



## Chronic Pain and Opioids

### Introduction

Welcome to the Chronic Pain and Opioids session of the *Living in Balance* program. This session focuses on issues related to managing chronic pain among people who have substance use disorders. It includes useful information on the effects of chronic pain on your well-being and how to work with health professionals regarding treatment options for chronic pain. It also includes information about the use of opioids for intense pain episodes for people in recovery.

### *What is in this session?*

This session has four major parts: (1) The Effects of Chronic Pain, (2) Work with Health Professionals, (3) Chronic Pain Treatment Options for People in Recovery, and (4) Opioids, Pain, and Recovery.

- ✓ After participating in part 1, you will be able to
  - describe ways in which chronic pain and addiction are both processes.
  - describe the stress response caused by pain.
  - understand the pain-addiction cycle.
- ✓ After participating in part 2, you will be able to
  - rate your pain.
  - describe ways in which you deal with your pain.



### **SESSION 35 HAS FOUR MAJOR PARTS:**

1. The Effects of Chronic Pain
2. Work with Health Professionals
3. Chronic Pain Treatment Options for People in Recovery
4. Opioids, Pain, and Recovery

- describe ways in which chronic pain harms your psychosocial well-being.
  - understand the importance of openly speaking with your health care provider.
  - describe ways in which you can put your pain recovery plan into action.
- ✓ After participating in part 3, you will be able to
- describe how physical therapy and exercise are important parts of your pain treatment approach.
  - understand how cognitive-behavioral therapy can be an important part of your pain treatment.
  - describe how nonopioid pain medications and clinical hypnosis can be important parts of your pain treatment approach.
  - discuss why multiple-component treatment approaches to pain management are better than single-component treatment approaches.
- ✓ After participating in part 4, you will be able to
- describe situations when it is appropriate for people with substance use disorders and chronic pain to use opioids.
  - describe the risks associated with using opioids among people with substance use disorders and chronic pain.
  - describe how medication-assisted treatment (MAT) plans can be adjusted to manage pain.
  - describe opioid treatment agreements and how they are important for people with substance use disorders who are using opioids for certain circumstances.
  - describe how to prepare for intense pain episodes and to work closely with your health care provider to strengthen your relapse prevention.

***What will be asked of you?***

You will be asked to rate your pain, closely examine your experience with chronic pain, and explore ways in which pain has affected your biological, psychological, and social well-being. You will review ways in which you can work with your health care provider and examine specific treatment options for chronic pain. You will be asked to explore issues related to taking opioid medications for intense pain episodes while not harming your recovery from a substance use disorder. This will take patience and courage. The result of your efforts will be an increased understanding about ways in which you can better manage your chronic pain while strengthening your recovery. This understanding can help you to improve your overall well-being.

***Review the glossary***

Before you get started, you may find it useful to review important words and their definitions in the glossary located at the end of this session:

Acute pain	Opioid treatment agreement
Biopsychosocial processes	Stress response
Chronic pain	Tolerance
Intense pain episode	

**Part 1: The Effects of Chronic Pain**

You learned from previous sessions that addiction, treatment, and recovery—and relapse—are all biopsychosocial processes. That is, they all involve biological, psychological, and social factors. They all change over time. In much the same way, chronic pain is a process that can affect your biological, psychological, and social well-being and that will change over time.

**LEARNER OBJECTIVES FOR PART 1:**

You will

- describe ways in which chronic pain and addiction are both processes.
- describe the stress response caused by pain.
- understand the pain-addiction cycle.

**Although chronic pain is often not completely eliminated, chronic pain can be managed.**

*Chronic pain* is generally considered pain that lasts longer than six months. Chronic pain can be mild or intense. It can occur in episodes or it can be continuous. Chronic pain can range from inconvenient to completely incapacitating.

You may be surprised to learn that chronic pain is relatively common among the general public and among people with substance use disorders. Although chronic pain is often not completely eliminated, chronic pain can be managed. People with chronic pain do not need to suffer. However, for people who have both chronic pain and substance use problems, managing chronic pain can be somewhat more complicated.

