



THE BRITISH PAIN SOCIETY



# Pain and problem drug use

## Information for patients

Prepared by the British Pain Society in consultation with the Royal College of Psychiatrists, the Royal College of General Practitioners and the Advisory Council on the Misuse of Drugs

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# Pain and problem drug use - information for patients

## Introduction

Pain that doesn't go away can cause problems in your life in a number of ways. Specialist health-care teams can work with you to find ways to reduce your symptoms and improve your quality of life. Treatments for pain often have side effects and it's important that your health-care team know enough about you to help you manage your pain safely.

This leaflet can help you understand your problem and also help you to work with your healthcare team to decide the most effective and safe treatments for you.

## About pain

Most of us have experience of everyday pain including headaches, pain from minor injuries, muscular pain or aching joints (from exercise or strains). These pains don't last and often don't need treatment. Some pain can be worse and last a long time. If you have this sort of pain, you will need help to manage your symptoms.

Pain is complicated. Your pain is affected by many factors, including:

- how you are feeling in general;
- your previous experience of pain;
- your understanding of why you have pain; and
- any worries you have about how your pain affects your life.

Health-care teams divide pain into the following two types:

- Acute pain
- Chronic (long-term) pain.

Both types of pain can be severe or not – the difference is how long you have had the pain. It is useful to divide pain into these two categories because treatments vary depending on the type of pain.

### **Acute pain**

Acute pain is usually because of an obvious injury or painful event. The most common types of acute pain include:

- pain from an accident (for example, a fractured bone); and
- pain after an operation.

Acute pain can be severe but get better over time. Treatments for pain can be given for a short period while natural healing starts. Acute pain is usually quite simple to treat with strong painkillers (tablets or injections), and sometimes with local anaesthetic injected into nerves to numb the painful area. These types of treatments are usually given in hospital over a period of hours or days by specialist teams who treat acute pain. After this, many people don't need any further treatment for pain although some may need simple painkillers for a while.

## **Chronic pain**

Chronic pain is pain that lasts for more than three months, and sometimes for years. Sometimes chronic pain starts because of a specific injury, but it is not always clear why people get chronic pain. Common chronic pain includes:

- continuous pain in the lower-back;
- pain related to joint inflammation, for example, osteoarthritis; and
- pain related to a nerve injury (for example, after an amputation or pain related to HIV or AIDS).

Pain that doesn't get better tends to cause low moods, lack of sleep, tiredness and irritability, and difficulties doing physical activities and moving around. It also usually affects relationships with friends and family.

Chronic pain can be difficult to treat and usually it is not possible to get rid of the pain completely. Different types of treatment are available, including medicines and physical treatments such as stimulating nerves with electricity. These treatments are given to help to reduce the effect the pain has on your life. Some types of treatment work better for some people than others and you should be given the chance to try treatments that are known to work well for your sort of pain.

## **Opioid medicines for pain relief**

Opioid medicines come from the opium poppy or are chemically related to drugs made from opium. Common opioids used include 'weak' opioids such as:

- codeine;
- dihydrocodeine; and
- tramadol.

Stronger drugs include:

- morphine;
- oxycodone;
- methadone;
- fentanyl;
- buprenorphine; and
- diamorphine (heroin).

Opioid drugs can help manage some, but not all, types of chronic pain. Some pains respond better to other drugs and often you will be prescribed opioids together with other types of medication to relieve pain.

Your health-care team will be aware that you may be able to get opioid drugs illegally including from other people who are prescribed the drugs. Your team will only prescribe opioids for you if they think they are the best treatment for your pain.

Fast-acting opioid drugs and opioids which can be injected are not very useful for managing continuous pain. You will usually be given a slow-release tablet or an opioid 'patch' to help manage your symptoms. This will give you a steady level of medicine, which is the best way to manage continuous pain. Your health-care team will adjust the dose to give you pain relief most of the time, and so you don't get too many side effects. You should always take the correct dose of prescribed medicines. If you feel the dose isn't enough, you should discuss this with your health-care team.

Opioid drugs can cause some problems when you take them for long periods of time. These problems include:

- constipation;
- weight gain; and
- lack of sex drive.

Opioids can become less effective with time (this is called 'tolerance'). You can also become dependent on opioid medicines. This is called 'dependence'. This means that if you stop taking the drug suddenly or you lower the dose too quickly you can get symptoms of drug withdrawal, such as:

- tiredness;
- sweating;
- a runny nose;
- abdominal cramps;
- diarrhoea; and
- aching muscles.

