

Understanding Opioid Tapering: A Patient's Guide

Why Are We Talking About Tapering?

Your provider wants you to have the safest, most effective pain care. Over time, opioids can stop working as well, heighten pain sensitivity, and cause side effects such as low energy, poor sleep, constipation, hormonal changes, or accidental overdose. Tapering doesn't mean your pain isn't real—it means your body may do better and feel stronger on less medicine.

Who Might Benefit From a Taper?

You may be a good candidate if your pain or function hasn't improved, you have side effects, take other sedatives, your dose is high, or your age or health increases risk.

What Happens During a Taper?

A taper means slowly lowering your dose to let your body adjust. Most plans reduce about 5–10% every few weeks. You and your provider will choose where to start, how fast to go, and how often to check in. The plan can pause or slow if needed.

What You Can Expect

Some people feel better quickly; others need time. As your body resets, you may notice clearer thinking, better sleep, steadier mood, and sometimes less pain. Short-term medicines can ease withdrawal discomfort like muscle aches, restlessness, or nausea.

Other Ways to Manage Pain

You and your provider may add therapies such as stretching, physical therapy, gentle exercise, massage, acupuncture, topical creams, heat or ice, non-opioid medicines (acetaminophen, NSAIDs, duloxetine, gabapentin), counseling, mindfulness, and good sleep habits.

Your Role in the Process

1. Stay in touch with your care team.
2. Attend follow-ups, share how you feel, and ask questions.
3. Tell your provider if the taper pace feels too fast.
4. Keep naloxone at home for safety.



The Goal

Tapering is a shared plan between you and your provider. You will not be abandoned. The goal is not less care—it's safer, better care and a return to natural balance.

My Taper Plan

Medication: _____

Current Dose: _____

Next Step: _____

Check-In Date: _____

Notes: _____

References

Based on national guidance from the CDC (2022), HHS (2019), AAFP (2020), JAMA Network (2021), and National Academy of Medicine (2020).