However—and *this is important*—when you learn to manage your chronic pain, you can experience biopsychosocial well-being and a successful recovery. You can do this!

### **Pain and Addiction Are Processes**

As stated earlier, addiction, treatment, recovery, and relapse are all processes. They are not simply on or off. Rather, they have stages, such as early and late stages, and they change over time. For example, addiction can be severe or moderate, and recovery can be strong or weak.

Similarly, chronic pain and addiction are processes. Sometimes they are intense, and sometimes they are less intense. Their intensity level will change over time and under different circumstances.

Treatment for one condition can sometimes help and sometimes hurt the treatment for the other condition. For example, certain pain medications can be very helpful for most people with chronic pain. But the same medications can be harmful for people who have a substance use disorder if they are misused, overused, or used in the wrong combination.



**EXERCISE 1**

*Please answer the following questions:*

1. How has your addiction been a process rather than a single event?

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2. How has your chronic pain been a process rather than a single event?

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**Both chronic pain and addiction need an integrated treatment approach that specifically addresses both issues.**

### **Other Similarities between Chronic Pain and Addiction**

Chronic pain and addiction have other common features. They both are affected by and in turn have an effect on your central nervous system. They are both influenced by your genetics and environment. They both have strong effects on your behavior. Both of them can cause serious consequences if left untreated. Finally, both chronic pain and addiction need an integrated treatment approach that specifically addresses both issues.

### **Pain and Your Health**

Chronic pain is not harmless. It can have a strong effect on your health. Pain causes signals from your brain to trigger the stress response. The *stress response* (or fight-or-flight response) is a short-term physical reaction that typically includes

- rapid heart rate.
- rapid breathing.
- sweating.
- becoming pale or flush or both.
- a boost of energy.

This stress response could be helpful if you were in danger and needed to take quick action. For instance, if you saw a car coming toward you, the fight-or-flight response would give you the energy to run out of the way.

However, with chronic pain, you can experience the stress response over and over. This can cause your body to be over-stressed. You will likely feel exhausted. You are also likely to experience sleeplessness, anxiety, and depression. These in turn can cause more pain.



## EXERCISE 2

Please answer the following questions. Questions may have multiple answers.

1. When you experience a stress response or fight-or-flight response, what specific symptoms do you experience?
  - Rapid heart rate
  - Rapid breathing
  - Sweating
  - Flushing or becoming pale
  - A boost of energy
  - Other: \_\_\_\_\_
  
2. After experiencing the stress response over and over, you are most likely to feel which of the following:
  - Energetic
  - Sleepy
  - Ambitious
  - Insomnia
  - Anxious
  - Depressed
  - Irritable
  - Other: \_\_\_\_\_

### The Pain-Addiction Cycle

When people experience untreated chronic pain, followed by stress and exhaustion (possibly with sleeplessness, anxiety, and depression), they may turn to alcohol or other drugs to attempt to numb the pain, but this doesn't address the source of the pain and only makes the problem worse by putting their physical health and their recovery at risk.

Many prescribed medications (such as opioids and benzodiazepines) and nonprescribed substances (such as opioids and alcohol) can reduce pain and anxiety. But over time, you can develop *tolerance* (your body needs more of the substance to have the same effect). This often leads a person to take the substance more often.

Unfortunately, doing so can lead to physical dependence. In addition, you can experience withdrawal symptoms when you don't take the substance. What happens then? More pain! This cycle—seeking pain relief, experiencing relief, and then having the pain come back—is hard to break for people who don't have substance use problems. It is even harder for people with a substance use disorder. But there is help. You don't need to suffer.



## Part 2: Work with Health Professionals

An important first step is to speak with your health care providers about your chronic pain. They may be able to identify what is causing your pain. They can help you to find pain-management strategies that work for you and help relieve your suffering. Health professionals can include pain specialists, primary physicians, nurses, psychologists, and addiction treatment counselors.

