

Opioid Use Among Older Adults



LEARN MORE + IMPROVE YOUR WELLBEING

ccsmh.ca

What are opioids?

Opioids are a class of drugs that are derived from (or are chemically designed to act like) opium from the poppy plant. They work in the nervous system to produce feelings of pain relief and pleasure, among other things. Opioids include both legally prescribed drugs and illegal street drugs. Sometimes, legal prescription opioid drugs are illegally sold on the street as well.

Examples of opioid include:

- ☐ Buprenorphine
- ☐ Codeine
- ☐ Fentanyl
- ☐ Heroin
- ☐ Hydrocodone
- ☐ Methadone
- ☐ Morphine
- ☐ Oxycodone/Oxycontin
- ☐ Tramadol

Why do older adults take opioids?

Prescription opioids are usually used to treat moderate to severe pain. Some people take non-prescribed opioids because they can also make you feel very relaxed and “high”.

Our Bodies as We Age

Our bodies change as we age. We breakdown substances more slowly and we have less water and muscle than when we were younger. These changes can affect how medication works.

What are the health risks of taking opioids?

If we take opioid drugs for long periods of time, our bodies get used to them. Because of this, they can stop helping with pain the way that they used to. Sometimes people start taking too much of their opioid medicine to try to get pain relief. This can be very harmful. People taking opioids need to be carefully monitored by their healthcare providers in order to minimize risk.

Side Effects of Opioids

Potential side effects of taking opioids include:

- | | |
|--|---|
| <input type="checkbox"/> Nausea and vomiting | <input type="checkbox"/> Sleep apnea (pauses in breathing or periods of shallow breathing during sleep) |
| <input type="checkbox"/> Itching | <input type="checkbox"/> Heart attack |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Overdose, including death |
| <input type="checkbox"/> Trouble urinating (peeing) | <input type="checkbox"/> Addiction (also called opioid use disorder) |
| <input type="checkbox"/> Confusion and changes in mood | <input type="checkbox"/> Withdrawal: pain, anxiety, insomnia, sweating, diarrhea |
| <input type="checkbox"/> Drowsiness | |
| <input type="checkbox"/> Falls | |
| <input type="checkbox"/> Slowed breathing | |



DID YOU KNOW?

Healthcare providers are advised to avoid prescribing opioids to older adults whenever possible because of the risks of side effects. **If an opioid is prescribed to treat short-term pain (for example after an injury or surgery), the lowest possible dose should be prescribed, for no more than 3 to 7 days in most circumstances.**

Possible Signs of Addiction:

Talk with a healthcare provider if you have experienced two or more of these symptoms in the last year:

- ☐ Taking a larger amount of the opioid than what was prescribed
- ☐ Taking the opioid for a longer period of time than what was prescribed
- ☐ Wanting to cut down and control intake of the opioid but finding it difficult
- ☐ Spending a lot of time taking and thinking about taking the opioid
- ☐ Feeling like you must always take the opioid
- ☐ Having difficulty maintaining responsibilities at home or at work because of opioid use
- ☐ Using the opioid even though it has negative effects on personal life and/or on mental and physical health
- ☐ Using the opioid even when it is not always safe to do so
- ☐ Feeling the need to take more of the opioid to feel it working
- ☐ Feeling like the opioid does not work as well as it used to
- ☐ Taking the opioid because you feel a lot of physical pain if you do not take it



DID YOU KNOW?

Older adults (55+ years old) have a good success rate in recovering from opioid addiction. Speak with your healthcare provider about options if you think you may have an addiction to opioids.

Can opioids be taken at the same time as other medications or substances?

The risks of harmful effects, drug interactions, and hospitalizations increase when you use several medications, drugs, or supplements at the same time. If you are taking an opioid, you should not take any of the following substances at the same time or on the same day:

- + Alcohol
- + Cannabis (e.g., marijuana)
- + Sedatives/sleeping pills (e.g., benzodiazepines)*

**It can be dangerous to stop using benzodiazepines too abruptly. If you use benzodiazepine sedatives, talk with your healthcare provider before stopping their use.*



Are there other ways that I can manage my pain without using an opioid?

Yes. Talk with your healthcare provider about non-medicine-based therapies and non-opioid medications to manage pain before considering the use of an opioid.

Non-medicine-based Therapies

Here is a list of things that can help you to manage your physical and emotional pain. Check off the ones that are of interest to you and ask your healthcare provider for more information.

