



Pain Without Pills

Chronic pain and recovery, honestly · Recovery in Focus · Session Packet

Pain is real, and this session starts there because too many conversations about pain and recovery don't. For a lot of people in this room, the story ran through a prescription: an injury, a surgery, a back that never healed right, and a prescription bottle that worked until it took over. Others live with pain that arrived later or never left. Either way, chronic pain in recovery is a double problem: the pain itself, and the fact that the most famous painkillers on earth are the exact thing you're staying away from. That bind is real, it's common, and it has better answers than toughing it out or giving in.

Here's the finding that changes the conversation, and most people have never been told it: for chronic pain, long-term opioids often make pain **WORSE** over time. Clinicians call it **opioid-induced hyperalgesia**: the nervous system, bathed in opioids, turns up its own pain sensitivity, so the medicine and the misery climb together. That finding is actually good news, because it means getting off opioids is not a sentence to maximum pain. Many people's pain improves in the months after the opioids stop. This session covers how chronic pain actually works, what moves the dial without a high (more than you think), how to work with doctors instead of around them, and how to handle the dangerous moments: the flare, the dental visit, the ER.

What is in this session?

This session has four parts, usually covered over two group meetings:

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|----------------|-----------------------------------|-------------------------------|
| CLASS 1 | 1. How Pain Actually Works | 2. What Lowers Pain |
| CLASS 2 | 3. Working With Doctors | 4. Flares and the Plan |

After this session you will be able to

- Explain how chronic pain works, including why opioids often make it worse over time
- Use several tools together that actually lower the pain
- Partner with your doctor as a person in recovery, including saying so out loud
- Run a flare plan and a surgery/dental/ER plan that protects your sobriety

What will be asked of you?

Honesty about your pain without competing over it, and a hard rule this session holds gently: nothing here is medical advice, and nobody changes any medication based on a group conversation. Every medical decision in this packet routes through your doctor, with your counselor in the loop.

Part 1: How Pain Actually Works

WAIT, REALLY?

Long-term opioid use can make chronic pain **worse**, not better. The nervous system adapts by turning up its own pain sensitivity. Many people report less pain months **after** coming off opioids than they had on them. If nobody ever told you this, it changes the math on your whole situation.

The plain-words science: acute pain is an alarm about damage; chronic pain (months past healing) is often an alarm system stuck on, the volume knob turned up by the nervous system itself. That's why chronic pain rises with stress, bad sleep, fear, and inactivity, and falls with movement, calm, sleep, and confidence: those things adjust the volume knob. None of that means the pain is imaginary. It means the pain lives partly in the settings, and settings can be worked on. Opioids complicate this twice: hyperalgesia turns the volume up, and the comedown teaches the brain that relief equals the pill, which is the same loop as addiction, just with a prescription attached.

EXERCISE 1

Answer yes or no:

1. Pain was part of how my substance story started or deepened. ☐ Yes ☐ No
2. I live with pain now, regularly. ☐ Yes ☐ No
3. Nobody ever told me opioids can worsen chronic pain over time. ☐ Yes ☐ No
4. My pain gets louder with stress and bad sleep. ☐ Yes ☐ No

EXERCISE 2: MY PAIN, MAPPED

Where it lives and how long it's lived there: _____

What turns it up (stress, sleep, weather, activity, fear):

What turns it down, even a little, honestly: _____

Part 2: What Lowers Pain

No single tool hits as hard as an opioid, and that is the wrong test anyway: the goal is a livable day, built from several tools that each lower the pain some, stacked together. The tools with evidence behind them:

- **Movement, dosed right.** The strongest long-term tool for most chronic pain, started absurdly small (five minutes counts) and built slowly. Motion is lotion; deconditioning turns the knob up.
- **Sleep repair.** Bad sleep amplifies pain the next day, and pain wrecks sleep: a loop worth breaking from the sleep side (the Sleep session's levers apply directly).
- **The calm skills.** Long exhales, grounding, relaxation: not because pain is in your head, but because the alarm's volume knob listens to the nervous system's state.
- **Non-opioid medications.** Real options exist (anti-inflammatories, nerve-pain medications, topicals, injections), prescribed by a doctor who knows your history.
- **Physical therapy, heat/cold, TENS, bodywork.** Unglamorous, additive, and they stack.
- **Pacing.** The boom-bust cycle (overdo it on a good day, crash for three) keeps pain in charge. Pacing means doing 80 percent of what the good day offers, every day.

EXERCISE 3: WHAT I'VE ACTUALLY TRIED

Check what you've genuinely tried for more than two weeks:

- | | |
|---|---|
| ☐ Dosed movement / PT program | ☐ Non-opioid meds, with a doctor |
| ☐ Sleep repair | ☐ Heat/cold, TENS, bodywork |
| ☐ Calm skills, practiced daily | ☐ Pacing (killed the boom-bust) |

The tool I've judged without a real trial: _____

The two I'll stack for the next month: _____

Hank

Hank's back injury is what started his using, and it is also what finally landed him in recovery. For his first sober year he treated the pain like an enemy: toughed it out, skipped the physical-therapy referral, called the calm skills "breathing nonsense." His pain averaged a 7 out of 10. The month his counselor finally got him to try the boring stack, ten-minute walks, the sleep levers, five long exhales when it spiked, his average dropped to a 5. "A five is a life," he told group. "A seven was a countdown."