If you are in treatment now, you can ask for help with a pain specialist. Since you may have a team of health professionals helping you, ask for someone who will be the point person for your chronic pain treatment.

One of the first things a pain specialist will do is to conduct a pain assessment. A pain assessment is basically a series of questions about your pain, the severity of your pain, and the consequences of your pain. The next several pages and exercises will illustrate the types of questions you may be asked in a pain assessment. You should save your answers to these exercises and give them to a pain specialist or health care provider.



### LEARNER OBJECTIVES FOR PART 2:

You will

- rate your pain.
- describe ways in which you deal with your pain.
- describe ways in which chronic pain harms your psychosocial well-being.
- understand the importance of openly speaking with your health care provider.
- describe ways in which you can put your pain recovery plan into action.



### Rate Your Pain

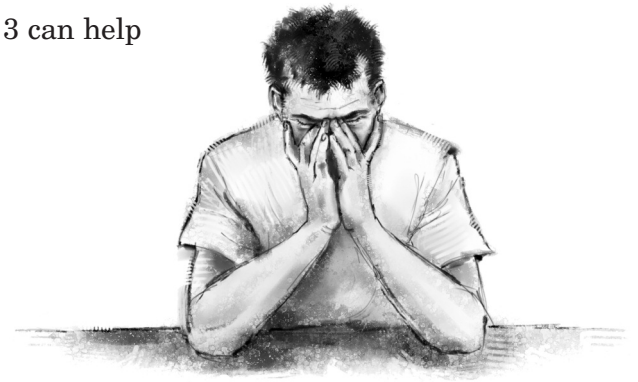
Remember that pain and addiction are biopsychosocial processes. In other words, pain has an effect on your biological, psychological, and social well-being. To help your health professional help you with your chronic pain, you need to learn about your pain—and how your pain affects you. For this reason, your health care professional may ask you several questions about your biopsychosocial well-being. The questionnaire in exercise 3 can help you think about and rate your pain.

**Pain has an effect on your biological, psychological, and social well-being.**



### EXERCISE 3

*Please answer the following questions:*



1. When and how did your pain begin?

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2. Check the word or words that most accurately describe your pain on a typical day:

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|-----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Stinging | <input type="checkbox"/> Sharp     | <input type="checkbox"/> Shooting  |
| <input type="checkbox"/> Aching   | <input type="checkbox"/> Dull      | <input type="checkbox"/> Tingling  |
| <input type="checkbox"/> Shocking | <input type="checkbox"/> Throbbing | <input type="checkbox"/> Radiating |

3. On a scale of 0 to 10, how is your pain on an average day?

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4. On a scale of 0 to 10, how is your pain right now?

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5. Which of the following three statements most accurately describes your pain?

- My pain comes and goes.
- My pain is always there, but sometimes it gets a lot worse.
- My pain remains the same, and I don't have pain-free periods.

### How You Deal with Your Pain

When you speak with your health care provider, it is important to describe in detail how pain has affected your life. For instance, it is important to describe things that have made your pain better or worse. It is important to describe ways in which you have tried to reduce your pain and what has worked. These can be important clues for your health care provider to help you.



### EXERCISE 4

*Please answer the following questions:*

1. When and how did your pain begin?

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2. On a scale of 0 to 10, how well are you able to manage your pain?

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3. What are some of the things in your life that make your pain worse?

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4. What are some of the things in your life that make your pain less intense?

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5. What have you done to manage your pain?

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6. Of the things that you have done, which have helped the most?

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**Pain and Psychosocial Issues**

Chronic pain can have a serious effect on your psychological and social well-being. Pain can dramatically affect your mood and feelings. It can harm your ability to get healthy sleep, eat properly, or have normal sexual relations. It can interfere with your relationships with family, friends, and coworkers. Importantly, you may stop doing certain things that you like because of chronic pain.



**EXERCISE 5**

*Please answer the following questions:*

1. How would you describe your mood?

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2. Does pain affect your sleep, appetite, or sex life?

