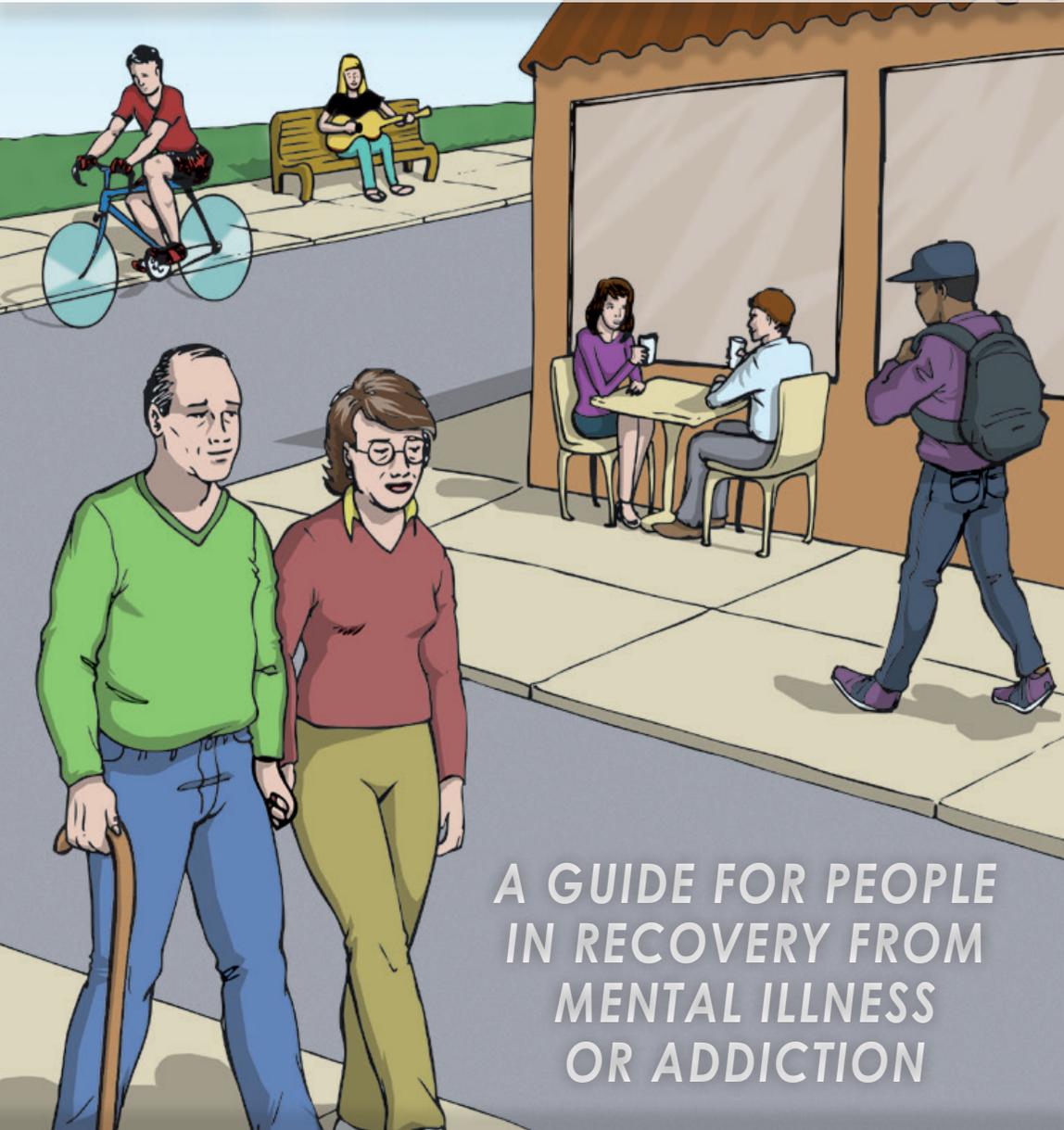
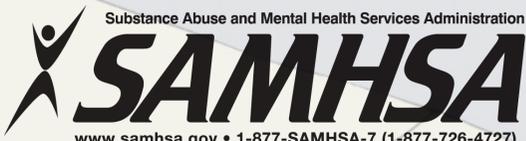
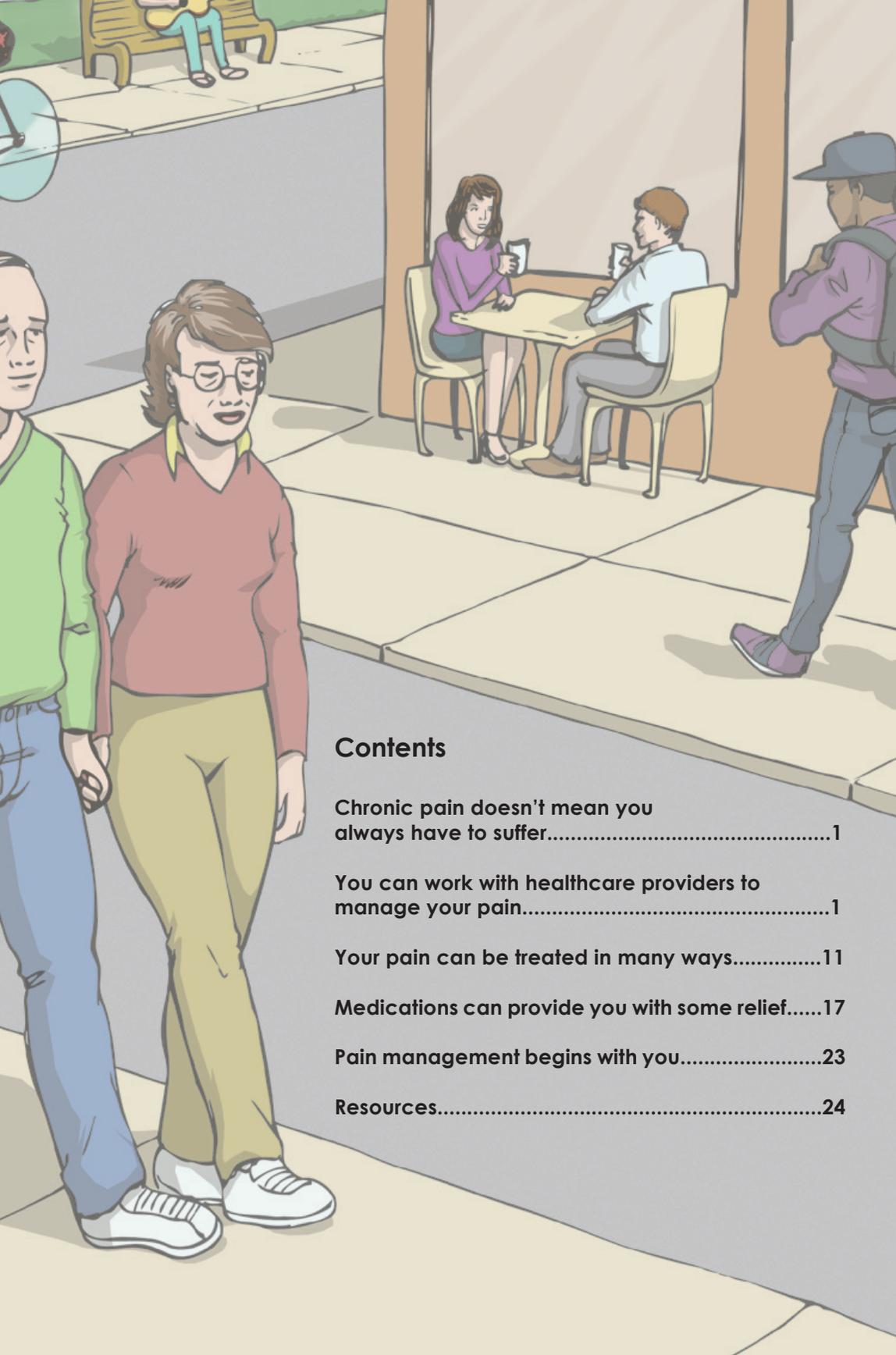


