



Difficult conversations

Topic: Tapering opioid dose

Why do I need to reduce my current dose?

- “I am concerned about your safety if we continue your opioids at the current dose.”
- “The medical community has learned in the past few years that your risk of harm increases with the amount of opioids you take and with the length of time you take them. I want to reduce the risk associated with your opioid dose while we focus on a long-term plan to manage your pain and improve your function.”
- “The medical community also knows now that long-term opioid use leads to reduced function and may even lead to disability. I do not want that to happen to you, especially when there are other pain management options.”
- “It is also important that we think about your long-term needs. If you continue to take opioids, over time you will need to take higher and higher doses just to maintain the same level of pain relief. Your body will become tolerant to the medication. Over a period of time, you may reach dangerous doses and the medication will no longer provide relief. What happens if you need opioids in the future after a surgery or to manage cancer pain? I don’t want you to not have any options for pain management, when we can work together to reduce your current dose now and manage your pain with other options.”
- “It is healthy and good to once and a while test how much you need this dose. You may be surprised that you do as well or better on a smaller dose.”
- “I will support you in your effort to taper. We can work on this slowly and gradually reduce the amount you take over time.”
- “This is a long-term project that we will work on together.”

I do not have a history of addiction and I am responsible about my medication. Why do we need to talk about tapering?

- “There are many risks to opioids aside from dependence and addiction that I am worried about. We now know opioids:
 - Worsen sleep apnea
 - Lower testosterone
 - Cause pneumonia
 - Affect your breathing, especially if you have asthma or COPD
 - Impair your immune system
 - Cause car accidents and falls.”
- “Just taking opioids is a risk factor for dependence and addiction.”
- “Dependence is an adaptive state associated with a withdrawal syndrome upon cessation of repeated exposure to a stimulus.”
- “Addiction — opioid use disorder — is a chronic brain disease that includes compulsive behavior to get the reward of the drug, even though there are other adverse outcomes.”
- “Taking opioids for a long time or taking a high dose becomes a risk factor for harm even if you do not have a family history of addiction.”

Isn't it my choice whether I want to use this medicine?

- "My responsibility is to provide you with the most effective and safest pain control I can. My medical opinion is that your current medicine is no longer the safest or most effective option."
- "Your current diagnosis is not consistent with being on opioids."
- "It is not safe for you or right for me to continue your current dose or increase your dose if I do not believe that it is safe."

I was told by someone here that I could get a refill. Why are you telling me a different story?

- "I am surprised to hear this. The changes we are making in the use of opioids for pain management apply to all patients who are cared for at our clinic."
- "I will follow up after our visit, but right now I want to talk about your care and your pain management going forward."
- "We will base whether we continue these medications on further work up and review of your records. There may be better treatment available for what you have."

Topic: Pain relief

You/another prescriber recommended these medications for me, and they have been effective. How can you tell me they are no longer going to be effective?

- "You are remembering correctly, and I am sorry."
- "This is a difficult situation. When these were prescribed, we both thought it was right for you."
- "Our understanding of pain — especially chronic pain — has changed. We understand that acute pain and chronic pain are different, and that chronic pain is very complex. What maintains your chronic pain isn't typically the same thing that initially caused your pain."
- "We also now have evidence that long-term opioid therapy is at best no more effective than other types of chronic pain management options, yet there is significant risk of harm."

I just need relief. Are you not going to do anything for me?

- "I am confident that together we will find safe and effective options."
- "Let's talk more about you, aside from your pain experience. I know there are things in your life that are really important to you. Let's work so that you can be more engaged in these."
- "Now let's talk about your pain and how it impacts your ability to do those things so we can figure out which options may be best for you."
- "I am committed to working with you so you are not in terrible pain and can have a meaningful life. I believe we can accomplish this and lower your dose."

I cannot go to work/get out of bed/handle my daily responsibilities without this medicine. Do you want me to lose my job/my home/not be able to live my life?

