



Opioid Tapering Guidance

Patient-Centered Strategies for Safe
Dose Reduction

A RESOURCE FOR CLINICIANS

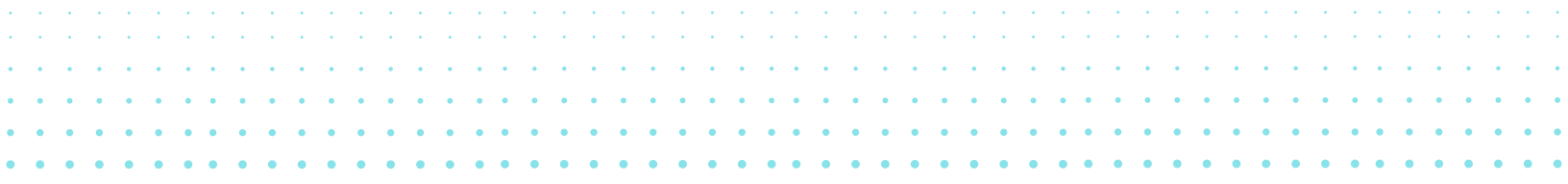


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ACKNOWLEDGEMENTS

We extend our sincere appreciation to the clinical colleagues and interdisciplinary team whose expertise and dedication shaped this guidance. Their commitment to optimal, patient-centered care ensured that every recommendation reflects compassion, safety and evidence-based practice.

We are grateful for their collaborative efforts to explore innovative strategies and develop practical tools that empower prescribers with readily accessible resources, supporting informed decisions and improving outcomes for individuals navigating opioid tapering.



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PURPOSE & RATIONALE

The escalating harms associated with long-term opioid therapy continue to make opioid stewardship a critical public health priority. Prescription opioids remain a major contributor to morbidity and mortality in the United States, with thousands of overdose deaths each year and significant rates of long-term opioid dependence.

At the same time, evidence shows that abrupt or rapid opioid dose reductions can lead to serious withdrawal symptoms, psychological distress, emergency department visits and increased risk of seeking illicit opioids. [[cdc.gov](https://www.cdc.gov)] [[cms.gov](https://www.cms.gov)]

This guide equips clinicians and care teams with practical, evidence-based strategies to support patient-centered opioid tapering, grounded in shared decision-making, careful risk-benefit reassessment and integration of effective non-opioid pain management options.

While this guide offers structured recommendations and resources, clinical judgment remains paramount. Each patient's care should be individualized, reflecting their unique needs, goals and circumstances.

Prescribers are encouraged to use these materials as a supplement to, not a substitute for, professional expertise and collaborative care planning.

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EXECUTIVE SUMMARY

The ongoing opioid epidemic requires healthcare providers to implement evidence-based, patient-centered tapering strategies that prioritize safety, individualized care and shared accountability. Clinical evidence shows that abrupt or overly rapid opioid discontinuation can lead to significant harm, including withdrawal symptoms, emotional distress, worsening pain and increased risk of relapse. To mitigate these risks, tapering should be gradual, personalized and guided by best practices and ongoing patient engagement.

A patient-centered tapering framework emphasizes shared decision-making, attention to mental and behavioral health and coordination across clinical roles, including care for special populations such as pregnant persons. Recognizing that each patient's experience with pain and opioid therapy is unique, successful tapering depends on open communication, reduced stigma and continuous support throughout the process.

National clinical guidance from the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services (HHS) recommends slow, individualized dose reductions based on patient goals, functional status and response to therapy. These approaches include regular monitoring of pain, function and withdrawal symptoms, with flexibility to pause, slow, or adjust the taper to maintain safety and stability.

This guidance also aligns with Washington State regulatory requirements, including mandatory Prescription Drug Monitoring Program (PDMP) review, naloxone co-prescribing considerations and safeguards for high-risk medication combinations such as opioids and benzodiazepines. Integrating clinical evidence with state and federal expectations supports safe, consistent and legally compliant care.

By combining structured tapering methods, regulatory compliance and compassionate patient partnerships, clinicians can reduce opioid-related harm while preserving dignity, trust and long-term well-being across care settings.

