Your healthcare provider gave you an opioid pain medication to relieve your pain. Opioids are strong medications that provide good pain relief but may cause harm.

**What are the dangers of opioid medications?**

- **Dependence and/or Addiction.** Over time, people taking opioid pain medicines develop tolerance to it. This means that the same dose (amount) of medicine will be less effective to help with pain, even if the side effects, (such as constipation) persist. This tolerance leads to **dependence**, which means that the body feels a need for the medicine. It could possibly lead to **addiction**, which is when this need interferes with daily life. Dependence can develop when the medicine is used as prescribed. Addiction occurs when the medicine is abused.

Using opioids for acute pain has a low risk of addiction, but some patients have higher risk.

This risk is higher in patients who:

- Use opioids for a longer period of time
- Smoke tobacco
- Use or have a history of using alcohol and/or recreational drugs
- Have a history of mental illness

- **Overdose.** Signs of a opioid pain medicine overdose are cold and sweaty skin, confusion, shaking, extreme sleepiness, trouble breathing, and coma.

- **Coma.** Opioids slow down breathing to the point that they can put you in a coma. This means nothing can wake you up.

- **Death.** Many people die from inappropriate use of opioids which is a leading cause for drug related death.

- If you use a CPAP machine for sleep apnea, it is especially important to use it while on an opioid based analgesic.

Pain Management Steering Committee
**What are the guidelines to keep myself and my family safe?**

1. **Be aware of potential Side Effects, when to call your doctor and when to call 911**
   
   Use of opioids may affect your ability to drive, function at work and make important decisions. You are also at a higher risk of falling. Talk with your healthcare provider about activities you need to avoid while taking opioids.

   Prior to taking first dose of medications, read patient counseling information which comes with your prescription provided by the manufacturer. Contact your health care provider if you have any further questions about this.

   Common side effects of opioids are constipation, nausea and vomiting, itching or a rash while on opioids. Tell your healthcare provider if you have any of these symptoms. To prevent constipation, your healthcare provider will also give you medications to help promote bowel movements.

   If you have any of the following symptoms, you may be **taking the wrong dose**. Call your healthcare provider if you have:

   - Intoxicated behavior - confusion, slurred speech, stumbling.
   - Feeling dizzy or faint.
   - Feeling or acting very drowsy or groggy, or nodding off to sleep.
   - Unusual snoring, gasping, or snorting during sleep.
   - Difficulty waking-up from sleep and becoming alert or staying awake.

   If you can’t reach your doctor call the National Poison Hotline at (800) 222-1222.
2. Know the signs of the overdose and discuss them with your family and friends

Family and friends of people who take opioids need to know the signs of an overdose so they can call 911 immediately and give *naloxone if they have it. Discuss the signs and symptoms of an overdose with your family and friends so they can act quickly if you have:

- Trouble breathing such as shortness of breath, slow or light breathing or stopped breathing.
- Slow or unusual heartbeat or stopped heartbeat.
- Inability to be aroused or wakened.
- Inability to talk if awakened.
- Gurgling noises coming from mouth or throat.
- Limp body, that may seem lifeless.
- Pale or clammy face.
- Fingernails or lips turned blue/purple.

* Naloxone is a medication that reverses the effects of a drug overdose. It is available in many pharmacies in Michigan without a prescription. Talk to your health care provider to see if this is relevant for you.

3. Never take an opioid pain medication that is not prescribed to you

Everyone responds differently to pain medications. What is safe for one person may not be safe for another. Government statistics show that many people share their medications and that sharing opioids leads to great harm.

4. Never adjust your own doses

Even after the effects of the opioid seem to have worn off, the medication may still be depressing your breathing so taking more than your doctor instructed may be dangerous. Do not expect opioid medications to remove all pain. If you are still in pain after taking the opioid as your doctor prescribed, talk to them about safer ways to control the pain.
5. **Never mix opioids with alcohol**  
This combination can be dangerous. This is because alcohol increases the harmful effects of opioid pain medication. Most overdose deaths from opioids also involved at least one other drug or alcohol.

6. **Never mix opioids with sleep aids or anti-anxiety medications**  
This is another dangerous combination. Combining pain medications with sleep aids or anti-anxiety medications can increase the toxic effects of the pain medication. Sleep aids and anti-anxiety medications are often found together with opioids in the blood of people who died from opioid pain medicine.

7. **Always tell your healthcare provider about all medications and supplements you are taking from any source**  
Drug interactions may be dangerous. Certain medications and supplements, including over-the-counter products, herbs, supplements or other drugs can react with opioids and either increase or reduce the effect the medication in your body. You can take other medications **only if** the healthcare provider who prescribed your opioid medications directed you to do so.

8. **Create a list** of all prescribed medications, over-the-counter drugs and natural supplements and show it to your pharmacist whenever a medication is added or changed. To do this, write down the names of all prescriptions you need to take longer than 2 weeks. Next to the name note the date the medication was added or changed, the dosage and how often to take it. You can use the Log at: [https://tinyurl.com/yajropqx](https://tinyurl.com/yajropqx) to track your medications.

9. **Keep your medications locked in a safe place**  
Opioid pain prescriptions may be deadly if children, teenagers or other family members, take them by accident. Make sure you keep these medications locked and away from the reach of children, in a dry and cool place. Stolen prescription pain medications that are sold on the street can kill.
10. Dispose of any unused medications

Leftover pain medications make tempting targets for theft. They can also be dangerous if children or pets find them. Many communities offer places for you to drop off unused medications.

- To find a medication disposal site in Michigan visit: http://michigan-open.org/takebackmap/. Type in your location under the map to find locations to dispose of leftover medication.
- To find locations in all US states visit AwareRxE at: https://nabp.pharmacy/initiatives/awarxe/drug-disposal-locator/

If a take-back program is not available in your area visit http://michmed.org/MmA6N to learn how to properly dispose of medications.

In Michigan it is a felony to deliver, distribute or share a controlled substance without a prescription properly issued by a health care prescriber

If you are pregnant or might become pregnant you need to know that taking opioids during pregnancy may lead to serious problems and even permanent harm to the fetus, such as:

- **Neonatal Opioid Withdrawal Syndrome** (NOWS): newborns may suffer withdrawal symptoms (irritability, seizures, vomiting, diarrhea, fever, and poor feeding) right after birth.
- **Neural tube defects**: serious problems in the development (or formation) of the fetus’ brain or spine
- **Congenital heart defects**: problems affecting how the fetus’ heart develops or how it works
- **Gastrochisis**: birth defect of developing baby’s abdomen (belly) or where the intestines stick outside of the body through a hole beside the belly button
- **Stillbirth**: the loss of a pregnancy after 20 or more weeks
- **Preterm delivery**: a birth before 37 weeks.
Adapted from: