

# Controlling your pain with opioids

## Information for patients, relatives and carers

### Introduction

This leaflet provides information about opioids which have been prescribed to help control your pain. If you have any questions about the information below please speak to your GP, doctor, nurse or specialist team (for example, the pain team or palliative care team).

### What are opioids and what are they used for?

Opioids are 'morphine-type' medications, used to treat moderate or severe pain. These include codeine, dihydrocodeine, tramadol, morphine, fentanyl, oxycodone, buprenorphine and diamorphine. Less commonly, hydromorphone, tapentadol or methadone are given. Opioids can be used for a short time after surgery or trauma (acute pain). This type of pain will ease as you heal. The dose will be reduced until you no longer need it.

Opioids can also help with increased pain caused by other conditions. For example, they are effective for cancer pain, where it is common to start at a low dose and gradually increase until the pain is controlled. With cancer pain it is common to use a long acting medicine twice daily.

For chronic non-cancer pain opioids are less effective. It is better to use the smallest dose for the shortest time, ideally only using the medication when you need it, rather than regularly.

When non-cancer pain continues, opioids become less effective. Your pain may need to be managed with other types of medications or alternative methods. Our aim is to manage your pain to help you get on with your life.

### Types of opioids

Opioids come as tablets, liquids and suppositories (medicines for inserting into the rectum / back passage). Some medicines come as skin patches and lozenges (tablets). Injections or subcutaneous infusions may sometime be used by specialist teams such as the pain team or in palliative care. Opioid medicines can be given with paracetamol or anti-inflammatory medicines, if your team suggests it.

Some types of opioids may need to be given together. A long acting medicine is used on a regular basis to control your pain whereas a short acting medicine is used as and when it is needed to treat any additional pain you may be having. If you don't know how to use your medicines, please ask for further advice.

---

## Side effects

It can take a few days to adjust to taking opioids. Please speak to your GP if you experience any side effects.

Common side effects are:

**Drowsiness:** This usually passes within a few days, once you are used to the dose.

**Constipation:** All opioids cause constipation. You should take a laxative (a combination of a softener and a stimulant) throughout your treatment.

**Sickness:** You may feel sick when you first start taking strong opioids. You may need to take an anti-sickness medicine for the first week of treatment. If your sickness does not settle let your GP know.

**Dry mouth:** This can be a problem. It can be helped by sipping liquid frequently or chewing gum.

**Other effects:** These include confusion, hallucinations, slow breathing and feeling tired, dizzy or faint.

## Frequently asked questions

### What should I do if I'm still in pain?

Speak to your GP, doctor or nurse as soon as possible. You may need a referral to a specialist team such as the pain team or palliative care team.

### Will my body get used to opioids?

Opioids can become less effective with time as your body may become used to the medication. This is called tolerance.

### What will happen if I stop my opioids?

If you stop taking the medicines suddenly, you may feel unwell. You can get stomach cramps, diarrhoea and sweating. Contact your GP, doctor or nurse if you have these symptoms. Do not stop taking the medicines without medical advice.

### Will I become addicted to opioids?

This is unlikely to happen when opioids are used to control pain.

### Can I drive if I am taking opioids?

It is illegal to drive if you are unfit to do so because you are on prescription or over-the-counter medicines. The police can stop you and perform a series of tests to check if you are fit to drive.

Talk to your doctor about whether you should drive if you have been prescribed opioids. You can drive when taking opioids if you have been prescribed them, followed advice on how to take them and they are not causing you to be unfit to drive.

When you first start taking opioids, or change your dose, you should not drive until you know how the drug will affect you. Do not drive if you feel unsafe, sleepy, dizzy, have blurred vision, or are unable to concentrate or make decisions. For more information visit:

[www.gov.uk/drug-driving-law](http://www.gov.uk/drug-driving-law)

---

### Can I drink alcohol?

Drinking alcohol will increase the side effects of opioids so it should be avoided. It can make you sleepy and make it hard to focus. Please discuss this with your GP, doctor or nurse.

### Will I be able to work?

When you first start taking opioids it may be harder to think clearly. Once you are taking a regular, steady dose, you should be able to live a normal life.

### How do I store opioids at home?

Keep opioids in their original packets. Store them in a cool, dry place. Lock them away, out of the sight and reach of children. Opioids should only be used by the person they are prescribed for, not by your friends or family.

### What if I am pregnant or breastfeeding and need opioids?

It is important that you tell your GP, doctor and midwife if you are pregnant or planning a pregnancy. If you are breastfeeding your pain relief may need to be reviewed. Your GP or doctor may change your medicines to reduce the risks to your baby.

### What should I do with unwanted or unused opioids?

These should be returned to the pharmacy for safe disposal. **Do not** flush them down the toilet or throw them away.

### Can I travel abroad with opioids?

Check the laws of the country you are travelling to as not all countries allow you to enter with opioids. All opioids need to be carried in hand luggage but there are limits on the volume of liquids you can carry. You will need a letter from your prescribing doctor to confirm your name, the drug and all travel details. Please visit the Home Office website:

[www.homeoffice.gov.uk/drugs/licensing](http://www.homeoffice.gov.uk/drugs/licensing)

## Useful contact details

If you have any questions, please discuss them with your GP, doctor, nurse or palliative care team. You can also contact:

- Imperial College Healthcare NHS Trust Medicines helpline: **020 3311 1703** (Monday to Friday, 09.00 to 17.00)
- NHS 111: Call **111** or visit [www.nhs.uk](http://www.nhs.uk)

## How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at **imperial.pals@nhs.net** The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

---

Alternatively, you may wish to express your concerns in **writing** to:

Complaints department  
Fourth floor  
Salton House  
St Mary's Hospital  
Praed Street  
London W2 1NY

## Alternative formats

This leaflet can be provided on request in large print, as a sound recording, in Braille, or in alternative languages. Please contact the communications team:

[imperial.patient.information@nhs.net](mailto:imperial.patient.information@nhs.net)

## Wi-fi

We have a free wi-fi service for basic filtered browsing and a premium wi-fi service (requiring payment) at each of our five hospitals. Look for WiFiSPARK\_FREE or WiFiSPARK\_PREMIUM