[CDC 2022 Opioid Prescribing Guideline](#)

[HHS Opioid Tapering Guidance](#)

[NEJM - Opioid Deprescribing in Patients with Noncancer Pain](#)

[WA Medical Commission Rules \(WAC 246-919\)](#)

[WA PDMP \(RCW 70.225\)](#)



The Role of Patient-Centered Care



A Holistic Framework for Patient - Centered Opioid Tapering

This opioid tapering resource guide is intended to provide structured support for safely reducing opioid use while maintaining pain management. It emphasizes the importance of gradual dose reductions, ensuring patients remain comfortable while adjusting to lower doses.

Patient-Centered Approach

A patient-centered approach is key, with shared decision-making guiding the tapering plan based on individual needs. The guide also explains when to pause or modify the taper, such as in cases of severe withdrawal symptoms or worsening pain.

Shared Accountability

Both clinical providers and patients play essential roles in maintaining accountability, with regular check-ins and mental health support being critical to success. Alternative pain management strategies, such as counseling, physical therapy and mindfulness techniques, help patients transition smoothly.

Shared Decision-Making

Shared decision-making is essential to high-quality care because it brings together the clinical expertise of the provider with the values, goals and lived experience of the patient. When decisions are made collaboratively, patients are more informed, more engaged and more likely to follow a care plan that truly aligns with what matters most to them, ultimately improving safety, satisfaction and health outcomes.

CLINICIANS WHO ENGAGE IN SHARED DECISION-MAKING AND USE VALIDATED TAPERING TOOLS CAN SIGNIFICANTLY IMPROVE PATIENT OUTCOMES.

Organizations like the Patient-Centered Primary Care Collaborative (PCPCC) emphasize the importance of collaborative care models, ensuring that both patients and providers remain accountable throughout the tapering process.



[CMS.gov Patient-Centered Primary Care Collaborative \(PCPCC\)](https://www.cms.gov/pccollaborative)



Structured Approach

By implementing structured tapering guidelines, healthcare professionals can mitigate the opioid crisis while providing compassionate, evidence-based care that prioritizes patient well-being.

Throughout tapering, patients and providers should work collaboratively through regular check-ins, symptom tracking and shared decision-making to ensure pain remains controlled, safety is maintained and opioid reliance is reduced in alignment with trusted medical research.

Compassionate Care Model

A patient-centered approach to opioid tapering places the individual's goals, readiness and lived experience at the heart of the care plan, ensuring that evidence-based best practices, such as slow, collaborative dose reductions and careful monitoring, are tailored to what matters most to the patient.

By aligning clinical guidance with compassionate partnership, providers can support safer, more effective and more sustainable tapering outcomes.

Clinicians should employ gradual, evidence-based tapering methods to reduce opioid use safely, as sudden cessation can trigger withdrawal and exacerbate pain.

Best Practice Resources & Agencies

- ↘ **Centers for Disease Control and Prevention (CDC):**
Emphasizes individualized pain management, avoids rapid dose changes, and incorporates non-opioid therapies where appropriate.
- ↘ **U.S. Department of Health and Human Services (HHS):**
Guides gradual dose reduction for long-term opioid therapy; cautions against abrupt cessation and integrates multimodal pain care.
- ↘ **VA/DoD Chronic Pain Guideline:**
Prioritizes non-opioid treatments, lowest effective dosing and structured monitoring; taper when risks outweigh benefits.
- ↘ **Oregon Pain Guidance – BRAVO:**
A practical, empathetic approach structuring conversations, speed of taper, and alternatives with ongoing monitoring.

BRAVO Approach to Tapering

- B** Broach with empathy: explain the clinical rationale and benefits.
- R** Risk-benefit: weigh continued opioid risks vs. taper benefits.
- A** Addiction, velocity, validation: tailor speed; validate concerns.
- V** Various strategies: non-opioid meds, PT, counseling, mindfulness.
- O** Ongoing monitoring: adjust plan; support comfort and function.

Shared-Decision Making

Shared decision making is essential in opioid tapering because it ensures that clinical guidance is aligned with the patient's goals, concerns and readiness, supporting a safer, more collaborative and more effective tapering process.



