HEALTH BASICS

Narcotics pain medications

Narcotics pain medications are opioids used to relieve certain types of moderate to severe pain.

WHAT IT IS
Opioid medicines used to relieve certain types of pain

WHERE IT COMES UP
Prescriptions after surgery, injury, or for serious ongoing pain

WHY IT MATTERS
Pain relief with risks of dependence, sedation, and overdose

WHAT IT IS NOT
Not a disease, diagnosis, or single medicine

WHO TO ASK
Prescriber, pharmacist, or pain-care clinician

HOW IT IS CHECKED
Medication review, pain response, and safety monitoring

Overview

"Narcotics pain medications" is a common name for opioid pain medicines . "Opioid like oxycodone or morphine " is the more precise medical term. These medicines include morphine, oxycodone, hydrocodone, codeine, tramadol, and prescription fentanyl.

Opioids may be used for pain after surgery or a serious injury. They also have a role in cancer pain, palliative care, and some other situations involving severe pain. For many common types of pain, nonopioid medicines and non-drug treatments may provide similar or better relief with fewer opioid-specific risks.

Some opioid tablets combine an opioid with acetaminophen. Taking additional acetaminophen without noticing the combination can cause an accidental overdose of acetaminophen. Check the active ingredients on every label.

Opioid pain medicines are controlled substances because they can cause physical dependence and may be misused. This does not mean that everyone who takes one develops an opioid use disorder. It does mean that careful prescribing, storage, monitoring, and disposal matter.

How it works

Opioids attach to proteins called opioid receptors in the brain, spinal cord, and other parts of the body. This changes how pain signals are processed and how distressing pain feels. Opioids do not repair the injury or condition causing the pain.

The same receptors also affect breathing, alertness, and the digestive system. This explains several common effects, including sleepiness, nausea, and constipation. If opioid activity becomes too strong, breathing can become dangerously slow.

With repeated use, the body may develop tolerance , meaning the same amount has less effect over time. It may also develop physical dependence , meaning withdrawal can occur if the medicine is stopped suddenly.

Physical dependence is not the same as addiction. Opioid use disorder is a medical condition involving a pattern of opioid use that causes significant problems or loss of control. A person can develop physical dependence while taking medicine exactly as prescribed, without having opioid use disorder.

Why it matters for your health

An opioid may make severe pain more manageable. The useful effect should be considered alongside alertness, sleep, movement, and your ability to carry out important activities. A lower pain score is not the only measure of benefit.

Common adverse effects include constipation, nausea, dizziness, itching, and drowsiness. Constipation often continues for as long as the opioid is used, even when some other effects improve.

Sedation can affect driving, work, balance, and decision-making. Older adults and people who are already unsteady may have a greater risk of falls. Breathing risks may also be higher in people with sleep-related breathing problems or serious lung disease.

Alcohol, benzodiazepines such as diazepam or alprazolam, sleep medicines, and other sedating drugs can add to an opioid's effects. Combining them may cause profound sleepiness or dangerously slow breathing. Your prescriber and pharmacist need an accurate list of prescription medicines, over-the-counter products, supplements, alcohol use, and other substances.

Pregnancy also changes the discussion. Opioids can affect pregnancy, and regular exposure may lead to withdrawal in a newborn. If you are pregnant, planning pregnancy, or breastfeeding, ask for individual advice. Do not abruptly stop a regularly used opioid without medical guidance.

What can go wrong

Opioid-induced respiratory depression means breathing becomes too slow or shallow. Severe respiratory depression can lead to an opioid overdose , which is an emergency. Risk can increase when opioids are taken differently from the label, combined with sedatives, or restarted after tolerance has fallen.

Emergency warning signs include:

Call emergency services immediately if these signs occur. Give naloxone if it is available and you know how to use it. Naloxone temporarily reverses opioid effects, but its effect may wear off before the opioid does. Stay with the person and follow the emergency dispatcher's instructions.