- ☐ Physical Therapy
- ☐ Chiropractor Care
- ☐ Massage Therapy
- ☐ Acupuncture
- ☐ Counselling
- ☐ Exercise
- ☐ Mindfulness and Meditation
- ☐ Yoga



Non-opioid Medications

Non-opioid medications that can help relieve pain include:

- ☐ Acetaminophen
- ☐ Non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and naproxen
- ☐ Topical NSAIDs, such as creams and gels that you rub into the affected area

Note: Non-opioid medications can also cause side effects, so speak with your healthcare provider to find out what medications are safe for you to try.



What should I do if I am already taking an opioid?

If the dose that you are taking is helping to relieve pain, is helping you be active and is not causing side effects or other problems, it might not be necessary to stop using it. If you continue to use a prescription opioid, your healthcare provider will want to see you for regular follow-up visits to monitor your pain relief and any negative effects.

If there are concerns about the opioid(s) that you are taking your healthcare provider can work with you to develop a plan to slowly reduce the amount that you are using or even to eventually stop using it all together (if that is right for you).

Do not change your dose of opioids without talking with your healthcare provider first.



How will my healthcare provider change my opioid dose if we are trying to reduce (or stop using) opioids?

We are all different. Your healthcare provider will help you develop an opioid-reduction plan that works for you and that helps make a reduction in opioid use as easy as possible. Your plan will probably involve reducing your dose of opioids very slowly (by 10%-20% every 1-4 weeks, with the last third of the program taking the longest). This slow, gradual reduction helps to prevent withdrawal symptoms and will help you continue to feel well.

If I gradually decrease the dose of my opioid, will my pain get worse?

Gradually reducing your dose of an opioid will usually not worsen your pain. In fact, pain, function, and quality of life often improve when opioids are lowered, then stopped. This happens because over time, opioids can become less effective, and increasing doses only increases side effects.

How can I ensure safety for myself and others while taking opioids?

1. Always store opioids in a locked-away cabinet
2. Never share opioids with family members, friends, or others
3. Consider asking a pharmacist to help supervise your medication. Pharmacists offer many strategies for helping you monitor your medications. For example, they can give you small amounts of your prescription at a time, so that you don't have too much at home with you; they can package your medicines in ways



that can help you keep track (e.g., blister packing, labeled pill organizers); and they can help you dispose of any unused opioids that you may have in your home.

4. Have a naloxone* kit in your home and make sure that someone who lives with you or who visits you often is trained in how to use it.

**Naloxone is a drug that is used to help reverse an opioid overdose. It is given to a person through their nose or is injected into a muscle.*



Questions to Ask Your Healthcare Provider When Being Prescribed an Opioid

To start a conversation, here are some questions you can ask your healthcare provider about opioid medicines before taking them (or if you are already taking them):

1. What is the goal of being on this medication?
2. What are the possible benefits and harms of this medication?
3. Can it affect my memory or cause me to fall?
4. How long will I have to take this medication for?
5. Can I stop or reduce the dose of this medication when I want to?
6. Who do I follow-up with about this medication and when do I follow-up?



Where Can I Get More Information?

Canadian Coalition for Seniors' Mental Health (CCSMH)
ccsmh.ca

Canadian Centre on Substance Use and Addiction
(CCSA)
ccsa.ca

Choosing Wisely Canada (CWC)
choosingwiselycanada.org/opioid-wisely

The Centre for Addiction and Mental Health (CAMH)
camh.ca

Government of Canada – Awareness resources for
opioids
[www.canada.ca/en/health-canada/services/
substance-use/problematic-prescription-drug-use/
opioids/toolkit/awareness-resources.html](http://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/toolkit/awareness-resources.html)

Narcotics for Chronic Pain Brochure
www.criugm.qc.ca/fichier/pdf/OpioidsEN.pdf



Canadian Coalition
for Seniors' Mental Health

Coalition Canadienne pour
la Santé Mentale des
Personnes Âgées

ccsmh.ca

This brochure is adapted from the Canadian Coalition for Seniors' Mental Health (CCSMH) *Canadian Guidelines on Opioid Use Disorder Among Older Adults*.

Disclaimer: This brochure is intended for information purposes only. It is not intended to offer medical advice or be interpreted or used as a standard of medical practice.