

# #4- LONG-ACTING OPIOIDS - BIGGEST BARRIER TO REDUCING TO 90\*

## “MARCH TO 90”

By

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### HISTORY

In the past 20 years long-acting opioids have been standard pain practice to lower or suppress baseline pain. Why? There were no real alternatives. The belief has been that an opioid that stays in the blood a long time will provide the best pain relief. Long-acting opioids include formulations of morphine (MS Contin®), Oxycodone (Oxycontin®), hydromorphone (Exalgo®) methadone, and fentanyl patch (Duragesic®).

### PROBLEM WITH LONG-LASTING OPIOIDS

Long-acting opioids constantly coat the opioid receptors in the “brain and spinal cord.” This causes the receptors to undergo biologic changes resulting in physical dependency. When a long-acting opioid is stopped, withdrawal symptoms start, and the patient craves another dose. Long-acting medications, fill up all the opioid receptors. This causes suppression of the body’s own natural endorphin system of natural painkillers and mood elevators. Another major problem with filling up all the opioid receptors is that it blocks out or neutralizes other drugs that need this receptor to function. The best example is “breakthrough” or “flare pain.” A patient may need increasingly higher and higher dosages of a short-acting opioid to “breakthrough” the blockage caused by a long-acting opioid. Long-acting opioids also cause multiple hormone deficiencies over time, which in turn makes the opioid medication less effective.

### BARRIER TO REDUCING OPIOID DOSAGE

In order to significantly lower one’s opioid dosage, one must stop long acting opioids. Why? Opioid receptors must be free of opioids to recover. They actually begin to recover if uncoated for just a few hours during a 24-hour day. This allows alternatives such as Oxytocin/Ketamine troches and hormones to get in and work.

### TIPS ON STOPPING LONG-ACTING OPIOIDS

There is no easy way to stop long-acting opioids. Here are some tips:

1. See if your doctor can switch you to a short acting opioid medication.
2. Reduce your long-acting opioids dosage by 5 to 10% a week;
3. Increase your short-acting opioids when reducing your long-acting;
4. If on a fentanyl patch, lengthen the time you keep it on before you reduce to a lower dose;
5. If withdrawal symptoms occur, take taurine, 2000 mg (obtain at a health food store) about every 4 to 6 hours; plus make sure to take a daily B-Complex supplement.
6. Increase your protein intake (poultry, fish, eggs, meat).
7. 5-HTP (5-hydroxytyptophan) - helps with pain, mood and sleep. Take 500 – 2000 mg a day.
8. If you are currently taking Methadone, consider dropping your dose to about 3 or 4 -10 mg doses per day. It is extremely difficult to totally and abruptly stop Methadone.

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## **SUCCESS**

Once off long-acting and only on short-acting opioids, you can start to substitute the short acting opioids with oxytocin, ketamine, ketorolac, nandrolone, kratom, CBD oil, or taurine among other non-opioid alternatives.

By changing to a short acting opioid medication, it allows your own natural endorphin and endocrine system to recover its own natural balance, leading to less pain.

**Resource: The clinical protocol we use to reduce opioid dosages is now available to any physician or nurse practitioner upon request.**

\* 90 milligrams of daily morphine equivalence

**Stay on the "March to 90" by following our updates on these websites:**

[www.familiesforiprelief.com](http://www.familiesforiprelief.com)  
[www.arachnoiditishope.com](http://www.arachnoiditishope.com)  
[www.foresttenant.com](http://www.foresttenant.com)  
[www.hormonesandpaincare.com](http://www.hormonesandpaincare.com)

**Recommendations: Do you have naloxone nasal spray in case of an overdose?**

**If you are depressed or uncertain about your future, have you considered seeing a psychiatrist or psychologist?**

**Your primary doctor can refer you.**