EXERCISE 4

1. What was Hank's actual obstacle, the pain or the posture toward it?

2. Hank said "a five is a life; a seven was a countdown" (a countdown to using again). What does that say about aiming for zero pain versus aiming for a livable day?

3. What's your version of "breathing nonsense", the tool you've written off untried?

End of Class 1. Talk it out:

- What were you never told about opioids and chronic pain, and who should have told you?
- What's one tool from the list you'll actually add this month?

Part 3: Working With Doctors

The relationship with medicine gets complicated after addiction: some of us talked prescriptions out of doctors for years, some of us got dismissed as drug seekers while genuinely hurting, and plenty of us carry both stories at once. The reset is one brave sentence at the start of every medical relationship: **"I'm in recovery from opioids (or substances), and I need us to plan my pain care around that."** That sentence does three jobs: it puts the doctor on your team, it gets safer options on the table first, and it prevents the quiet relapse that starts with a routine refill nobody questioned. Bring your counselor into the loop, bring a support person to big appointments, and know that good doctors respect that sentence; a doctor who shrugs at it is a doctor worth replacing. And the standing rule, same as the Sleep session's: anything controlled goes through the doctor who knows your history, never through a friend's leftover bottle, no matter how much your back hurts on a Saturday.

EXERCISE 5

Answer yes or no:

1. My current doctor knows I'm in recovery. ☐ Yes ☐ No
2. I've gotten pain relief from a non-doctor source since getting sober. ☐ Yes
☐ No
3. Saying the brave sentence out loud sounds hard. ☐ Yes ☐ No

EXERCISE 6: MY MEDICAL TEAM SETUP

The brave sentence, in my words: _____

Who's saying it to whom, by when: _____

My support person for big appointments: _____

Part 4: Flares and the Plan

Two moments decide whether pain takes your recovery, and both can be planned. **The flare:** a bad pain day arrives with its own thoughts ("you can't live like this; you know what works"), and the flare plan answers them: a calm skill first (calm turns the volume down), then your other tools together, the day's demands cut down to essentials without going to full bed rest (lying in bed all day makes flares worse), and one phone call made, because a flare you talk through with a friend stays a flare, and a flare you keep to yourself can turn into a plan to use. **The medical event:** surgery, dental work, the ER. These get planned BEFORE they happen: the brave sentence said to every provider, non-opioid options requested first, and if opioids are truly medically necessary, a protection protocol decided in advance with your doctor and counselor: smallest supply, someone else holds and dispenses, a stop date, and your support circle told. People in recovery get real analgesia safely every day, on purpose, with witnesses. What they don't survive well is the unplanned bottle on the nightstand.

EXERCISE 7: MY FLARE PLAN

The thought my flares bring: _____

My first move (calm skill): _____

My stack for the day: _____

My one call: _____

EXERCISE 8: THE MEDICAL-EVENT PROTOCOL

Fill it in now, calm, before anyone needs it:

Every provider hears the brave sentence: who makes sure (me plus):

If opioids are ever truly necessary: who holds and dispenses:

The stop plan gets set with (doctor + counselor): _____

Who in my circle gets told: _____

SKILL OF THE DAY: THE FIVE-MINUTE DOSE

Once a day this week: five minutes of gentle movement (a walk counts) plus five long slow exhales aimed at the pain. Rate nothing, prove nothing. Every day you do this, you are turning the pain volume down yourself, a little at a time.

Take it to the group

- What did the hyperalgesia fact change about how you see your own story?
- "A five is a life." What number is your livable day, honestly?
- Who's said the brave sentence to a doctor? What happened?
- What's in your medical-event protocol, and who holds the bottle if it ever comes to that?

Session summary

Chronic pain works like an alarm with its volume turned up, and long-term opioids often turn that volume up further while teaching the brain that relief equals the pill. The pain comes down with a stack of tools (movement, sleep, calm skills, non-opioid care, pacing) aimed at a livable day instead of a painless one. In this session you mapped what turns your pain up and down, took stock of your tools, wrote the brave sentence for your doctors, and built the two plans, the flare plan and the medical-event protocol, that keep pain from ever taking your recovery again.

Words used in this session

- **Chronic pain:** pain past normal healing time; an alarm system with its volume turned up, adjustable by state and behavior.
- **Opioid-induced hyperalgesia:** long-term opioids turning up the nervous system's own pain sensitivity, so the medicine and the pain climb together.
- **Pacing:** 80 percent of the good day, every day. The cure for boom-bust.
- **The brave sentence:** "I'm in recovery, and I need us to plan my pain care around that." Said to every provider, every time.
- **The protection protocol:** if opioids are ever medically necessary: smallest supply, held by someone else, stop date, circle told.

Takeaway: Your pain is real, and so is the way out. Stack the boring tools, say the brave sentence to every doctor, plan for the flare and the surgery before they arrive, and aim at a livable day instead of a painless one. Like Hank said: a five is a life.