Opioid use disorder can involve taking more than intended, unsuccessful attempts to cut down, strong cravings, or continued use despite harm. These concerns deserve a prompt, nonjudgmental medical assessment. Effective treatments are available.

Withdrawal can occur after regular use is reduced or stopped. It may include anxiety, sweating, muscle aches, stomach cramps, diarrhoea, and trouble sleeping. Withdrawal is different from an overdose, and it is not proof of addiction. Contact the prescriber for advice rather than changing a long-term regimen suddenly.

Routine follow-up is appropriate if pain relief is poor, side effects interfere with daily life, or you are worried about dependence. Seek urgent advice for severe confusion, repeated fainting, or marked sleepiness. Trouble breathing or inability to wake someone requires emergency care.

- Breathing that is very slow, irregular, or absent
- Inability to wake the person
- Blue, grey, or unusually pale lips or skin
- Choking, gurgling, or unusual snoring from an unresponsive person

What you can do

If you are prescribed an opioid, practical safety steps include:

Do not increase, reduce, or stop a regularly used opioid on your own. If treatment is no longer helping, ask whether a gradual reduction is appropriate.

There is no blood test or scan that shows whether an opioid is relieving pain appropriately. Follow-up usually involves a medication review and discussion of pain, function, side effects, and safety. Urine drug testing is sometimes used to check for selected substances, but it

cannot measure pain or diagnose opioid use disorder by itself.

- Confirm the medicine's name, strength, purpose, and label directions
- Check whether it also contains acetaminophen or another pain reliever
- Ask what benefit should be expected and how it will be reviewed
- Keep a record of pain, activity, sleep, and unwanted effects
- Tell the prescriber and pharmacist about all sedating substances
- Ask whether naloxone should be kept at home and how to use it
- Avoid driving until you know how the medicine affects you
- Store it securely, in its original labelled container
- Never share an opioid with another person
- Use a medicine take-back service for unwanted doses

Common questions

Are "narcotics" and "opioids" the same thing?

In pain care, "narcotic" usually refers to an opioid. However, the term has also been used loosely for illegal drugs. "Opioid" is clearer and does not imply that prescribed use is illegal.

Are prescription opioids the same as heroin?

They belong to the same broad drug class and act at opioid receptors. Their formulation, strength, medical use, and legal status differ. Illegally manufactured fentanyl and other unregulated products may contain unexpected substances or amounts.

Will short-term use cause addiction?

No one can predict an individual outcome with certainty. Risk is influenced by factors such as length of use, amount taken, personal or family substance-use history, and mental health. Take the medicine only as directed and discuss concerns early.

Is physical dependence a sign of addiction?

Not by itself. Dependence is a physical adaptation that can occur with regular treatment. Opioid use disorder involves a broader pattern of impaired control and harm.

Why might naloxone be offered?

Naloxone is an emergency medicine that can temporarily reverse an opioid overdose. Keeping it nearby is a safety measure, similar to keeping other emergency medicines available. It does not encourage misuse.

Should leftover tablets be saved?

Usually, no. Leftover opioids can be taken accidentally, stolen, or used by someone for whom they were not prescribed. A pharmacy, local authority, or medicine take-back program can explain safe disposal options.

Sources

- Centers for Disease Control and Prevention. CDC Clinical Practice Guideline for Prescribing Opioids for Pain-United States, 2022 . MMWR Recommendations and Reports. 2022;71(3):1-95.
- US Food and Drug Administration. Opioid Pain Medicines: Drug Safety Communication-New Safety Measures Announced for Opioid Analgesics, Prescription Opioid Cough Products, and Benzodiazepines . 2016.
- US Food and Drug Administration. FDA Recommends Health Care Professionals Discuss Naloxone with All Patients When Prescribing Opioid Pain Relievers or Medicines to Treat Opioid Use Disorder . 2020.
- National Institute on Drug Abuse. Naloxone DrugFacts . National Institutes of Health.
- MedlinePlus. Opiates and Opioids . US National Library of Medicine.
- US Food and Drug Administration. Disposal of Unused Medicines: What You Should Know .