

Women and Prescription Opioids

Prescription Opioids

- Opioids are a type of medication prescribed to treat acute and chronic pain.
- Opioids are derived from the Opium poppy plant but can also be made chemically in a lab.
- Opioids can be very effective in reducing pain. They can also produce a feeling of well-being or euphoria (“high”).
- Opioids are depressant drugs, which means they have a central nervous system depressant effect. This results in the slowing down of the part of the brain that controls breathing.
- Some common opioid medications include morphine, codeine, oxycodone (e.g., Oxycontin®, Percodan® or Percocet®), hydrocodone (e.g., Hycodan®, Tussionex®), hydromorphone (e.g., Dilaudid®), fentanyl, methadone, tramadol, and buprenorphine.
- Prescription opioid medications come in various forms: tablets, capsules, syrups, solutions, patches, and suppositories.
- Prescription opioids affect people differently. Some opioids are processed more efficiently by females, and others by males, due to differences in hormones, body weight, fat, and liver enzyme activity.
- Side effects can include sedation (feeling drowsy or sleepy), nausea, vomiting, constipation, depression, suicidal ideation, and memory loss. Use of prescription opioids can also impact your ability to drive, work, and socialize.
- At higher doses, opioid medications can be dangerous through the onset of drowsiness and the slowing of breathing which can lead to a coma and death.
- Prescription opioids are most effective when used short-term. Long-term use can build tolerance, which requires continual increases in dosage to feel pain relief.

Serious harms from prescription opioid medications can include dependence, addiction, overdose, and death. When caught early, an overdose may be treated with drugs such as naloxone (also known as Narcan). Naloxone temporarily reverses the effects of opioids which allows for additional time to get help.

Prescription Opioids and Your Health

Women report higher rates of chronic pain than men and are more likely to be prescribed and use opioid medications.

It is important for women and prescribers to know about the effects of opioids on women’s health.

- Women who experience chronic pain report it being challenging to describe their pain to healthcare providers in a way that will not be dismissed. This, in turn, affects not only how/if opioid medications are prescribed, but also how/if attention is paid to how chronic pain has impaired their social, professional, marital, and maternal lives.
- Long-term use of prescription opioid medications in women can cause hormonal changes, infertility, anxiety, and depression. Changes in your hormones may affect your period and libido.
- Long-term, frequent use of opioids to treat headaches can also result in “medication overuse headache”, a rebound headache caused by excessive use of headache relief medications.
- Prescription opioid medications can be dangerous when taken in large quantities or misused. Indicators of misuse may include:
 - Using opioids with alcohol, benzodiazepines (e.g. clonazepam and lorazepam), or other medications with sedative effects
 - Taking more medication than prescribed or taking medication that was not prescribed
 - Changing how your medication is taken (e.g. changing the route of administration)
- When reducing opioid use, it is important to ‘taper’ or progressively reduce your dosage to avoid severe withdrawal.
- For people who are dependent on opioids, Opioid Agonist Therapies (OAT), such as Suboxone or Methadone can help prevent withdrawal, reduce opioid cravings, and stabilize your symptoms.



Prescription Opioids and Pregnancy

- While prescription opioid medications may be considered safe to take during pregnancy, it is important to talk to your healthcare provider about your particular situation.
- Still, using prescription opioid medications during may increase risk for:
 - Stillbirth
 - Adverse delivery outcomes, such as premature birth, low birth weight, premature birth, or small for gestational age
 - Adverse maternal outcomes, such as cardiac arrest, increased length of hospitalization, preterm labour, and the need for blood transfusions
 - Adverse child outcomes, such as birth defects, problems with the heart, brain, spine, or lungs, and Neonatal Opioid Withdrawal Syndrome (NOWS)
- NOWS is a treatable grouping of withdrawal symptoms newborns can experience. Signs of NOWS may include sleep difficulties, irritability, seizures, feeding difficulties, fever and vomiting.
- Not all infants will experience withdrawal and not all require medical treatment for NOWS. Most infants who experience withdrawal symptoms will have no long-term effects. Care models that support attachment and skin-to-skin contact have been found helpful.
- If you are interested in reducing or stopping your opioid use, it is important that you do not stop taking opioids on your own or go “cold turkey”, as stopping their use can cause harms during pregnancy, such as early labour, or make it difficult for the fetus to get enough oxygen.
- If you have an addiction to opioids and are pregnant or planning to become pregnant, you should talk to your health care provider. Opioid agonist therapies such as methadone and buprenorphine have been found to be safe to use during pregnancy. Your health care provider will also be able to provide services in your community that can support you.
- If you experience chronic pain and are pregnant or planning to become pregnant, you may want to discuss alternate forms of pain management with your healthcare provider.

Prescription Opioids and Breastfeeding

- Opioid medications can concentrate in breastmilk. It is important to speak with your health care to make informed decisions.
- The length of time that you have been taking the medication, whether you were taking them during pregnancy, and the dose or amount of medication can help you and your healthcare provider create a plan.

- If you are taking OAT, such as methadone or buprenorphine, as prescribed and your dose is stable, you can breastfeed.
- More research is needed on the safety of breastfeeding when women take prescription opioid medications for long periods of time and at higher amounts.

Prescription Opioids, Parenting and Children

- Opioid use may make you drowsy. This may affect your ability to react to emergencies and respond to your child's needs.
- Keep opioid medications in a safe place where your children cannot reach them. Avoid leaving them on the counter or in a purse. Fentanyl patches, which are worn for 72 hours, can be especially dangerous. Avoid throwing used patches in the garbage where your child could find them later.
- If your child accidentally ingests your medication, seek medical attention right away.
- Older children and teenagers may be interested in taking prescription opioid medications for recreational reasons. Talk to them openly about the risks of these medications. You can be a good role model by taking your medication as prescribed, keeping them safe, and not sharing them with others.
- You can return any unused opioid pain medications to the pharmacy for safe and environmentally friendly disposal.

Resources and References

- Brennan, M.J. (2013). The Effect of Opioid Therapy on Endocrine Function. *The American Journal of Medicine*, 126(3A), S12-S18.
- British Columbia Centre on Substance Use. (2018). *Treatment of Opioid Use Disorder During Pregnancy: Guideline Supplement*. <https://www.bccsu.ca/wp-content/uploads/2018/06/ODU-Pregnancy.pdf>.
- Darnall, B. D., et al. (2012). Medical and psychological consequences of long-term opioid therapy in women. *Pain Medicine*, 13, 1181 – 1211.
- Health Canada. (2021). An Action Plan for Pain in Canada. Ottawa, ON: Health Canada.
- Graeve, R., et al. (2021). Infants' prenatal exposure to opioids and the association with birth outcomes: A systematic review and meta-analysis. *Paediatric and Perinatal Epidemiology*, 36(1), 125 – 143.
- Paterson, C., et al. (2016). Resisting Prescribed Opioids: A Qualitative Study of Decision Making in Patients Taking Opioids for Chronic Noncancer Pain. *Pain Medicine*, 17(4): p. 717-727.
- Pisanu, C., et al. (2019). Sex differences in the response to opioids for pain relief : A systematic review and meta-analysis. *Pharmacological Research*, 148, 104447.
- Schmidt, R., et al. (2019). *Mothering and Opioids: Addressing Stigma and Acting Collaboratively*. Vancouver, BC: Centre of Excellence for Women's Health.
- Turner, S., et al. (2023). Guideline No. 443b: Opioid Use Throughout Women's Lifespan: Opioid Use in Pregnancy and Breastfeeding. *Journal of Obstetrics and Gynaecology Canada*, 45(11), 102144.