YOU CAN MANAGE YOUR
CHRONIC PAIN
TO LIVE A GOOD LIFE



A GUIDE FOR PEOPLE
IN RECOVERY FROM
MENTAL ILLNESS
OR ADDICTION





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Chronic pain doesn't mean you always have to suffer.

The word *chronic* means constant, lasting a long time, or coming back again and again. When you have pain that has bothered you for more than 3 months and doesn't seem to get better with time, you may be experiencing *chronic pain*.

Major causes of chronic pain include lower back problems, nerve damage, and migraine headaches. Pain also can be a part of many diseases, such as sickle cell anemia, arthritis, pancreatitis, fibromyalgia, and HIV/AIDS. There are many other causes of pain, and sometimes the cause is unknown.

Chronic pain can be difficult to bear, even awful. It can lead you to lose sleep, to become anxious and depressed, to have a hard time keeping up on the job, and to stop doing things you did before. These changes can add stress, produce more pain, and trigger new health problems. If unmanaged, pain can become the center of your life.

In many cases, chronic pain is a lifelong condition. However, by managing your pain, you can usually continue to enjoy the activities that matter to you. One of the most important things you can do to manage your pain is to safeguard your recovery from mental illness or addiction. A clear mind helps you think better, so that you take the right steps to manage your pain.

You can work with healthcare providers to manage your pain.

If you have chronic pain, talk to your healthcare providers about it at your next scheduled appointment, or set up a new appointment just for this purpose. Don't put off talking to your care providers in hope that the pain will go away. Medical professionals may be able to determine what's causing the pain and help you deal with that problem. Even if the source of pain remains a mystery, care providers can work with you to try different strategies until you find a combination that reduces your suffering.

My recovery's more important than ever.

Why?

Because I need to be thinking straight, so I do what works to manage the pain.



