Considerations

Adjust the taper rate and duration based on the patient's response.

Don't reverse the taper; however, the rate may be slowed or paused while monitoring and managing withdrawal symptoms.

Once the smallest available dose is reached, the interval between doses can be extended, and opioids may be stopped when taken less than once a day.

RESOURCES:

CDC Guideline for Prescribing Opioids for Chronic Pain

CDC Guideline for Prescribing Opioids for Chronic Pain:

https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm

Utah Addendum to CDC Guidelines for Prescribing Opioids for Chronic Pain:

https://commerce.utah.gov/wp-content/uploads/2025/11/UT-Addendum-Guidelines-Resources-for-Prescribing-Opioids-2024-1.pdf

Opioid prescribing: Long-Term Opioid Therapy Report

https://www.qualityhealth.org/bree/wp-content/uploads/sites/8/2020/01/Bree-Long-Term-Opioid-Use-Recommendations-20-0129.pdf

Ensuring Patient Protections When Tapering Opioids:

https://www.mayoclinicproceedings.org/article/%20S0025-6196(20)30395-5/fulltext

STOP THE OPIDEMIC

Pocket Guide: Tapering Opioids for Chronic Pain

Follow up regularly with patients to determine whether opioids are meeting treatment goals and whether opioids can be reduced to lower dosage or discontinued.

When to Taper

- Requests dosage reduction
- Does not have clinically meaningful improvement in pain and function (e.g., at least 30% improvement on the 3-item PEG scale)
- Is on dosages > 50 morphine milligram equivalents (MME)/day without benefit or opioids are combined with benzodiazepines
- Shows signs of substance use disorder (e.g., work or family problems related to opioid use, difficulty controlling use)
- Experiences overdose or other serious adverse event
- Shows early warning signs for overdose risk such as confusion, sedation, or slurred speech

Key Tools for Safe Opioid Prescribing

Screen for mental illness

Don't guess—assess. Screen patients for opioid use disorder and mental health conditions. Treating anxiety and depression can reduce pain, and risk assessment tools help identify patients at higher risk.

Risk Assessment Tool

Check the database

Check the CSD. Utah's Controlled Substance Database helps identify potential misuse and overprescribing, yet it remains underused. Providers miss opioid misuse in 86% of cases, making routine CSD checks essential.

Get Access to Database

Explain the risk

Take time to make sure your patients understand the potential risks of opioids, even when taking as prescribed. If you do prescribe, start low and go slow. Talk about the warning signs of dependency and addiction. Discuss non-opioid treatment methods.

Stop the Opidemic

Provide safeguards

Prepare for overdose emergencies. Review overdose signs with patients and families, explain how to use naloxone, and emphasize calling 9-1-1 even if naloxone is administered.

Learn About Naloxone

How to Taper

Individualize the plan

Based on patient goals, opioid use history, and clinical needs assessment tools help identify patients at higher risk.

Go slow

Reduce the dose gradually (e.g., ~10% per week; slower for long-term use) to minimize withdrawal. Avoid abrupt discontinuation.

Coordinate care:

Consult specialists for high-risk patients (e.g., pregnancy or opioid misuse disorder).

Provide support

Offer behavioral health resources, treat opioid use disorder with appropriate treatment, and prescribe naloxone for overdose prevention.

Encourage patients:

Reassure that pain and function often improve over time and provide ongoing encouragement.

Monitor regularly:

Assess pain, function, withdrawal symptoms, mental health, and adjust the taper as needed.

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