

## Frequently Asked Questions

Every patient should ask questions when getting a new medication. This is important when your healthcare provider prescribes you medicine for pain, which may include an opioid, such as hydrocodone, hydrocodone/acetaminophen, oxycodone, tramadol, hydromorphone, oxymorphone, methadone, or codeine.

What should you ask to find out exactly what you are getting for pain relief?

Your conversation could begin like this:

- “My condition is causing pain.”
- “How long should I expect the pain to last?”
- “What medication are you giving me?”
- “Is it an opioid?”
- “What are the side effects?”
- “Are there other non-opioid options that can help with pain relief while I recover?”



### 1. Why do I need this medicine?

- Ask your healthcare provider for reasons why it is right for you.

### 2. Are there other options that will address my pain?

- Opioids are not the only option for treating pain.
- Other options are available.
- An over-the-counter pain reliever (such as Tylenol, Aleve, or Advil) may be enough.
- Physical therapy or chiropractic care could give the same results.

### 3. How long do I take this?

- Extended opioid use can increase the risk of dependence and addiction.
- Talk with your healthcare provider about how long you should take the medicine and if it should be refilled.

## Frequently Asked Questions (cont.)

### 4. Does this medicine line up with current guidelines and state law?

- The Centers for Disease Control and Prevention (CDC) has published specific guidelines, directing healthcare providers to prescribe the lowest dose for the shortest length of time possible.
- Adults: No more than a 7 day supply for first time prescriptions.
- Minors: No more than a 5 day supply.

### 5. What are my risks for addiction?

- Some people may be more prone to addiction than others.
- A report published by the CDC suggests that the risk of chronic opioid use rises with each additional day after the third day, with a steep rise after the fifth day.

### 6. How does this medicine mix with other medicines I'm taking?

- Opioids can be deadly when mixed with other drugs, especially those taken for treatment of anxiety, sleeping disorders and seizures.
- It is a bad idea to mix alcohol with an opioid pain reliever or muscle relaxants.

### 7. What are the expected side effects?

- Those vary. They might include feeling sick to your stomach, sleepiness, extreme excitement, itching and more.

Talk with your healthcare provider!



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## OPIOID OPT-OUT FORM PATIENT GUIDE

Voluntary NonOpioid  
Directive Form

CHANGE  
the SCRIPT

Connecticut  
Department of Public Health  
Office of Injury Prevention  
860-509-8251



[www.drugfreect.org](http://www.drugfreect.org)

[www.ct.gov/dph/injuryprevention](http://www.ct.gov/dph/injuryprevention)

## The Opioid Crisis



### What are opioids?

Opioids are drugs that act on the nervous system to relieve pain. Opioids are types of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and prescription pain relievers, such as codeine, morphine, oxycodone, hydrocodone, and many others.

### What are the risks?

When opioids are used continuously, it may lead to physical dependence and withdrawal symptoms. The **opioid epidemic** has come with many devastating results, such as opioid misuse and overdoses. According to statistics from the National Survey on Drug Use and Health, in 2016, **116 people died every day** from opioid-related drug overdoses, 11.5 million people misused prescription opioids, and 42,249 people died that year from overdosing on opioids.

## Don't Want to be Prescribed an Opioid Drug? We've got you covered.

- ◆ The opioid opt-out form, also known as, Voluntary NonOpioid Directive Form, tells your healthcare provider that you **DO NOT** wish to be issued a prescription or medication order for an opioid drug.
- ◆ Complete and file the form provided with your healthcare provider. Upon receipt of this form from you, a healthcare provider shall document receipt of the form in your health record.
- ◆ CT DPH recommends completing the form with your primary care providers or substance use disorder (SUD) treatment providers; however, such consultation is not required for the form to be valid.
- ◆ This form will be valid even if you cannot tell them yourself. This could happen if you are: in a coma, seriously injured, terminally ill, or having severe dementia.

**It is best if you carry a paper or electronic copy of this form with you at all times!**

**CHANGE**  
**the SCRIPT**

## Don't Want to be Prescribed an Opioid Drug? We've got you covered. (cont.)

- ◆ If you go to an emergency room or are admitted to a hospital, the staff may ask if you have a Voluntary NonOpioid Directive or they may have a form there for you to fill out.
- ◆ Your healthcare provider will sign the form to accept when they receive it and will place it in your medical record. Be sure that each of your healthcare providers has a copy of the form. This is very important if you receive health care from an out-of-state provider.

**Your Voluntary NonOpioid Directive may be cancelled — verbally, or in writing — for any reason or at any time, but only by you or your guardian or healthcare proxy, also known as healthcare representative.**

- ◆ If you need to assign a health care representative, visit the Office of the Attorney General's web site for more information: <http://portal.ct.gov/AG/Health-Issues/Connecticuts-Living-Will-Laws>.
- ◆ If you travel out-of-state, be sure to carry a paper or electronic copy of your Voluntary NonOpioid Directive. Make sure your healthcare representative has a copy which they can share with your healthcare provider if needed.