DECISION-MAKING FRAMEWORK



01 ASSESS NEED FOR TAPER

- Evaluate pain relief and functional improvement
- Identify risks, high dose (≥ 90 MME/day), adverse effects, misuse, comorbidities,
- Document clinical rationale for tapering



02 ENGAGE PATIENT

- Discuss risks and benefits of continued opioid use
- Obtain informed consent for tapering plan
- Explore patient goals and preference plans



03 DEVELOP TAPER PLAN

- Individualize taper speed based on duration, dose and patient stability
- Include non-opioid pain management strategies
- Document taper schedule and contingency plans



04 IMPLEMENT & MONITOR

- Schedule regular follow-up visits (e.g., every 1-4 weeks)
- Monitor withdrawal symptoms, pain and function
- Adjust taper pace as needed; pause if clinically indicated



05 DOCUMENTATION CHECKLIST

- Clinical indication for taper
- Informed consent discussion and patient agreement
- Taper schedule and monitoring plan

References: NEJM Opioid Taper Decision Tool (2023)
CDC Guideline for Prescribing Opioids for Chronic Pain



Patient-Centered Care

- Focus on overall pain management
- Avoid abrupt dose reduction



Slow, Individualized Approach

- Gradual dose reductions
- Based on patient needs



Supportive Resources

- Shared decision-making
- Multidisciplinary support



Opioid Tapering Decision Tool

Utilizing an Opioid Tapering Decision Tool is a thoughtful, patient-centered approach to reducing opioid use. It fosters open conversations between patients and clinicians about goals and values while considering the full health picture, including mental health and other medications.

The tool supports a safer process and more personal approach, while keeping pain and functional goals in mind.

Tapering plans are personalized and closely monitored to manage pain and withdrawal. Supportive therapies like counseling and physical activity help maintain quality of life. Safety is prioritized through education, overdose prevention and risk monitoring, with regular follow-ups to adapt the plan and ensure consistent care.



http://

[OPIOID TAPER DECISION TOOL.PDF](http://opioid_taper_decision_tool.pdf)

Opioid Taper Decision Tool, Veterans Affairs (VA) Pharmacy Benefits Management (PBM) Academic Detailing Service, Opioid Taper Decision Tool, Oct 2023, opioid_taper_decision_tool.pdf outlines when to consider lowering or stopping opioids:

- The medicine isn't helping with pain or daily activities anymore, or the patient wants to stop.
- Serious side effects like feeling very sleepy, constipation, or trouble thinking.
- The dose is very high (90 mg of morphine-equivalent or more per day).
- Unsafe behaviors (like running out early, losing meds, or abnormal drug tests).
- Higher risk for addiction or past overdose.
- Other health problems (lung disease, sleep apnea, kidney/liver issues, older age, fall risk), mental health concerns, or taking other sedating drugs like benzodiazepines.
- Before making changes:
 - Talk with the patient about risks and benefits.
 - Plan together to reduce the dose, use other pain treatments, or get specialist help.



Prescribing Resources



Dosing Calculators

Dosing and tapering calculators help prescribing clinicians safely adjust opioid medications for patients. These tools make sure that changes in medication happen gradually and carefully, reducing the risk of withdrawal symptoms and discomfort.

Dosing calculators also assist prescribing clinicians find the right amount of medication based on a patient's needs, preventing overuse or underuse with guidance for supporting slowly lowering opioid doses over time, making the transition smoother and safer.

Note of disclaimer: dosing conversions, information may have varied recommendations, etc.



[Taper Dose Calculator](#)