If you have a history with drugs or alcohol, you may hesitate to seek medical care for your pain. If you have a history of mental illness, you may be equally reluctant. You may be afraid that care providers will judge you or think you are being dishonest. Or, you may be afraid that you will be persuaded to take medications that could trigger your addiction. If you don't know what's causing the pain, you might be afraid that others will think it's all in your head.

But for your own sake, you should contact a care provider. Chances are good that the professionals you meet with will treat you respectfully, help you maintain your recovery, and work with you to find ways to reduce your pain. If this isn't true for the first care providers you contact, then you may want to meet with others who are more responsive to your concerns.

Many different types of care providers can work with you to manage pain. These include primary care doctors or specialists, nurses, and other members of a doctor's team including physician assistants and nurse practitioners. Psychologists, addiction treatment counselors, and other types of counselors also may be able to help.

Several professionals may become involved in your pain care. If this is the case, it's important that they coordinate your care with each other. You can help make sure this happens by asking, "Who is serving as the point person for my pain care?"

It can help to have care providers who are experienced in pain management for people who have histories of mental illness or addiction. If your care providers do not have that experience, you may want to have them consult with someone who does, such as your own counselor or some other mental health professional or addiction specialist. You also can direct them to resources on this topic (see page 24).

Help your care providers understand how much pain you have.

When you meet with care providers about your pain, they will try to learn where the pain is coming from and what it is like. They will ask questions about your general health and your exercise habits. They also will ask specific questions about the pain.

Pain usually increases and decreases across time, so it is important for your care providers to know the most pain, the least pain, and the typical pain you feel in a given day. Since pain treatment often does not make all pain go away, care providers also will need to know what level of pain you can live with. This can be different from person to person.

You may be asked to rate episodes of pain on a numerical scale of 0 to 10, or on a picture scale, such as a set of frowning and smiling faces. You also may be asked to use a scale to rate your quality of life on such factors as sleep, stress, and ability to perform daily activities. Having high scores doesn't mean your pain is impossible to treat, and having low scores doesn't mean you should try to ignore your pain. Pain scores are just one of many tools that care providers use to understand your pain. Every time you see your care providers about pain, you may be asked to give pain scores. These will be compared with your past pain scores to see if treatment is helping to reduce your pain.

QUESTIONS TO EXPECT—INFORMATION TO SHARE

- When and how did your pain start?
- What does your pain feel like (shooting, stinging, aching)?
- How well are you able to manage your pain on a typical day, on a scale of 0 to 10?
- What makes you feel better or worse?
- What have you tried in the past to ease your pain?
- What other medical conditions do you have?

Be as specific as you can about your level of pain.

Sometimes your pain can feel like an 11 on a scale of 0 to 10. Chronic pain affects more than your body—it can affect your mood, your relationships, and your ability to be independent. It can also challenge your recovery from mental illness or addiction. When you are asked to rate your pain level, try to separate the feeling of pain from the suffering and disruption it is causing. Name a level that is only about your pain.

Try not to underreport or overreport your pain.

If you are worried that your care providers will prescribe medications that could put your recovery at risk, you may be tempted to report less pain than you feel. On the other hand, if you are worried that your care providers won't give you pain relief medications unless your pain is unbearable, you may be tempted to report more pain than you feel.

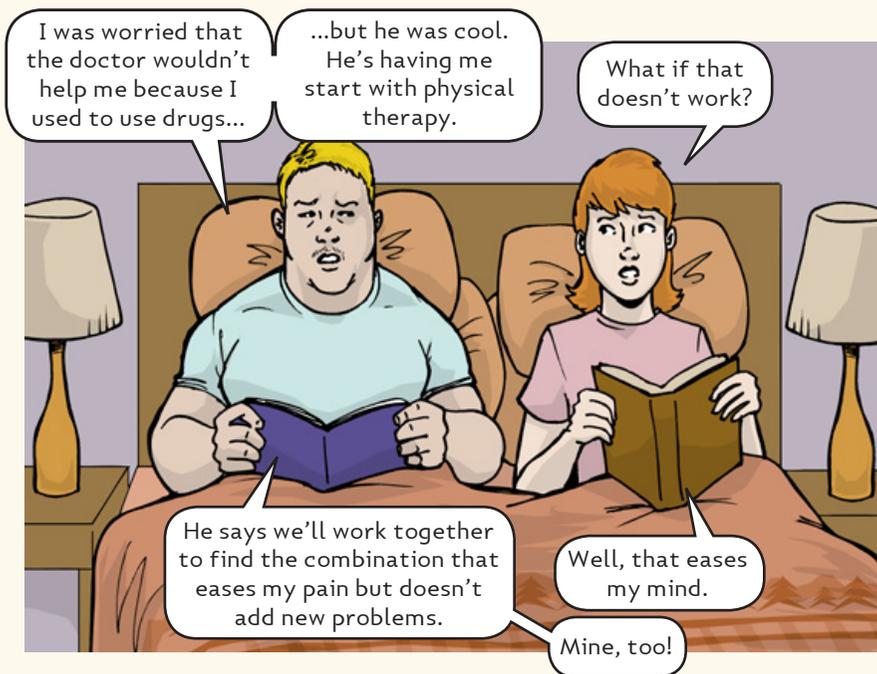
In general, your pain level is only one factor that is considered when prescribing pain medications. Be straightforward about your pain level, and speak up about your concerns about pain medications.