- "I want you to have safe and effective pain control, and it is my medical opinion that your current medicine can no longer give you that."
- Pain can be an overwhelming experience. And I understand that you are upset."
- "In order to help you, I need to know more about you, aside from your pain experience. Tell me more about your daily responsibilities and activities."
- "I understand your concern and making sure you can continue your current functions is our priority. That is why I want our goal to be to keep you functional, or even improve your function."
- "We do not have anything in our toolbox that will make your pain go away entirely, but we can help make it manageable so you can work and do other things that matter to you."
- "We share your goals."
- "You may be surprised to find that you are as able to do all the things you want as well or better with less opioids."

My insurance won't cover alternative therapies. I have tried other therapies and they don't work for me.

- "I understand that some pain management therapies are difficult to access, not covered by insurance or are unavailable nearby."
- "Your care needs to be comprehensive. New and different therapies have been recently developed, and I suspect further work up will guide us toward a different treatment."
- "Medical Assistance covers physical therapy, occupational therapy, chiropractic and acupuncture. If you have other insurance, our clinic can help you figure out which options are covered by your insurance."
- "There are other things that can be done at home or in the community that will help and do not have additional costs, such as walking and exercises at home."
- "Unlike opioids, these other treatments will help you be more active, stay functional and do things you enjoy."
- "Some of the therapies I am suggesting do not provide an immediate sense of relief with them. However over time, they produce long-term and safe improvement in your comfort and function."
- "You are right, you are going to need to work a little for the benefits of what I am suggesting. But the work you put into it will produce good results for you."

Topic: Emerging behavioral health conditions

You are forcing me to go get my drugs from the street.

When a patient makes a desperate or threatening statement, it may be best to slow down, carefully choose your words and assess actual risk versus idle threat.

- "I hear that you are worried about suffering. I need to ask you some more questions about getting opioids from other sources."
- "Statements like that make me concerned that that you may be developing opioid use disorder. Opioid use disorder is a brain disease that can develop after repeated opioid use. This disease can happen to anyone."

Example questions:

- "Have you ever had to do that before?"
- "If you had to go to the street for opioids, do you have a source in mind?"
- "What do you understand about getting opioids from illicit sources, such as the risks to you?"

If the patient's risk is low, re-address their concerns about tapering.

- "What is your biggest concern? Withdrawing or worsening pain?"

If the patient appears to be at risk for obtaining opioids from a nonmedical source, screen or refer.

- "I want to address this and develop a plan together if needed. There are treatment options for opioid use disorder that use a combination of medications with behavioral counseling and therapy. This treatment is very successful."
- See the substance abuse section on the SAMHSA-HRSA Center for Integrated Solutions web site at www.integration.samhsa.gov/clinical-practice/screening-tools for screening tools.

I do not want to live if you won't fill my prescription.

When a patient makes a desperate or threatening statement, it may be best to slow down, carefully choose your words, and assess actual risk versus idle threat. Take immediate action for patients who are at imminent risk of suicide. Consider referrals to mental health or substance use treatment for patients who are not at imminent risk of suicide.

- "I am so sorry that you are suffering. I need to ask you some more questions about your thoughts on suicide and self-harm."
- See the SAMHSA-HRSA suicide prevention resources for additional guidance at www.integration.samhsa.gov/clinical-practice/suicide-prevention#resources

- See the pocket guide on assessment and interventions for primary care professionals with potentially suicidal patients at www.sprc.org/sites/default/files/PCPocketCard.pdf.

Example questions:

- “Do you have a plan?”
- “Have you thought about harming yourself before?”
- “Have you taken any action toward putting that plan in place?”

Topic: Concerns about using opioid therapy

Will I become addicted if I take opioids after my surgery?

Ask follow-up questions about a patient’s personal and family history with substances and reassure, but with caution.

- “Not if we use these medicines carefully. Opioids are effective for managing the pain you have immediately following surgery or injuries, but I want to ask you some follow-up questions about your concerns.”
- Consider using a brief, validated tool such as the NIDA Quick Screen or CAGE-AID to identify substance use.
- “However, given the risk of dependence and opioid-related harms, it is important to manage your pain with opioids and other options so that we can limit your exposure to the opioids.”
- “There is a risk of becoming addicted and we take the risk very seriously.”
- “We will transition you to non-opioid therapies quickly to help manage pain and reduce the risk of dependence.”



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