### **What about addiction to opioids?**

People with pain who are given opioids can become addicted to them. This is different from dependence. If you become addicted to opioid drugs you may:

- not be able to control how much or how often you take the drug;
- crave the drug; or
- continue to take the drug, even if it has a negative effect on your physical or mental health.

We do not know how common addiction is in people who take opioids for pain relief. It is more common if you have been addicted to opioids (including heroin) or to other drugs (including alcohol) before.

If you have had a problem with drug addiction in the past or if you are using opioids you have not been prescribed (for example heroin), this doesn't mean that you cannot take opioid medicines for your pain. However, your health-care team will need to know about your past or current drug-taking to prescribe opioids safely and give you the right amount.

### **What if I am taking methadone or buprenorphine for heroin addiction?**

Your current dose of methadone or buprenorphine will not help your pain. You will need extra medicine as well as your usual opioid prescription. Your health-care team may want to increase your prescription of methadone or buprenorphine, or try a different opioid drug.

## What do my health-care team need to know about me and why?

Your health-care team will need to assess your pain, asking where your pain is, what it feels like and what makes it better or worse. It's also important for them to know how the pain affects your life and what sort of things it stops you doing. There are lots of other factors that affect how you feel pain, so they may ask you for more information, including questions about:

- your medical history;
- your family and home life;
- your job;

- any benefits you may be receiving; and
- any problems you have with the law.

All of this helps your health-care team understand you and your circumstances.

All medicines used for controlling pain have side effects and can affect other drugs. So, it is very important for you to tell your health-care team (including your pharmacist) about any other prescribed drugs you are taking and any medicines you buy over the counter, as well as any recreational drugs you take (cannabis or ecstasy, for example). You will also need to let the team know if you are being treated for any other condition. They will ask you about your drinking and smoking habits. Some health-care teams regularly test your urine for drugs. This information will not affect the treatment you are entitled to but it will help the team treat you safely and effectively.

## Assessing treatment

An important part of managing pain is monitoring treatment and your progress. This helps to make sure you benefit from treatment and do not suffer any unwanted effects. This is particularly important if you are being prescribed opioid drugs. You may have to be checked regularly. If you have difficulty remembering hospital appointments, you should tell your health-care team. Each time your health-care team sees you, they will let your family doctor know how you are getting on.

You will only be able to get opioid prescriptions from one health-care team. When you start opioid medicines, you will usually get your first few prescriptions from your hospital team. You will need to store your opioid medicines safely as they can be

dangerous if someone else takes them. Once you are on a steady dose, your hospital team may arrange for your GP to issue further prescriptions, although your specialist team will probably want to review your treatment.

Taking medicines is not the only way to manage continuous pain, and once you are on a steady dose of medications your health-care team may suggest you see a physiotherapist or psychologist to see what else can help improve your quality of life. The physiotherapist or psychologist may suggest you try to do things a different way or use methods which have helped other people.

## What should I expect from my health-care team?

Pain is a very personal experience that can be difficult to explain to other people. Many patients with pain feel that they are not taken seriously by health-care professionals and this experience is often made worse if they have a drug problem as well. Health-care teams are used to dealing with people who have lots of problems and should take you seriously and treat you with respect if you are open and honest with them. Together, you and your health-care team can make the best decisions about your treatment, based on up-to-date scientific and clinical evidence, to make sure that your pain is treated as effectively and safely as possible.

The following people helped to prepare this information leaflet

**Chair of the group and editor**

Dr Cathy Stannard  
The British Pain Society

**Members of the group**

Dr Beverly Collett  
The British Pain Society

Dr Judy Myles  
Faculty of Addictions, Royal College of Psychiatrists

Mrs Kay Roberts  
Advisory Council on the Misuse of Drugs

Dr Brian Stevenson  
Addiction Medicine, Leicester

Dr Amanda C de C Williams  
The British Pain Society

The group has also worked with other specialists to produce another booklet 'Pain and substance misuse: improving the patient experience', for health-care teams to use with this leaflet.

This patient information leaflet and the recommendations for health-care professionals are part of a series of publications about managing pain. You can get these from the British Pain Society, either by writing to us or from our website at [www.britishpainsociety.org](http://www.britishpainsociety.org).



THE BRITISH PAIN SOCIETY

Third Floor - Churchill House  
35 Red Lion Square - London WC1R 4SG  
Phone: 020 7269 7840 Fax: 020 7831 0859  
[www.britishpainsociety.org](http://www.britishpainsociety.org) [info@britishpainsociety.org](mailto:info@britishpainsociety.org)