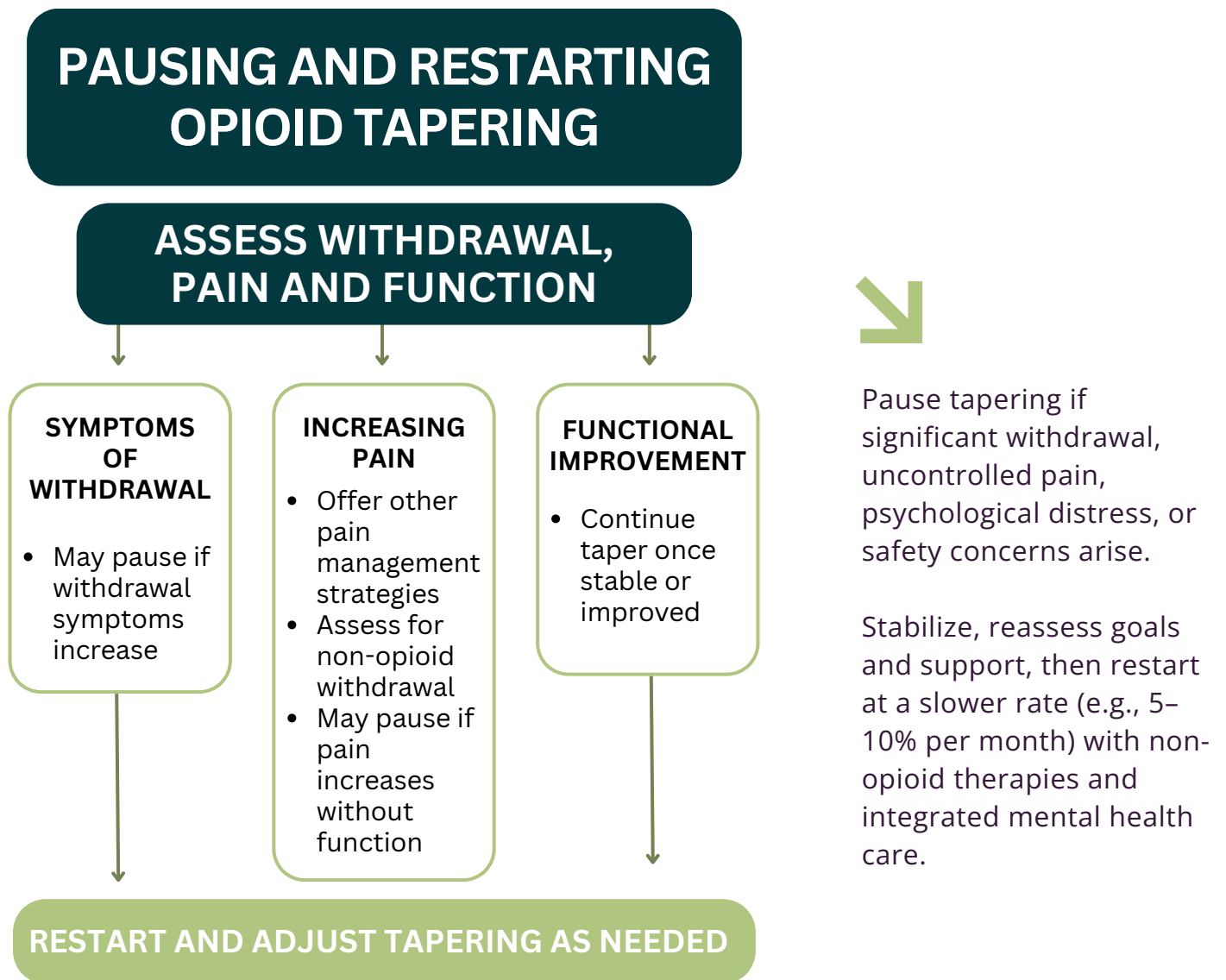
[Opioid Dose Calculator](#)

- Tools for calculating safe tapering schedules
- Gradual dose reduction recommendations
- Adjustments based on patient response



Opioid Tapering: Pausing & Restarting

Successful opioid tapering depends on clinical responsiveness, recognizing when to pause for stabilization and restarting with adjusted protocols tailored to patient needs. By normalizing these adjustments, integrating mental wellness strategies and embracing safer alternatives, clinicians can guide patients through compassionate, evidence-based transitions.



References: CDC Guideline for Prescribing Opioids for *Chronic Pain*
VA Opioid Decision Tool²



Recognizing Indicators for Pausing

Clinicians should monitor for signs that may require a temporary pause with tapering such as:

- Emerging/worsening withdrawal symptoms such as tremors, restlessness, gastrointestinal distress, sweating
- Heightened pain levels despite the dosage reduction
- Psychological distress including anxiety, depression and suicidal ideation
- Loss of interest or functional daily activities
- Signs of unsafe coping, including missed follow up appointments, substance use



Pausing Tapering for Stabilization: A Responsive Adjustment

- Stabilize at the current dose to allow for emotional and physical recovery
- Reinforce patient-clinician/provider alliance with reassurance, transparency
- Leverage the pause to reassess goals, readiness, coping resources
- Engage with mental health services and support, such as counseling and consultation as indicated



Restarting Tapering with Adjusted Protocols

When restarting:

- Resume tapering at a slower rate such as reducing by 5-10% per month
- Provide and offer non-opioid pain alternatives such as NSAIDs, physical therapy, mindfulness and activity
- Include mental wellness, peer support, integrated behavioral health
- Design and define realistic tapering goals with patient, prioritizing function and quality of life optimization



Tapering Cadence

Evidence-based guidelines recommend slow, individualized opioid tapering, often starting with dose reductions of about 10% per week, with many patients benefiting from even slower schedules such as 10% per month—to minimize withdrawal symptoms and support patient safety. [[cdc.gov](https://www.cdc.gov)]

TAPERING SPEEDS

Very Slow

*Cut dose by 2–10% every 4–8 weeks
Can take years*

Slow

*Cut dose by 5–20% each month
Can take months to years*

Common

*Cut dose by 10–20% each week
Can take weeks*

Fast

*Cut dose by 20–50% at first, then
10–20% daily
Can take days*



*Disclaimer: Rapid opioid tapering is rarely appropriate outside of a monitored clinical setting and requires heightened caution, as abrupt or overly accelerated dose reductions can precipitate medically complicated withdrawal, worsened pain and psychological distress.
<https://www.nejm.org/doi/pdf/10.1056/NEJMcp2414789>*

“Opioid Taper Decision Tool,” NEJM Knowledge+ (VA PBM), October 2023

Extra steps:

- Use urine drug tests to check safety
- Watch for signs of opioid use disorder and offer treatment if needed



Perinatal Best Practice Considerations

Pregnancy requires cautious, coordinated care. Substance Abuse and Mental Health Services (SAMHSA) and American College of Obstetricians and Gynecologists (ACOG) recommend individualized treatment and avoiding sudden discontinuation. Medication for opioid use disorder (e.g., buprenorphine, methadone) and multidisciplinary support help protect maternal and infant health.

SAMHSA's Guidance emphasizes individualized treatment, including medication for opioid use disorder (like methadone or buprenorphine) to reduce withdrawal risks. It encourages healthcare providers to work closely with patients to ensure a safe transition while supporting overall well-being.



http://

[Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants | SAMHSA](#)

ACOG's Recommendations highlight the importance of early screening for opioid use during pregnancy. They advise against sudden discontinuation, as it can cause stress and complications for both pregnant person and baby. Instead, they recommend a coordinated, multidisciplinary approach that includes medical and social support.



http://

[Opioid Use and Opioid Use Disorder in Pregnancy | ACOG](#)

Both organizations stress compassionate care, ensuring that pregnant persons receive the help they need without stigma.

- SAMHSA Clinical Guidance Treating Pregnant and Parenting Persons with Opioid Use Disorder and Their Infants
- ACOG Opioid Use and Opioid Use Disorder in Pregnancy



MENTAL WELLNESS SUPPORT DURING OPIOID TAPERING

Supporting mental wellness is essential to safe, compassionate and sustainable opioid tapering. Any change to opioid therapy can increase emotional distress, anxiety, grief and uncertainty.

Clinicians and patients benefit from a shared understanding that tapering is not a linear process. It may start, pause, slow down, or restart based on changing needs, safety concerns, or life circumstances.

A supportive approach strengthens trust, reduces risk and improves long-term outcomes.



Why Mental Health Matters

- Opioid tapering can trigger fear of increased pain, withdrawal symptoms, or loss of function.
- Emotional responses such as anxiety, frustration, or hopelessness are common and normal.
- Mental wellness directly affects a patient's ability to engage in shared decision-making and sustain change.
- Clinician awareness of psychological impacts decreases stigma and enhances therapeutic alliance.

Common Barriers and Stressors

- Fear of pain returning or losing progress made on current medication regimen.
- Past negative experiences with tapering or rapid dose reductions.
- Limited coping skills or untreated mental health conditions (e.g., depression, Post-Traumatic Stress Disorder, anxiety).
- Life stressors such as caregiving, unstable housing, financial pressure, or trauma.
- Acknowledgement of the stigma related to opioid use or mental health symptoms, including stigma from previous negative healthcare interactions.
- Clinician pressures including time constraints and regulatory concerns.