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3. Does pain interfere with your relationships with other people?

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**Mental health disorders, such as anxiety or depression, can worsen your pain.**

4. Are there certain things that you have stopped doing because of pain? If so, please describe them.

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5. What would you like to do but cannot because of pain?

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### **Pain and Psychological Issues**

Chronic pain can have a strong effect on your mental and emotional health. Mental health disorders, such as anxiety or depression, can worsen your pain. Recent or prior incidents, such as physical, sexual, or emotional abuse or trauma, can cause or worsen pain. Obviously, injury, such as traumatic brain injury, can lead to or worsen pain.



### **EXERCISE 6**

*Please answer the following questions:*

1. Have you been treated for anxiety, depression, or some other mental health disorder?

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2. Do you have a history of physical, sexual, or emotional abuse or trauma?

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3. Have you ever seriously hurt your head or experienced traumatic brain injury?

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4. Have you been diagnosed with post-traumatic stress disorder (PTSD)?

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5. Do you have a problem sleeping?

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### Addiction and Recovery Issues

It is important that your care providers understand your alcohol and other drug use history and how you are doing in recovery. It is also important for them to understand *what* you are doing as part of your recovery plan. This information helps them to develop a pain management plan that fits well with your recovery plan.

Make certain to mention whether your recovery includes the help of medications, such as methadone, buprenorphine, or naltrexone. These medications can affect how pain medications work for you. Your doctor is required by law to keep this information confidential.



#### EXERCISE 7

*Please answer the following questions:*

1. What is your primary addictive substance?

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2. What are your secondary addictive substances?

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3. Please describe your family's history of substance use disorders.

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4. When is the last time you used alcohol or other drugs?  
What substance(s) did you use?

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5. What over-the-counter medications are you taking?

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6. Do you attend recovery groups? Please describe.

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7. Do you have a sponsor and abstinent friends?

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**An important first step  
is to work with your  
health care provider to  
develop your pain treat-  
ment plan—together.**

## **Understand Your Pain Treatment Options**

When you are in pain, it can be hard to understand and remember what your health care provider tells you in the medical office. So it's okay to ask for instructions in writing or to write down the instructions yourself. It can be very helpful to have a family member join you at the appointment to help remember the health care professional's instructions. The family member can write down information for you.

Before your appointment, write down any questions that you have. It is your treatment, so you should ask questions to make sure you really understand what the health care professional suggests. What kind of questions should you ask? Here are a few examples:

- What exactly is my diagnosis?
- What types of treatments are available?
- What types of treatments do not involve mood-altering medications?
- What are the risks and the benefits of these treatments?
- What should I do if I hurt myself and experience serious pain?
- Will these medications and treatments hurt my addiction recovery?
- How will these treatments help my addiction recovery?
- What should I do if I have an addiction relapse?

## **Work Your Pain Treatment Plan**

You know the saying “It works if you work it.” Well, that is also true of your chronic pain treatment plan. An important first step is to work with your health care provider to develop your pain treatment plan—together. Your provider or a specialist will make suggestions, because they know what is effective for most people. Work with him or her to find the treatment options that you feel comfortable with and are likely to do. If they suggest something that you know in your heart you will not do, simply tell them you are uncomfortable with that option and ask for another.

When you and your health care provider develop a pain treatment plan, follow through! For example, your provider may give you the name and contact information for a pain specialist at another clinic. If so, follow through and make that appointment. If your pain specialist gives you a recommendation for an over-the-counter medication and physical therapy, follow through with those recommendations. Don't wait—do it now!

Change can be hard—especially if you try to do it alone. If you find it hard to follow through on your pain treatment plan, get help. Ask a family member or a friend to help you follow through. Ask them for rides to appointments and to accompany you inside. Let them know what you are supposed to do so they can be supportive.

Importantly, remain in contact with your health care providers. If something does not seem to work, make another appointment and share that information. Your providers will have several options for you. Your pain treatment is a process. Your pain treatment plan should be flexible and change over time. You and your health care provider should monitor your pain treatment plan together and make adjustments when needed. To do that, go back for regular checkups. Honestly share what works and what doesn't.



