

New guidelines on opioids for pain relief: What you need to know

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- By [Scott Weiner, MD, MPH, FACEP, FAAEM](#), Contributor

Recommendations from the CDC emphasize safe, effective, and individualized options for pain relief.



Six years ago, the Centers for Disease Control and Prevention (CDC) created guidelines for prescribing opioids to help reduce the [staggering number of lives lost from overdoses](#) — a goal that unfortunately remains out of reach. As an unintended consequence, some people who were taking these medicines had trouble getting them prescribed, or getting a dosage sufficient to reduce their level of pain or avoid uncomfortable withdrawal symptoms.

Now, [newly revised opioid guidelines](#) from the CDC aim to reduce unnecessary barriers and build on best practices for prescribing and using opioids for pain. If you need relief for a chronic condition that causes you significant pain (such as [disabling back problems](#), neuropathy pain, fibromyalgia, or osteoarthritis), here are several important takeaways from the guidelines.

Are best practices for opioid use in the new guidelines?

Yes. Many of these practices were carried forward from the [2016 guidelines](#). A few key recommendations are:

- Other strategies for pain relief should always be tried first before opioids are prescribed. Opioids should not be first-line pain medicines.
- Anyone prescribing opioids (such as oxycodone, hydrocodone, and hydromorphone) has a duty to carefully explain the possible benefits and risks, including the risk for addiction and overdose. Your doctor or medical team should help you consider whether benefits outweigh risks in your situation and continue to monitor this regularly over time. You

should also discuss how to discontinue opioids if risks begin to outweigh benefits, or if these medicines don't improve your ability to carry out your daily activities.

- Though useful for some people, opioids are highly addictive. So are medicines known as benzodiazepines (such as lorazepam, diazepam, and alprazolam), which are used for anxiety. If combined with opioids, benzodiazepines make the risk of overdose even higher. Whenever possible, opioids and benzodiazepines should not be prescribed together.

Are opioids the best solution for many types of pain?

Frequently, the answer is no. Nonopioid pain medicines (such as ibuprofen, acetaminophen, naproxen, or topical pain relievers applied to skin) and nondrug therapies are preferred for pain that lasts up to one month (acute pain). They're also preferred for pain lasting one to three months (subacute pain) or longer than three months (chronic pain).

Research shows these medicines are at least as effective as opioids for many painful conditions. Opioids may be prescribed to help relieve severe acute pain, like after surgery or dental procedures. However, it's safest to take them for the shortest possible time needed to get through the worst pain — typically just a few days — and switch over to nonopioid medicines as soon as possible.

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Nondrug therapies (such as physical therapy, cognitive behavioral therapy, mindfulness techniques, massage, acupuncture, and chiropractic adjustments) also may effectively relieve pain when tailored for specific conditions and situations.

Often, when a person is dealing with chronic pain, combining these strategies can help them tackle essential tasks and improve their comfort and quality of life. Talk to your medical team about the best solutions for you. [This interactive tool](#) describing options and resources for people living with chronic pain may be helpful, too.

What are some changes in the new guidelines?

Laws passed by many states in the wake of the original guidelines and the snowballing opioid crisis further restricted the ability of prescribing clinicians to treat individual patients with opioid medicines. For example, helping people taper from a higher dose of opioids to a lower one is the right choice from a health perspective for many, but not for everyone. And tapering will take

some people longer than others to manage safely. Removing flexibility in how prescribing clinicians could work with their patients may have been [harmful to some people](#).

The new guidelines

- explain the complex nature of pain.
- emphasize the importance of flexibility and nuance in treating individuals suffering from chronic pain.
- recommend starting with the lowest effective dose of opioids for the shortest possible time. Risk for addiction and other side effects rises as dosage becomes higher and with the length of time opioid medicine is taken. It's important to avoid diminishing returns in the balance of benefit and risk.
- allow clinicians and patients to judge what treatment is best, rather than setting strict limits on dosage.
- encourage clinicians to offer or arrange effective treatment for people with opioid use disorder, to minimize risks for withdrawal symptoms, relapse to drug use, and overdose, which is sometimes fatal.

It's important to note that the new guidelines for opioids are *not* intended for pain related to cancer, pain crises in sickle cell disease, palliative care, or end-of-life care, because less restrictive use of opioids may be appropriate in such cases.

The bottom line

If you have problems with pain, talk to your doctor about the most effective combination of pain relief strategies for your situation. For many people opioids are not necessary or helpful, though some people do benefit from these medicines despite their risks. The new CDC guidelines can help patients and prescribers find this delicate balance.

About the Author



Scott Weiner, MD, MPH, FACEP, FAAEM, Contributor

Scott G. Weiner, MD, MPH, FACEP, FAAEM, an attending emergency physician and assistant clinical director in the department of emergency medicine at Brigham and Women's Hospital in Boston. He is the director of B-CORE: The Brigham ... [See Full Bio](#)
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