center: Pain After SCI

<https://msktc.org/sci/factsheets/pain-after-spinal-cord-injury>

National Institutes of Health: National Institute on Drug Abuse: Easy to Read Drug Facts--Treatment and Recovery

<https://easyread.drugabuse.gov/content/treatment-and-recovery>

National Institutes of Health: National Institute on Drug Abuse: Opioids

<https://www.drugabuse.gov/drugs-abuse/opioids>

National Institutes of Health: National Institute on Drug Abuse: Prescription Opioid Facts

<https://nida.nih.gov/publications/drugfacts/prescription-opioids>

Substance Abuse and Mental Health Services Administration (SAMHSA)

<https://www.samhsa.gov>

Is a government agency leading public health efforts to reduce the impact of substance abuse and mental illness on America's communities. Its **National Helpline, 1-800-662-HELP (4357)** provides referrals to local treatment facilities, support groups, and community-based organizations for individuals and families facing mental and/or substance use disorders. It's confidential, free, and available 24-hour-a-day, 365-day-a-year in English and Spanish. Callers can order free publications and other information. If you have no insurance or are underinsured, SAMHSA will refer you to state-funded treatment programs and/or facilities that accept Medicare or Medicaid or charge on a sliding fee scale. If you have health insurance, you are encouraged to contact your insurer for a list of participating healthcare providers and facilities. See <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742> for information on an Opioid Overdose Prevention Toolkit.

Sunrise House: Evaluating an Individual's Treatment Needs--Substance Abuse Among

the Physically Disabled

<https://sunrisehouse.com/addiction-demographics/physically-disabled/>

Substance abuse can be found among all groups of people. However, regarding people with disabilities, there may be special circumstances in abuse of a drug related to their disability, especially if chronic pain is involved. These circumstances require special consideration from anyone looking to treat one of these individuals for a substance use disorder.

U.S. Dept of Health and Human Services: Help, Resources and Information--National Opioid Crisis

<https://www.hhs.gov/opioids/>

<https://www.hhs.gov/opioids/prevention/index.html>

WebMD: Painkillers and Opioid Use Disorder

<https://www.webmd.com/mental-health/addiction/painkillers-and-addiction-narcotic-abuse#1>

What's Up with Opioids

<https://www.whatsupwithopioids.org/>

Blogs

Christopher & Dana Reeve Foundation: Individuals with Disabilities and the Opioid Epidemic by Brittany Branard 3/15/19

<https://www.christopherreeve.org/blog/daily-dose/individuals-with-disabilities-and-the-opioid-epidemic>

Christopher & Dana Reeve Foundation: Opioids Part 2 Treatment and Withdrawal by Brittany Branard 3/19/19

<https://www.christopherreeve.org/blog/daily-dose/opioids-part-two-treatment-and-withdrawal>

The Christopher & Dana Reeve Foundation also has a fact sheet on general substance abuse:

<https://s3.amazonaws.com/reeve-assets-production/Substance-Abuse-and-Disability-2-21.pdf>

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