**EXERCISE 8**

*Please answer the following questions:*

1. Based on your past experiences, what are some of the ways in which you might not follow through on a pain treatment plan?

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**If you find it hard to follow through on your pain treatment plan, get help.**

2. How could you increase the likelihood that you will follow through with a pain treatment plan?

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**LEARNER OBJECTIVES FOR PART 3:**

You will

- describe how physical therapy and exercise are important parts of your pain treatment approach.
- understand how cognitive-behavioral therapy can be an important part of your pain treatment.
- describe how nonopioid pain medications and clinical hypnosis can be important parts of your pain treatment approach.
- discuss why multiple-component treatment approaches to pain management are better than single-component treatment approaches.



**Part 3: Chronic Pain Treatment Options for People in Recovery**

Your health care professional or health care team will probably recommend several treatment options at once. The reason for this is simple: Research shows that multiple-component treatment approaches (treatment approaches that have more than one component) are more effective than a single approach. Each component alone can do something to reduce your pain. But when combined, several pain management components working together can stop your suffering, ease your pain, and increase your well-being.

**Physical Exercise**

Physical exercise can help to make you stronger and more flexible with better balance and posture and speedier recovery from injury. Importantly, exercise can help to enhance your general well-being. It can help you feel less depressed or anxious and generally improve your mood. When your anxiety or depression is less intense, your pain is less intense. You notice it less.

Exercise has been shown to alleviate low back pain, neck pain, fibromyalgia, and other painful conditions. Exercise

improves addiction treatment. Your health care provider may recommend specific exercises. If you have not exercised in a while, tell that to your health care professional and ask for a referral to a physical therapist. A physical therapist can teach you how to properly exercise and stretch for a couple of weeks. Then you can continue at a gym or at home.

Although a formal exercise program is best, you can get the benefits of exercise by jogging, walking, and riding a bike. These can help to strengthen your muscles and increase your flexibility. Regular exercise is great for your heart; it decreases your blood pressure, improves your mood, and can help you lose weight. The trick is to simply start doing it. It works if you work it!

**Regular exercise is great for your heart; it decreases your blood pressure, improves your mood, and can help you lose weight.**



**EXERCISE 9**

*Please answer the following questions:*

1. Have you ever exercised on a regular basis? If so, what type of exercise have you done?

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2. Do you have any barriers to regular exercise? If so, what are they? How can you get rid of these barriers?

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### Physical Therapy

Your health care provider may refer you to a physical therapist who can teach you specific exercises that relate to the medical condition causing your pain. He or she can teach you how to do these exercises in a gym or at your home. Also, physical or occupational therapists can teach you how to do normal activities of daily living in ways that are less painful.

Physical therapy is used to improve recovery from many different types of medical conditions. Physical therapists use various hands-on approaches to help patients increase their range of motion, strength, and functioning. They can also provide training in movement and exercise.



#### EXERCISE 10

*Please answer the following questions:*

1. Have you ever been to a physical therapist? If so, in what ways did he or she help you? If not, what are some ways that a physical therapist might help you?

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2. Do you currently experience problems such as not being able to reach or move as much as before, not having as much strength, or not being able to do things as before? If so, what are those problems? What abilities have you lost that you would like to regain?

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## **Cognitive-Behavioral Therapy**

Your health care provider may recommend a certain type of counseling called cognitive-behavioral therapy. It is often provided in small group classes that last several weeks. Cognitive-behavioral therapy has been shown to reduce pain and associated distress, depression, and anxiety. It improves coping, functioning, and sleep. It is also effective in the treatment of substance use disorders.

Cognitive-behavioral therapy can offer you different techniques to help manage pain. For instance, through the therapy, you can gain coping skills to use when you encounter situations that are stressful, are depressing, or make you anxious. You can learn techniques that help you to relax or fall asleep. You can learn to create a plan to manage sudden increases in pain.