Help your care providers understand how the pain affects you.

Try not to answer questions about pain with one word, such as “yes,” “no,” or “fine.” Instead, give some details. Help your care providers understand what activities are important to you, but that are hard to do now because of your pain.

QUESTIONS TO EXPECT—INFORMATION TO SHARE

- How is your mood?
- Does the pain affect your sleep, your sex life, or your appetite?
- Has the pain affected your relationships with important people in your life?
- Are you able to dress, shower, prepare food, and do other things you need to do to live independently?
- Are you able to work?
- Are there things you have stopped doing because of your pain?
- What have you given up, because of the pain, but would like to do again?



Be ready to share information about your mental and emotional health.

Some conditions can make your chronic pain worse. For example, if you were in an accident or terrible incident, you may have flashbacks or other symptoms of posttraumatic stress disorder (PTSD). These can make pain more intense. Being depressed, anxious, or under a lot of stress can make pain feel worse, too. Your care providers will ask questions about your state of mind, because the way you feel mentally and emotionally has a bearing on the best way to treat your pain while minimizing risk to your recovery.

QUESTIONS TO EXPECT—INFORMATION TO SHARE

- Have you ever been diagnosed or treated for depression, anxiety, an eating disorder, or some other psychiatric condition?
- Did the pain start after an accident?
- Have you ever hurt your head or been diagnosed with traumatic brain injury?
- Do you have a history of physical, sexual, or emotional abuse or trauma?



Disclose to care providers your addiction and recovery history.

It's very important that your care providers know your history of drug and alcohol use and about your progress in recovery. If they don't ask about this, you should volunteer the information, so that they can develop a pain management plan that fits with your recovery plan. Be sure to mention if you are in recovery with the help of medications, such as methadone, buprenorphine, or naltrexone. These medications can affect how pain medications work for you. Your doctor is required by law to keep this information confidential and not share it with others (such as employers) who are not involved in your health care.

QUESTIONS TO EXPECT—INFORMATION TO SHARE

- What substances (drugs or alcohol) have you used in the past?
- What is your family history of drug use or drinking?
- How old were you when you first started using drugs or drinking?
- How recently did you stop using?
- Have you been to treatment for drug or alcohol use?
- How is your abstinence?
- What over-the-counter or prescription medications are you taking?
- Do you attend recovery group meetings?
- Do you have a sponsor and abstinent friends?



Your care providers may want to speak to other people in your life.

Your care providers may want to talk with other medical professionals who are treating you or have done so in the past. They also may want to talk with members of your household, your pharmacist, or your counselor. This can feel like an invasion of privacy or a sign that you aren't trusted. However, this communication helps care providers have a better understanding of your pain. It gives them the information they need to know in order to treat your pain and how to get you the support you need as you try new ways to manage your pain.

Your doctor is legally permitted to talk about your condition to other doctors or healthcare personnel who are actively involved in your care, without your specific permission. However, many doctors will want to be sure such communication is okay with you. Your doctor must obtain your permission before talking with friends or family or others who are not part of your care team. Your doctor also is legally permitted to review your prescription record in your state's prescription drug monitoring program.

Make sure you understand your treatment.

When you are in pain, it can be difficult to listen carefully and to understand everything you are told. It is okay to ask for information to be repeated, to ask for instructions in writing, or to bring a tape recorder and ask if you can record the discussion so that you can listen again when you get home. It may help to have a family member or friend come to appointments, to help you remember what you are being told about your condition, what you need to do, and how to do it. It also can be a good idea to write down your descriptions of pain and your questions, before arriving at an appointment, so that you remember what you want to say or ask.

Your care providers may give you handouts or tell you about Web sites to visit to learn more about your treatment. If you don't understand this material, ask for help.

At all points in your care, you can and should ask questions to make sure you understand your treatment. You are your most important caretaker, so do not hesitate to speak up if you do not understand information about your treatment plan.

QUESTIONS YOU CAN ASK

- What is my diagnosis?
- What treatments are available, especially treatments that don't involve taking medications?
- What are the risks and benefits of each treatment option?
- What should I do if I have new pain, such as from a fall?
- What should I do if I have an episode of intense pain (often called "acute pain")?
- What should I do if I need surgery?
- How will my treatment for pain affect my addiction recovery effort?
- What should I do if I relapse?



Go to specialists if you are referred.

No one medical professional can have expert knowledge about every aspect of your health. If your care providers need more information, they may refer you to other experts, such as pain specialists, addiction specialists, or psychiatrists. Referrals do not mean that your care providers think you have relapsed, that your pain is imaginary, or that you aren't worth bothering about. Having a team of people to help you manage your pain can improve your chances of success. If you get a referral to see a specialist, make the appointment as soon as possible.

Work with care providers to create a pain management plan.

