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## Strong opioids (painkillers) – what you should know

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**Pharmacy**

**Patient Information**



**NHS**



## Introduction

This leaflet gives information about strong opioids taken by mouth or in patch form. It does not replace the need for personal advice from a qualified healthcare professional. Opioids that need to be given by injection should only be given under guidance of a healthcare professional.

## What are opioid painkillers?

Opioid painkillers are a group of medicines derived from morphine for the treatment of moderate to severe pain.

Strong opioid painkillers include morphine, oxycodone, fentanyl and methadone. They are available in different forms such as injections, tablets, capsules, liquids and patches. A slow-release tablet or an opioid patch will give a steady level of the medicine in the blood and because of this, it is better than fast-acting opioids at managing a continuous long-term pain.

## Why do I need to take them?

Strong opioids are used to treat severe pain that is not relieved by simple analgesia alone, such as paracetamol or ibuprofen or weaker opioids such as codeine or dihydrocodeine. Although you still have pain, opioids keep your brain from sending your body the message. They do not treat the cause of the pain. Opioids can also be used to help manage breathlessness as they control and slow down rapid breathing.

## How effective are they likely to be?

Opioids are some of the strongest painkillers available and are very effective at reducing pain intensity and there is good evidence for their use in reducing severe pain. It is unusual for opioids to stop pain completely. The aim of treatment is to reduce your pain enough to help you get on with your life. Some types of pain might respond better to other medicines than to opioids. Your team will only prescribe opioids for you if they think they are the best treatment for your pain.

## How much do I take and how often?

The amount needed to control pain varies from person to person.

There is no standard dose of opioid and pain is a very personal experience but you should always take the correct dose. You will usually start with a low dose and gradually build up until you find the dose that suits you.

If pain is always present, it is called background pain. It is important to control background pain by taking a dose at a regular time each day. If you are able to take medicines by mouth, this will be a long-acting medicine. These take a few hours to start reducing pain and last 12 hours.

Alternatively, you may use opioid patches that release medication through the skin. Depending on the type of patch, pain relief can last from three to seven days.

A sudden and intense pain, in addition to the background pain, is called breakthrough pain. You will also have an additional, short-acting (immediate release) medicine for breakthrough pain. You should take the short-acting medicine when you experience breakthrough pain. It can take 20–30 minutes to start reducing pain and should last for up to four hours.

If you feel the dose is not enough, for example if you need to use your short acting medicine for breakthrough pain more than 4 times in 24 hours in addition to taking your long acting regular medicine, you should discuss this with your healthcare team. Your healthcare team will change the dose of your opioid medication to give you pain relief most of the time, without too many side effects.

## What are the side effects of opioids?

When you first start taking opioids, you may experience some of the following side effects:

- nausea (feeling sick)
- vomiting
- feeling dizzy
- feeling sleepy
- feeling confused.

These side effects usually go away after a few days, but can sometimes go on for longer. Your healthcare team may give you some other medicines to help, such as anti-sickness tablets.

Remember that feeling dizzy, sleepy, or confused can impair your concentration and may affect your ability to drive and undertake other manual tasks.

When you take opioid medication for long periods of time you may also experience:

- constipation
- itching
- weight gain
- lack of sex drive
- difficulty breathing at night.

Constipation is a common problem and affects nearly all patients. You may need medicines to treat constipation. These take time to work so it is important to take them regularly if needed.

Difficulty breathing at night is most common if you are overweight and if you snore heavily. If you have a condition called obstructive sleep apnoea, it may not be safe for you to take opioids.

If you experience many side effects, your healthcare team may suggest changing to another opioid medicine.

## **Reviewing and stopping opioid painkillers**

Your healthcare team at home should offer you frequent reviews and supply you with more medication when you need it. It is important that you do not stop your medication suddenly without speaking to your healthcare team first. They can give you information on who to contact if you have any problems outside of normal working hours.

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

The law in the UK allows you to drive if you are taking prescribed opioid medicines in accordance with the instructions from your prescriber (including what your prescriber advises you about driving safely). You should never drive if you feel unsafe. Your ability to drive may be affected by other medicines you are taking in addition to opioids, whether you feel tired and by your pain. You are responsible for making sure you are safe on each occasion that you drive.

The law on drugs and driving in the UK changed in 2015. If your driving is impaired for any reason, including taking medicines, it is illegal to drive. It is also now illegal to drive when you are taking opioid medicines without them being prescribed, even if you are not impaired. Preparation for the new drug driving laws involved extensive scientific research to investigate what effect opioid drugs have on ability to drive safely. We now know that if a person is taking more than 220mg of morphine a day they are likely to have a blood level of the medicine which impairs them nearly as much as someone who is over the legal limit of alcohol. All opioid medicines have the potential to impair driving and your prescriber will advise whether the dose of opioid you are taking is likely to impair you. If you are taking a high dose of opioid your prescriber will advise you that you are probably not safe to drive and will document this in your medical notes.

The doses of opioid medicine that are likely to affect your driving are quite high and are above the level that we know is safe and effective for pain treatment.

It is unsafe to drive in the first few days after starting an opioid and for a few days after dose change (up or down). Alcohol can also reduce the amount of opioid medicine you can take in order to perform certain functions. You must **not** drive if you have consumed alcohol and taken opioid medicines.

## Is it safe to drink alcohol when I am taking opioids?

Alcohol and opioids together cause sleepiness and poor concentration. You should avoid alcohol completely when you first start on opioids or when your dose has just been increased. When you get on a steady dose of opioid, you should be able to drink modest amounts of alcohol without getting any extra unusual effects.

## Dependency and addiction

It is very rare for people to become addicted when they are taking opioids for pain relief, even if they take them for a long time.

However, as your body may become used to the opioid medicine, you may experience symptoms of withdrawal (sweating, stomach cramps, diarrhoea, aching muscles) and the return of your pain if you:

- stop taking it suddenly
- lower the dose too quickly
- run out of your medicine.

You should not stop taking your opioid medicine except under advice from a doctor.

## Storing opioid painkillers

Strong opioids must be stored safely in your home and kept out of sight and reach of children.

## Contact details

Please ask your healthcare team if you have any questions about this booklet or concerns about your treatment. For more information about the use of strong opioids, please contact:

Palliative Care Team, Chelsea: 020 7808 2761

Palliative Care Team, Sutton: 020 8661 3182

Alternatively, please contact:

**The Royal Marsden Macmillan Hotline: 020 8915 6899**  
(available 24 hours a day, 7 days a week)

## Further sources of information

British Pain Society [www.britishpainsociety.org](http://www.britishpainsociety.org)

Macmillan Cancer Support [www.macmillan.org.uk](http://www.macmillan.org.uk)

## Language help

If English is not your first language, we offer a telephone interpreting service to help. Please ask our staff to contact this service for you. If you need this leaflet in another language, please contact The Royal Marsden Help Centre on 0800 783 7176.

## References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Telephone: Chelsea 020 7811 8438 / 020 7808 2083

Sutton 020 8661 3759 / 3951

Email: [patientcentre@rmh.nhs.uk](mailto:patientcentre@rmh.nhs.uk)

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Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

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