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## Opioids:

### When you need them - and when you don't.



If you just had surgery or are experiencing a health problem, pain is a natural and expected part of the process. Pain medicines may help you function better and cope with the amount of pain you are experiencing, but will not eliminate it entirely.

Opioids are common pain medicines. They can help if you have bad short-term pain — like pain after surgery for a broken bone. They can also help you manage pain if you have an illness like cancer.

But opioids are strong drugs. And usually they are not the best way to treat long-term pain, such as arthritis, low back pain, or frequent headaches. This kind of pain is called “chronic” pain. Before getting opioids for these problems, you should discuss other options with your health care provider. Here’s why:

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#### **Opioids are prescribed too often.**

Chronic pain is one of the most common reasons people see their health care provider. However, for most types of chronic pain, opioids should only be used as a last resort.

Common opioids include:

- Hydromorphone (Dilaudid®)
- Morphine (Kadian®, M-Eslon®, MS-Contin®, Statex®)
- Codeine (Tylenol No. 3®)
- Oxycodone (OxyNeo®, Percocet®)
- Tramadol (Ralivia®, Tridural®, Zytram®)

Short-term use of these medicines may help. But there is no proof that they work well over time.



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#### **Opioids have serious side effects and risks.**

Over time, the body gets used to opioids and they stop working as well. To get the same relief, you need to take more and more. This is called “tolerance.” Higher doses can cause serious side effects:

- Nausea
- Vomiting
- Itching
- Constipation
- Not being able to urinate (empty your bladder)
- Slowed breathing, which can be deadly
- Confusion and mental disturbance

Opioids can be addictive. Long-term use of opioids can lead to “physical dependence” — if you stop using them abruptly, you will experience withdrawal symptoms, such as strong cravings, sweating, muscle aches and insomnia. People who take opioids long-term can become addicted, sometimes with dangerous results. In 2017, 4000 Canadians died from an opioid overdose.

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## Other pain treatments may work better and have fewer risks.

Pain medicine specialists say that usually you should try other treatments first:

- Over-the-counter medicines:
  - Acetaminophen (Tylenol® and generic)
  - Ibuprofen (Advil®, Motrin IB®, and generic)
  - Naproxen (Aleve® and generic)
- Topical non-steroidal anti-inflammatory drugs (NSAIDs):
  - Heat rubs
- Non-drug treatments:
  - Exercise
  - Physical therapy
  - Spinal manipulation
  - Massage therapy
  - Acupuncture
  - Cognitive behavioural therapy
- Injections (such as steroids)
- Other prescription drugs (ask about risks and side effects):
  - Non-steroidal anti-inflammatory drugs (NSAIDs)
  - Anti-seizure drugs
  - Gabapentinoids
  - Antidepressants
  - Cannabinoids

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## About Choosing Wisely Canada

Choosing Wisely Canada is the national voice for reducing unnecessary tests and treatments in health care. One of its important functions is to help clinicians and patients engage in conversations that lead to smart and effective care choices.

### How this pamphlet was created:

This pamphlet was adapted with permission from a similar pamphlet used in the US Choosing Wisely campaign, organized by the ABIM Foundation. Modifications were made to ensure relevance for a Canadian audience. Canadian reviewer of this pamphlet was Dr. Tania Di Renna, Women's College Hospital, Toronto, ON, Canada.

This pamphlet is for you to use when talking with your health care provider. It is not a substitute for medical advice and treatment. Use of this pamphlet is at your own risk.

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## When should you consider taking opioids?

1. You have cancer with severe pain: Opioids may be the right choice if pain is a bigger concern than the possibility of addiction and the need to keep increasing the dose.
2. You have chronic pain that is not caused by cancer: Only use opioids when the pain is strongest. Your doctor should check you often.
3. If you need around-the-clock pain relief and other treatments are not helping enough: In this case, your health care provider may consider an extended-release opioid like oxycodone, morphine, and hydromorphone. Don't use long-acting drugs simply because it's easier to take fewer pills.

## What should you do if your health care provider prescribes opioids?

- Talk to your health care provider about the possible side effects and risks. Watch for side effects and signs of addiction. These include unusual moodiness or bursts of temper, cravings, and risk-taking.