Chronic pain differs from person to person and from one moment to the next. That's why you need to have a pain management plan that's designed for you. This plan may include both action steps and medications for overall management of pain, plus guidance on what to do when you have episodes of acute pain.

It's important to note that pain management is a process. You and your care providers will need to monitor your plan on an ongoing basis and make adjustments as needed, so that it continues to help you manage your pain.

Go back for checkups.

Your care providers will want to see you again after you start a pain management plan. This is so they can find out how the plan is working for you and make adjustments as needed. These meetings are opportunities for you to ask any questions you might have.

Checkups also can help you avoid addiction risk behaviors. Care providers can look for signs that show unusual drug use on your part, such as borrowing somebody else's medications or increasing doses of the medication you take without prior approval. Your care providers will try to determine whether such behavior indicates your pain is not being treated effectively or whether you are having a relapse. In either case, your care providers will work with you to make sure your pain is managed in the best way possible while protecting your recovery.

Your pain can be treated in many ways.

Your care providers may advise you to do a number of things to reduce your pain. If you are already taking steps on your own to manage your chronic pain, tell your care providers. If they don't ask about this, volunteer the information, so that it is part of the management plan you build together.

Each piece of your plan may help to some degree. All of the pieces together may do quite a bit to ease the pain. Some of them will require a significant commitment and active involvement, but they can be the keys to effective management of pain.

Get the benefits of exercise.

Exercise can make you stronger and more flexible, speed recovery from injury, improve your balance, and brighten your mood. All of these things can reduce pain and improve your quality of life. Your care providers may recommend specific exercises as well as the amount of exercise to do. Follow these instructions, so that you obtain benefit from the exercise without putting yourself at risk for more pain and injury.

Your care providers may refer you to a physical therapist who can teach you exercises, help you do them, and advise you on how hard to push yourself or when to go easy. The physical therapist also can teach you how to do daily activities in ways that limit the pain—for example, smart ways to get out of a chair, to lift your arms while dressing, or to carry groceries.



Counseling can help.

Your doctor may recommend you for a kind of counseling that has been quite helpful for many people in pain, as well as for people in recovery. This counseling, called cognitive-behavioral therapy, is usually offered in small group classes that last several weeks. In the classes, you learn how to manage your attitude toward pain to change how you experience it.



You can learn how to pace your activities to reduce pain, and to create a plan to manage sudden increases in pain. You also can learn techniques that help you relax or fall asleep. This, too, is important because you can often reduce the sensation of pain by being rested. Another important tool you will learn is how to distract yourself from thinking about the pain all the time. Your counselor will help you learn and practice these techniques until they become automatic.

Consider alternative treatments as add-ons to your plan.

There are many types of treatment for which there is not yet enough scientific evidence to say whether they really work to reduce pain. Some of these treatments can cause problems when combined with the management plan you and your care providers have put together. But others may possibly be helpful to you, or at least do no harm. Check with your care providers before starting any extra treatment, to make sure it fits with what you are already doing.

ALTERNATIVE TREATMENTS TO CONSIDER

Herbs and vitamins—Nutritional supplements that may improve overall health and the body’s ability to resist pain signals

Massage or vibration—The use of hands, rollers, or electronic devices to relieve muscles and reduce sensations of pain

Acupuncture—The insertion of very fine needles into the skin at specific points, to improve the body’s control over pain sensations

Chiropractic treatment—The manipulation of the spine, joints, and muscles, so that they move with less pain

TENS (transcutaneous electrical nerve stimulation)—The use of an electronic device to stimulate nerves and block pain signals

Cold therapy—The use of ice packs against the site of an acute injury, to reduce swelling and pain

Heat therapy—The use of warmth, such as with a heating pad, to provide relief for sore or stiff muscles or for joint pain

Braces and body supports—Products that relieve pressure on injured parts of the body, such as the knee or lower back, to reduce pain and restore function

Meditation—A mental technique of emptying the mind of thoughts or focusing on one thought, to relax, become calm, and improve coping with pain



I asked my doctor about those Chinese herbs you told me to take.

What did she say?

One is okay, but the other might interfere with my medication. Then she said I should take up *tai chi*. You heard of that?

Sure. *Tai chi* involves slow movements, almost like meditation.

It’s exercise I can handle, and it’s good for my balance. I can’t afford to fall again!

Keep up your recovery from mental illness.

Many people with chronic pain have anxiety, depression, or PTSD. These conditions can make pain feel worse. They also can make it difficult to stick to a pain management plan. If you are affected by these symptoms, your pain management plan may need to include extra mental health supports such as counseling, participation in a mutual-help group, or medications to treat the mental illness.

Maintain your addiction recovery.

Relapse prevention is very important to pain management, and vice versa. Fortunately, many of the things that help with pain—such as having a positive attitude, keeping busy, and learning coping skills—help control cravings and prevent relapse. Taking an active part in your pain management has a double reward, because it can strengthen your recovery from addiction while helping you manage your pain.