Cognitive-behavioral therapists can teach you how to distract yourself from thinking negatively or focusing on your pain. This approach can teach you how to use a problem-solving attitude, which can reduce the feeling of helplessness about pain.

## **Clinical Hypnosis**

Hypnosis is a state of inner concentration and focused attention. Clinical hypnosis can help change your thoughts, feelings, behavior, and physical state. Hypnosis has been used to treat many psychological and medical problems, particularly pain management. Hypnosis can help you sleep better and manage anxiety.

Clinical hypnosis can help you to lower the sensation of pain and decrease the intensity of pain. In turn, hypnosis can help you to experience comfort and safety and enhance your sense of control. Hypnosis has been demonstrated to produce significant decreases in pain associated with a variety of chronic-pain problems.

**Cognitive-behavioral therapy has been shown to reduce pain and associated distress, depression, and anxiety.**



**EXERCISE 11**

*Please answer the following questions:*

1. If you are in addiction treatment now, are you part of any group therapy sessions? If so, those are probably cognitive-behavioral therapy sessions. In what ways have cognitive-behavioral therapy sessions helped you in relation to your substance use disorder?

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2. Using cognitive-behavioral therapy and clinical hypnosis, you can learn a lot of techniques to help you manage your pain. What are some of the issues for which you would like to learn techniques to help manage your pain? (For example, learn how to reduce anxiety or depression, improve sleep, handle stress, cope with difficult situations, or feel less helpless about pain.)

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## Nonopioid Pain Medications

For people in recovery, pain medications that do not change your mood and are not addicting can be a part of a good pain management plan. Luckily, there are several nonopioid pain medications. Different ones are most helpful for specific types of pain. Your health care professional may choose one over another. It is useful to know that these medications can come in different forms, such as pills, creams, and patches.

***Nonsteroidal anti-inflammatory drugs.*** The most common nonopioid pain medications are nonsteroidal anti-inflammatory drugs (NSAIDs) and acetaminophen. You are probably familiar with NSAIDs. These include aspirin, ibuprofen, naproxen, and dozens more. For example, ibuprofen is sold under the names Motrin, Advil, Nuprin, and others; naproxen is sold under the names Aleve, Anaprox, Midol Extended Relief, and many others.

Likewise, aspirin is sold as Bayer Aspirin, Ecotrin, Emprin, and many others. NSAIDs can be used to relieve many different types of pain, especially bone, dental, and inflammatory. However, they can cause stomach bleeding and other medical problems when taken for long periods of time or in high doses.

***Acetaminophen.*** Similarly, acetaminophen is commonly used for the relief of headaches and other minor aches and pains. It is sold under such names as Tylenol, Excedrin, Panadol, and many others. It has pain-killing properties similar to aspirin. Acetaminophen is generally safe for use at recommended doses. However, even small overdoses can be fatal. It is more toxic than other over-the-counter pain relievers when used at higher than recommended doses but may be less toxic when used for prolonged periods at recommended doses.

***Other nonopioid pain medications.*** There are other nonopioid pain medications that your health care professional might recommend. These include serotonin-norepinephrine reuptake inhibitors (SNRIs), which are a class of antidepressant medications but also used to treat migraines, fibromyalgia, and lower back pain. Likewise, tricyclic antidepressants are primarily used

**For people in recovery, pain medications that do not change your mood and are not addicting can be a part of a good pain management plan.**



#### LEARNER OBJECTIVES FOR PART 4:

You will

- describe situations when it is appropriate for people with substance use disorders and chronic pain to use opioids.
- describe the risks associated with using opioids among people with substance use disorders and chronic pain.
- describe how medication-assisted treatment (MAT) plans can be adjusted to manage pain.
- describe opioid treatment agreements and how they are important.
- describe how to prepare for intense pain episodes and to work closely with your health care provider to strengthen your relapse prevention.

to treat depression but are also used to prevent or treat migraines, fibromyalgia, neuropathic pains, and functional bowel disorders.

