



Some Common Misconceptions about Opioids

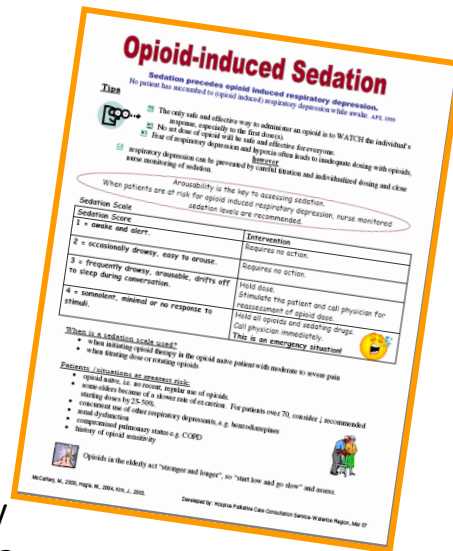
Myth:

Morphine is dangerous, because it can make breathing slow down to a dangerously low rate.

Truth:

Morphine and other opioids are not dangerous respiratory depressants when used appropriately, for people experiencing pain.

- Doses are increased gradually, and the body quickly adjusts. Pain is a great stimulant to breathe!
- Sedation and drowsiness always precede opioid induced respiratory depression.
- Using best practice tools like the sedation scale will help to ensure a safe approach to care.



Myth:

Anyone who takes morphine, or other opioids, will become addicted.

Truth:

Addiction is a psychological craving for a drug and rarely develops in people using opioids for pain control. A combination of many factors, including genetics, environment and behaviour, can influence a person's risk of addiction. Having an increased risk of addiction does not mean patients are not treated; it means that added precautions are needed such as screening, teaching, contracts and follow up.

- Physical dependence does occur in people who need to take opioids for a long time. This is only a problem if the medication is stopped suddenly. If this happens, a physical reaction called withdrawal may take place. If the disease is cured or pain is relieved by other therapies like radiation, and the person no longer needs as much opioid medication, it can be withdrawn slowly so that the withdrawal reaction does not occur.
- The bottom line is that physical dependence does not equal addiction.