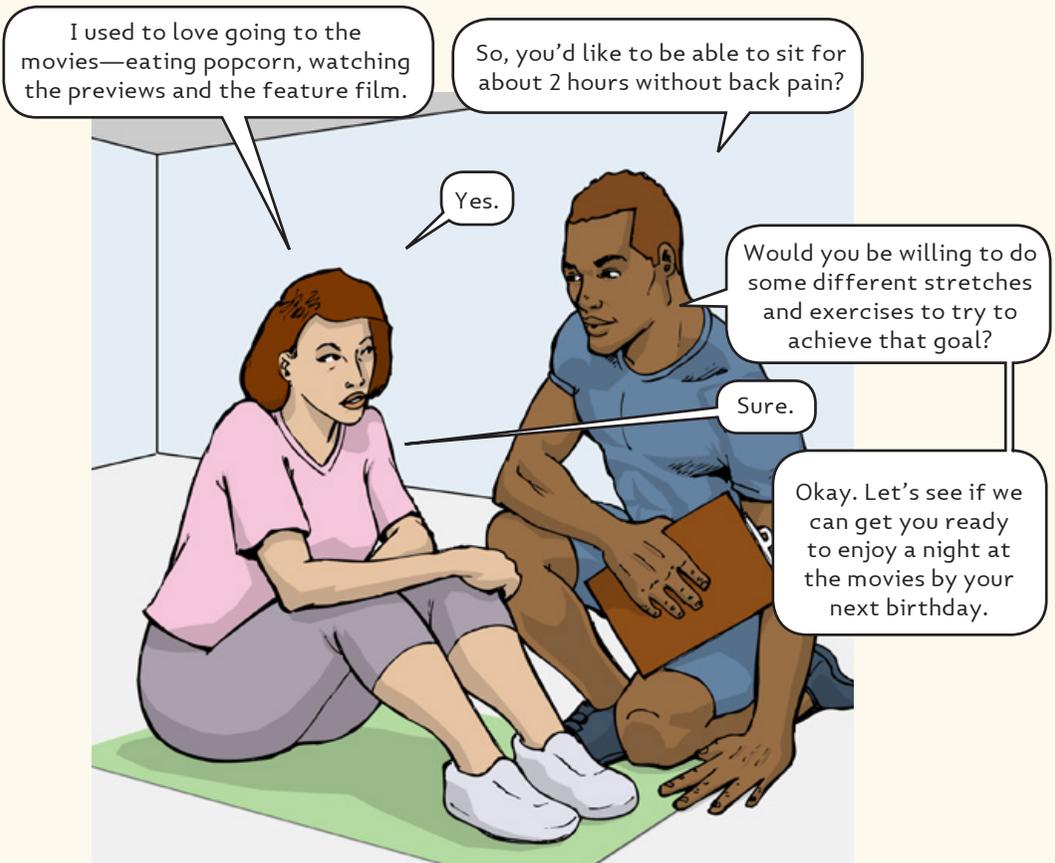


Set goals.

One of the most important things you can do is reclaim your life from the pain. Think about the simple and enjoyable activities that you have given up because of pain, but would like to do again. For example, your goal might be gardening, taking a walk, spending time with your family without thinking about pain, or getting back to work.

Also think about new things you would like to do, even though your life has been changed by pain. For example, perhaps you would like to learn to draw, to keep a journal, or to exercise in a new, pain-free way.

Tell your care providers about your goals for an improved quality of life, and ask for help achieving them. Put these goals in your pain management plan, and work with your care providers to find ways to measure progress toward the goals.



Medications can provide you with some relief.

Medications for pain come in several forms, including pills, patches, and injections. But no medication is a magic cure for chronic pain. Managing your pain and improving your quality of life will almost never depend on medications alone. However, they can be an important part of your overall treatment plan. You will need to discuss with your care providers the risks that pain medications present to your recovery and how you will manage those risks.

Lower-risk medications are your first choice.

If you are in recovery from mental illness or addiction, your best first choice for pain medication will be a kind that does not have addictive properties. Several such kinds of medications are available. Each has been found to be most helpful for particular types of pain. Some types are prescribed, and other types can be purchased at a pharmacy over the counter.

Your care providers might have you take acetaminophen medication, which is typically used to treat headaches and aches and pains. Topical creams and ointments may offer some relief for pain in one particular part of the body, such as on the knee or elbow. Nonsteroidal anti-inflammatory drugs (NSAIDs) can be helpful for several types of pain, including bone pain or pain caused by swelling and inflammation.

Other medications that were originally developed to serve other purposes have been found to have pain-relieving properties for certain conditions. These include medications for depression, anxiety, and seizures.

Some medications for pain are not recommended for use with people in recovery. These include benzodiazepines (for anxiety) and cannabinoids (which are derived from marijuana).

Any medication can have side effects, even when used exactly as prescribed. For these reasons, it is important to always take medications under the supervision of your care providers, to take them exactly as directed, and to report any side effects.



Medications with addictive potential may be appropriate in some cases.