MENTAL WELLNESS SUPPORT DURING OPIOID TAPERING

Principles for Supporting Change

1. Meet the Patient Where They Are: Explore readiness, hesitations, and goals without judgment; validate fears; emphasize collaboration.
2. Use a Strengths-Based Approach: Reinforce small successes and adaptive coping strategies.
3. Trauma-Informed Approach: Use calm, transparent communication; allow flexibility rather than rigid taper timelines.

Supporting Start, Pause and Restart

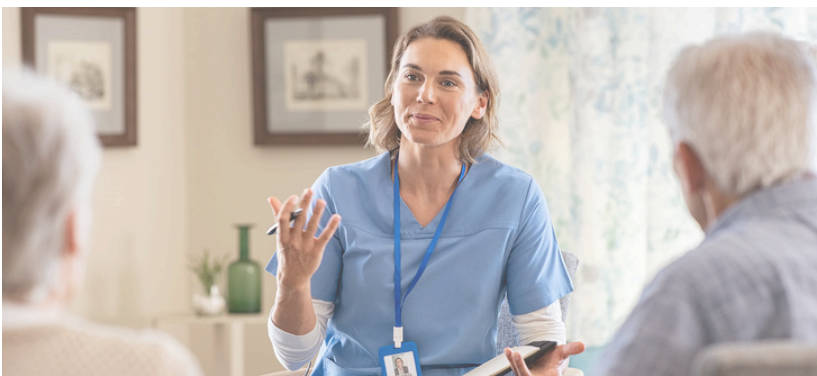
Starting: Begin with clear expectations, slow pacing and early mental health screening.

Pausing: A pause is a therapeutic strategy, not a setback; use a pause when symptoms or stressors increase.

Restarting: Re-evaluate readiness, adjust pacing and celebrate persistence.

Tools and Supports to Strengthen Mental Wellness

- Behavioral health consultation or therapy (Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT)).
- Mind-body techniques including mindfulness and relaxation skills.
- Peer support groups.
- Sleep and wellness strategies.
- Social work support to reduce stressors.
- Crisis resources when safety concerns arise.



Mental wellness is central to safe, patient-centered opioid tapering. Progress is defined by safety and readiness—not speed.

Flexibility, compassion and collaboration support success at every stage.

Change Management

Change Management is a structured approach to helping people transition through change. It focuses on driving adoption and reducing resistance to ensure new strategies or processes sustain.



Why Change Matters in Opioid Tapering

Change management matters in opioid tapering. Change is hard and personal. Reducing opioid use isn't just about cutting back on medication. It is a life change that affects how someone manages pain, emotions and daily activities. It is important to support persons through this process, not just tell them what to do.



Behavior Change: Helping People Build New Habits

People may rely on opioids for both physical and emotional relief. Tapering means that they need new ways to cope. This may include:

- Learning pain management techniques (physical therapy, mindfulness, etc.).
- Establishing new routines that support mental and physical well-being
- Receiving emotional support.

Effective change management helps guide people through these steps gradually and respectfully.



Motivational Interviewing: Supportive Conversation

Motivational interviewing is a way of talking with someone that helps explore their reason for change. It is not about pressure but rather, about listening, asking thoughtful questions and assisting the person with feeling in control of their choices.



Language Matters: Avoiding Stigma

Words can hurt **or** they can heal. Using non-judgmental, respectful language helps people feel safe, respected and supported.

Focus on health and recovery, not blame or failure. Supportive language builds trust and encourages progress.



Opioid Tapering Support Resources

CLINICIAN RESOURCES



Pain Coach (VA)

CBT/ACT-informed pain self-management; trackers and brief practices.



Mindfulness Coach (VA)

Audio-guided mindfulness to reduce stress and pain reactivity.



CBT-i Coach (VA/DoD/Stanford)

Supports CBT-I to manage insomnia during tapers; includes sleep diary.



Live Whole Health (VA)

Whole-person goals, self-care (yoga, tai chi, meditation).



Opioid Taper Decision Tool (PDF)

Sample taper plans; risk/benefit guidance; communication tips.



Opioid Deprescribing Discussion Tool (PDF)

Structured scripting for shared decision-making; safety planning.



Opioid Tapering Support Resources

PATIENT RESOURCES



[Pain Coach \(Free app\)](#)

Personalized strategies to manage pain; track symptoms; quick practices.



[Mindfulness Coach \(Free app\)](#)

Short guided audios to relax, sleep better, and handle stress.