**Reminder: Multiple-component treatment approaches are best!** As mentioned earlier, your health care professional will probably recommend several treatment options at once. Multiple-component treatment approaches (treatment approaches with more than one method) are more effective than a single approach. Each component alone can do something to reduce your pain. But when combined, several pain management components working together can stop your suffering, ease your pain, and increase your well-being. If your health provider only suggests one approach, ask about adding another to improve your ability to manage chronic pain.



## Part 4: Opioids, Pain, and Recovery

As you probably know, opioids are strong pain-relieving medications that provide relief for many types of pain. However, for people who have a substance use disorder, opioids can lead to abuse, addiction, and relapse. Are opioids appropriate for people who have chronic pain and a substance use disorder? The short answer is “sometimes.” In general, for this group of people, opioids are recommended only if the potential benefits outweigh the risks. In these situations, opioids can be prescribed and used with carefully set limits and boundaries, but only for as long as they are helping.

### Understand the Risks

For people who have a substance use disorder, opioids represent risks to your substance-related recovery and your pain treatment recovery. It is important for you to understand these risks. As you probably know, opioids can lead to dependence, abuse, addiction, and relapse. If you suddenly stop taking opioids, you can experience withdrawal symptoms, which will increase your chronic pain.

Although opioids reduce pain, they only partially reduce pain. Over time, with tolerance, you need more opioid to achieve the same pain-reduction effect. They also have serious side effects, such as drowsiness and confusion, and they cause serious constipation. When taken with certain other medications or drugs, they can cause overdose and death.



**EXERCISE 12**

*Please answer the following questions:*

1. For you, what situation might outweigh the risks of using opioid medication?

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2. What would the benefits be? What would the risks be for you?

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### Medication-Assisted Treatment

If you are receiving medication-assisted treatment (MAT) for opioid addiction, your pain treatment specialist will probably want to speak with your addiction treatment physician. For example, if you are receiving buprenorphine for opioid addiction, your health care professionals may adjust your dose schedule to provide some pain relief in some situations. If you are receiving methadone, they may suggest taking another opioid for a brief period of time. If you are taking naltrexone, opioids will not be effective for pain.



#### EXERCISE 13

*Please answer the following questions:*

1. Are you currently on medication-assisted treatment? If so, what type of MAT?

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2. How comfortable are you speaking with a health care provider about your pain management?

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## Opioid Treatment Agreements

As discussed earlier, opioids are recommended to people with a substance use disorder only when the potential benefits outweigh the risks. As a result, there needs to be a very clear understanding between the health care professional and you as the patient about the use of opioids to help manage your chronic pain. To do that, your health care professional may work with you to develop an opioid treatment agreement.

An opioid treatment agreement is a written agreement that describes what you and your health care provider expect from each other while you are using opioids for pain control. Many pain clinics have clients sign these agreements before beginning therapy.

These agreements will typically explain what your health care provider will do to manage and monitor your pain control. It may spell out the conditions under which you will receive opioid medications. For example, an opioid treatment agreement may explain that you will receive urine drug screening tests on a certain schedule. It may note that you can fill your prescription at only one pharmacy, and it may specifically describe limits to refills. It may describe that there will be pill or patch counts at each visit. It may also state that you give your permission for the health care professional to speak with your other health care providers and family members about your treatment.

Why do you need an opioid treatment agreement? These agreements help to keep you on track and help to keep everything clear and transparent. It helps to keep both you and your health care provider accountable and helps to keep you safe.

**An opioid treatment agreement is a written agreement that describes what you and your health care provider expect from each other while you are using opioids for pain control.**



**EXERCISE 14**

*Please answer the following questions:*

1. If you were developing an opioid treatment agreement, what are some of the things you would want from your health care provider?

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2. If you were developing an opioid treatment agreement, what are some of the things your health care provider would want from you?