If your pain continues to persist at unmanageable levels, your care providers may work with you to try an opioid (“narcotic”) medication. Opioids are strong medications that provide relief for some types of pain. However, even when they work well, they have limitations, and they can lead to abuse and addiction. Opioid medications will be recommended to you only if the potential benefits outweigh the risks. They will be prescribed with carefully set limits and boundaries, and only for as long as they are clearly helping.

A history of drug addiction or abuse does not necessarily rule out opioid medication for pain. However, before you go this route, you and your care providers should carefully consider your recovery status, support network, and other factors that can help you avoid relapse. Your care providers will consider your recovery status to determine the kind and form of opioid that will be safest for you to take.

If you are in medication-assisted treatment for opioid addiction, your pain treatment doctor will want to communicate with your addiction treatment provider. If you are on buprenorphine, it may be possible to adjust your dose schedule to provide some pain relief. If you are on methadone, you may be able to take an opioid medication for pain. Opioids will not be effective if you are taking naltrexone. Any adjustments in your medications will require careful coordination of care.

TYPES OF OPIOID MEDICATIONS

Buprenorphine

Codeine

Fentanyl

Hydrocodone

Hydromorphone

Methadone

Morphine

Oxycodone

Oxymorphone

OPIOID MEDICATION RISKS

- They can lead to dependence including problematic use and, in some cases, addiction.
- For people in recovery from addiction, they pose a risk for relapse.
- If you stop taking them suddenly, you can experience withdrawal.
- Even when they work, they tend to only partly reduce pain.
- In some people, they can make pain worse over time.
- They have serious side effects, which include drowsiness and confusion, as well as bothersome side effects such as constipation.
- They can cause overdose and death if not taken exactly as prescribed or if they are taken with certain other medications or substances, including alcohol or illicit drugs.

You have special responsibilities when taking opioids.

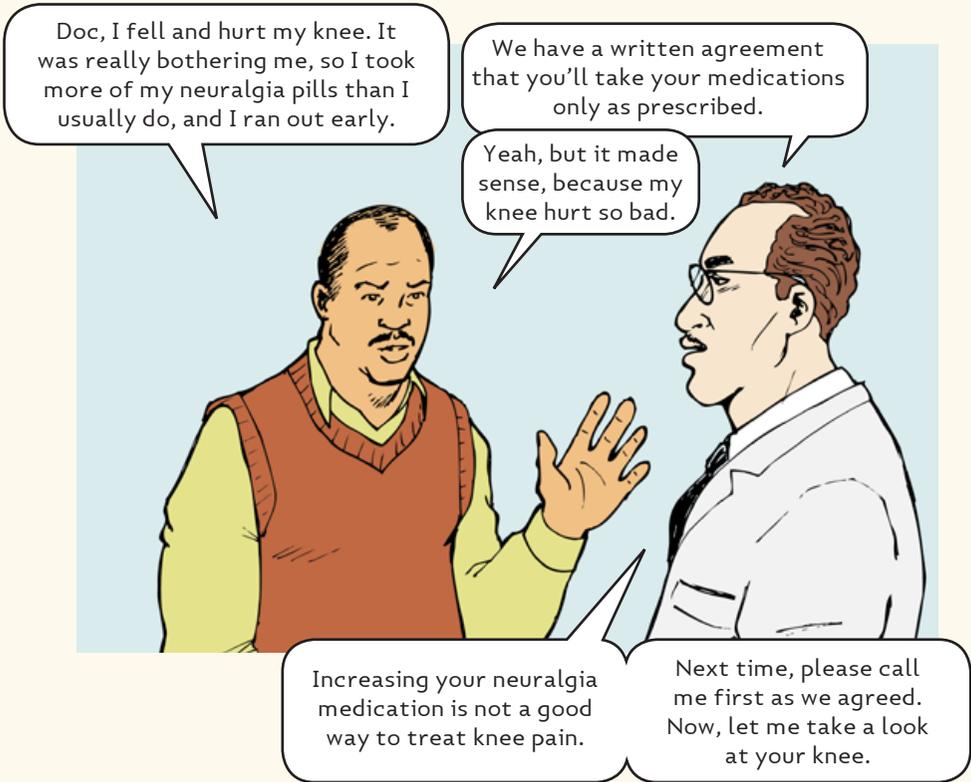
Opioids are controlled substances, which means that there are strict laws regarding their prescription and use. It is illegal to give away, trade, share, or sell your opioid medication to anyone else. Also, if someone steals your opioids, you must report the theft to the police and to your doctor.

Opioids can be dangerous. You should take them exactly as prescribed, because otherwise they can cause sickness and death. Also, it is very important that you keep opioid medications in a safe place away from children, teens, pets, and other adults. Every year people—especially children—die from taking opioids not prescribed to them. If you are prescribed opioids, ask your doctor to carefully explain your responsibilities for their safe use.



Treatment agreements keep you and your care providers accountable to each other.