[CBT-i Coach \(Free app\)](#)

Use with your provider to improve sleep; includes a sleep diary.



[Live Whole Health \(Free app\)](#)

Set goals; explore meditation, yoga, tai chi, healthy living skills.



[VA Mobile App Store](#)

Browse all official VA health apps.

References

A

ACOG Committee Opinion: Opioid Use and OUD in Pregnancy

<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy> [[acog.org](https://www.acog.org)]

ASAM National Practice Guideline for the Treatment of Opioid Use Disorder – 2020 Focused Update

<https://www.asam.org/quality-care/clinical-guidelines/national-practice-guideline> [[asam.org](https://www.asam.org)]

C

CDC 2022 Opioid Prescribing Guideline: <https://www.cdc.gov/overdose-prevention/hcp/clinical-guidance>

Clinical Guidance – Treating Pregnant and Parenting Women With OUD and Their Infants SAMHSA

<https://library.samhsa.gov/sites/default/files/sma18-5054.pdf> [library.samhsa.gov]

CLINICAL GUIDANCE – Treating Pregnant and Parenting Women with OUD and Their Infants (additional source)

<https://ncsacw.acf.gov/topics/infants/clinical-guidance-for-treating-pregnant-and-parenting-women/> [ncsacw.acf.gov]

H

HHS Guide for Clinicians on Opioid Dosage Reduction (2019)

https://www.hhs.gov/system/files/Dosage_Reduction_Discontinuation.pdf [[hhs.gov](https://www.hhs.gov)]

HHS Opioid Tapering Guidance: <https://www.cms.gov/about-cms/story-page/cdcs-tapering-guidance.pdf>

M

Motivational Interviewing & Motivational Enhancement Therapy for the Treatment of OUD

<https://pain-management-cme.nejm.org/wp-content/uploads/2023/10/motivational-interviewing.pdf> [pain-manag...e.nejm.org]

N

NEJM – Opioid Deprescribing in Patients with Noncancer Pain

<https://www.nejm.org/doi/10.1056/NEJMcp2414789>

O

Opioid Tapering: Talking With Patients About Treatment Changes

https://www.cdc.gov/overdose-resources/pdf/Tapering-Conversation-Starter_508.pdf

Opioid Use and Opioid Use Disorder in Pregnancy | ACOG

<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy>

Opioid Tapering Protocol - BRAVO

https://www.oregonpainguidance.org/wp-content/uploads/2020/04/BRAVO_opioid_tapering_protocol.pdf [[oregonpain...idance.org](https://www.oregonpainguidance.org)]

Opioid Taper Decision Tool | Veterans Affairs (VA) Pharmacy Benefits Management (PBM) Academic Detailing Service

https://www.pbm.va.gov/AcademicDetailingService/Documents/Pain_Opioid_Taper_Tool_IB_10_939_P96820.pdf

P

Patient-Centered Primary Care Collaborative

<https://thepcc.org/policy/behavioral-health-integration/>

W

WA PDMP (RCW 70.225)

<https://app.leg.wa.gov/RCW/default.aspx?cite=70.225>

WA Medical Commission Rules (WAC 246-919)

<https://app.leg.wa.gov/WAC/default.aspx?cite=246-919-850>



Key Terms

Buprenorphine

A partial opioid agonist used to treat opioid use disorder by reducing cravings and withdrawal symptoms.

MME

Morphine Milligram Equivalents; a standardized measure used to compare the potency of various opioids to morphine.

Methadone

A long-acting full opioid agonist used in medication-assisted treatment for opioid use disorder and chronic pain.

NSAIDs

Nonsteroidal anti-inflammatory drugs used to reduce pain, fever and inflammation.

Opiate

A drug derived naturally from the opium poppy, such as morphine or codeine.

Opioid

A class of drugs that includes natural opiates, synthetic opioids and semi-synthetic opioids, acting on opioid receptors to relieve pain.

Opioid use disorder

A medical condition characterized by a problematic pattern of opioid use causing significant impairment or distress.

References:

Merriam-Webster Dictionary: <https://www.merriam-webster.com/>

Cleveland Clinic: <https://my.clevelandclinic.org/>

SAMHSA: <https://www.samhsa.gov/>

ACOG: <https://www.acog.org/>