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**Stopping Opioid Medications**

Again, opioids are recommended to people with a substance use disorder only when the potential benefits outweigh the risks. Generally, people with chronic pain and substance use disorders will be prescribed opioids for brief periods of time—such as brief periods of intense pain or after an injury. Thus, your health care provider will work with you to stop taking opioids when your

pain has decreased or disappeared, if the medication no longer relieves your pain, if the side effects are not worth the pain relief, and if you start to experience cravings and your recovery is at risk. Do not stop taking opioids alone—it is very important that you work closely with your health care provider to stop.

**Prepare for Intense Pain Episodes**

Many people with chronic pain can experience *acute pain*—pain that is intense but lasts for a brief period of time. You can experience acute pain related to surgery, serious injury, or pain-causing disease. You can prepare for these situations by speaking with your health care provider and developing a plan.

Everyone’s plan for intense pain episodes is different, but they will typically consist of multiple simultaneous approaches. For instance, your health care provider may recommend a certain nonopioid NSAID at a specific dose, a specific exercise approach, and relaxation techniques. Work with your health care provider to develop the plan and keep it where you can easily find it. If you experience an intense pain episode, immediately contact your health care provider. If you are in a situation in which you can predict a possible intense pain episode, such as an upcoming surgery, contact your health care provider prior to the episode.



**If you experience an intense pain episode, immediately contact your health care provider.**



**EXERCISE 15**

*Please answer the following questions:*

1. Based on your experiences, what kinds of intense pain episodes might you experience?

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2. During an intense pain episode, thinking is not necessarily clear. While in pain, you may experience anxiety, anger, exhaustion, and confusion. What can you do now to prepare for an intense pain episode?

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### **Strengthen Your Relapse Prevention**

Sometimes people with chronic pain and a substance use disorder can take opioid medications briefly for intense pain episodes and resume their recovery. Sometimes, it causes problems. If you start experiencing cravings and drug hunger, speak with your health care provider and addiction treatment counselor immediately. You may simply need an adjustment to your pain management plan so that your pain relief is improved and your recovery is ensured.

At the same time, take steps to prevent a full-blown substance-related relapse. Call your sponsor. Go to your Twelve Step meeting. Double down on your chronic pain treatment plan, such as exercise, physical therapy, and cognitive-behavioral therapy. You already have a plan. Now is the time to put your plan into action.





**EXERCISE 16**

*Please answer the following questions:*

1. Describe a situation in the past while in recovery in which you started experiencing cravings for alcohol or other drugs. What caused it? What did you do?

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2. What are the things that you can do when you start noticing that you are experiencing cravings and drug hunger? What can you do to strengthen your relapse prevention?

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### **Session 35 Summary**

In this session you have learned to rate your pain, closely examine your experience with chronic pain, and explore ways in which pain has affected your biological, psychological, and social well-being. You reviewed ways in which you can work with your health care provider and examine specific treatment options for chronic pain. You explored issues related to taking opioid medications for intense pain episodes while not harming your recovery from a substance use disorder. Learning this information has given you an increased understanding about ways in which you can better manage your chronic pain, strengthen your recovery, and improve your overall well-being.



## Session 35 Glossary

**Acute pain** is pain that it is intense but lasts for a brief period of time. You can experience acute pain related to surgery, serious injury, or pain-causing disease.

**Biopsychosocial processes** are processes that involve biological, psychological, and social factors. A process is not a single event; it has various stages and it changes over time.

**Chronic pain** is generally considered pain that lasts longer than six months. Chronic pain can be mild or intense, occurs in episodes or is continuous, and can be inconvenient or completely incapacitating.

**Intense pain episode:** See Acute pain.

**Opioid treatment agreement** is a written agreement that describes what you and your health care provider expect from each other while you are using opioids for pain control.

**Stress response** is a fight-or-flight response that is a physical reaction that generally includes a rapid heart rate, rapid breathing, sweating, becoming pale or flush (or both), and having a boost of energy.

**Tolerance** is a situation in which the same amount of a substance (such as an opioid) taken over an extended period of time has less of an effect (for example, less pain-relief effect).