If you are prescribed opioid medication, your care providers may write up a treatment agreement for you to sign. This is a written agreement that describes what you and your care providers expect from each other. The treatment plan may state what the care providers will do to manage and monitor your pain control. It may state the conditions under which you will receive the opioid medication. For example, it may state that you will have frequent, unscheduled urine drug screening tests. It may limit you to getting your prescriptions filled at only one pharmacy, put limits on refills, and set rules for replacing lost medication. The treatment agreement may state that there will be pill counts or patch counts at every visit, to help you make sure you are not taking too much of your medication or misusing it. It also may state that you give your doctor permission to speak with your other healthcare providers or with household members about your treatment.



The purpose of the treatment plan is to help keep you on track. Many people in recovery find it helpful to know that they are being held accountable and that their care providers are working with them to protect their recovery as well as their health and safety.

Work with your care providers when going off opioids.

People on opioid medication should discontinue taking it when the harm begins to outweigh the benefits. Of course, this statement applies to all medications, of whatever category. If you are taking opioids, your doctor will advise you how to taper off them, to avoid side effects.

REASONS TO STOP TAKING OPIOID MEDICATION

- The pain has decreased or disappeared.
- The medication fails to relieve the pain or stops working.
- The side effects are not worth the pain relief.
- It is increasing cravings and putting recovery at risk.

Prepare ahead for managing intense pain episodes.

Acute pain is pain that comes on quickly and lasts for a limited time. This kind of pain can occur when you have surgery, are injured, have a spike in pain caused by disease, for many other reasons, and sometimes for no clear reason. It's important to talk to your care providers about what to do if you ever experience acute pain. There are ways to treat it while minimizing the risk of relapse. This usually involves a combination of medication and active steps on your part, such as practicing relaxation techniques.

If you already are on buprenorphine or methadone for opioid addiction, it's important to know that the medication may help you with your chronic pain, but it is most likely not going to help with acute pain. In fact, buprenorphine can actually reduce the effect of other opioids you might take for acute pain. For this reason, it can be tricky to manage acute pain for patients in medication-assisted treatment. Your care providers may want to consult with an addiction specialist or other consultants with more experience with these medications used to treat addiction.

Take action immediately if you have a lapse in recovery.

If you find yourself misusing your medication, noticing new or worsened psychiatric symptoms, or having cravings for alcohol or drugs, talk to your care providers or counselor immediately. Perhaps adjustments need to be made to your pain management activities and medications, so that you get better pain relief and stay solid in recovery. You may need more recovery support, such as more frequent visits to mutual-help meetings. Your care providers may be able to refer you to a treatment program that has more experience working with people in chronic pain. There are many different things that you can do to stay in recovery and manage your chronic pain. You, your care providers, and your mental health or addiction treatment counselor can explore them together.

Pain management begins with you.

It's understandable that you want to get rid of your pain completely, but that is often not possible. Although you may always have some pain to manage, you can still improve your quality of life. You can manage your chronic pain. You can have a good life.



Resources

American Academy of Pain Medicine

Information about pain and a pain specialist locator

<http://painmed.org>

American Chronic Pain Association

Peer support and education in pain management skills for people with pain

<http://theacpa.org>

American Pain Society

Information about pain, public policy, and clinical practice

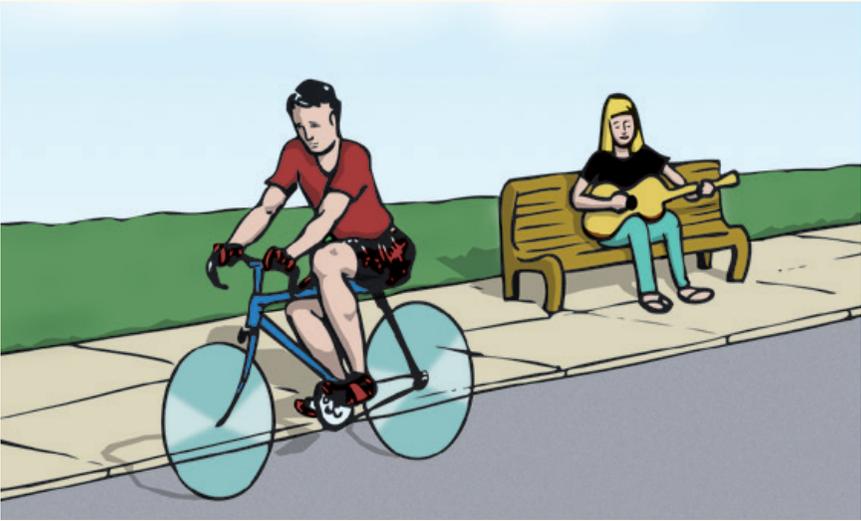
<http://americanpainsociety.org>

National Association of Cognitive–Behavioral Therapists (NACBT)

NACBT-Certified Therapist Locator

<http://nacbt.org>





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You can manage your chronic pain to live a good life!

Work with your doctor to find the treatment that works for you.



Take active part in your pain treatment—it's not just about medication!



Set goals about what you want to do, not about the pain itself.



Stick to your pain management plan.



Keep a positive attitude.



Work on your coping skills.



Enlist support from others.



Keep busy.



Safeguard your recovery.

