

How I'm Managing My Chronic Pain Without Opioids

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Summary:

A young woman discusses how she became frustrated when increasing doses of opioids didn't relieve her chronic pain, and what she's doing now to manage her pain.



Note: This is one of a [series of stories](#) by people whose lives have been affected by the use of opioids. Fighting the nation's [opioid crisis](#) is one of HHS's main priorities.

I lived in Asheville, North Carolina, for most of my life, and up until I was 15, that life was normal. Then at 16, I suffered a minor injury to my calf while playing soccer. The injury caused something called complex regional pain syndrome (CRPS), a chronic, debilitating neuropathic pain condition.

The pain was awful and the condition spread throughout my body. My doctor prescribed the lowest dose possible of an opioid that he thought best for my neuropathic pain. By 17, still under the doctor's care, I was taking the maximum dosage, and I knew I was becoming increasingly tolerant to the medication.

I never considered myself addicted to opioids nor suffering from a substance use disorder, although I was certainly physically dependent on opioids. I had gone off my opioids once under the care of my doctor to prepare me for other treatment options, and it wasn't easy. When I weaned myself off opioids another time because I didn't like my physical dependence on the medication, I followed a similar regime, and again went through withdrawal. Opioids are powerful drugs, and any one dependent on them should work closely with their physician when discontinuing their medication.

My story is perhaps a bit different from others physically dependent on opioids because of my experience working on an opioid public health project as a University of North Carolina at Asheville pre-health intern at Mountain Area Health Education Center. For my research project, I worked on the [Integrated Chronic Pain Treatment and Training Project](#) (funded by the Centers for Medicare & Medicaid Services at HHS), which aimed to reduce the number of opioid overdose deaths in Western North Carolina while still maintaining optimal care for patients with chronic pain.

This project changed my life. I was in pain all the time and felt frustrated when the prescribed opioids couldn't control it. But working on the project confirmed to me that I wanted to find ways other than increasing doses of powerful opioids to manage my condition, as well as to help others with chronic pain.

While I no longer use opioids, I do use non-opioid prescription medications and a spinal cord stimulator to provide pain relief for my CRPS. I'm also hyperaware of how stress triggers my increased feelings of pain, so to mitigate stress, I personally have found relief in meditation, relaxation and yoga among other approaches.

I am now working on getting a PhD in neurobiology at Heidelberg University in Germany. My research focuses on the mechanisms of chronic pain. I am doing this because I know that there is a need for better non-opioid management options for chronic pain.

Because of my experience, I can see why we need to control the overuse of opioids while still making sure they are available when necessary to help people manage their pain.

My whole life revolves around chronic pain. I can either moan and groan about it or turn it into something bigger than myself.

For information about opioids and pain management, see <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>.

If you or someone you know has a problem with heroin or the misuse of opioid-based prescription pain relievers such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine and morphine, call the National Helpline at (800) 662-HELP (4357) or visit <http://findtreatment.samhsa.gov> to find the nearest treatment facility.

The Opioid Overdose Prevention Toolkit and other resources can be found at <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/useful-resources-opioid-overdose-prevention>.