The biggest mistake providers make when tapering opioids is going too quickly. Tapering can be accomplished safely and humanely utilizing a few simple principles.

**Go slowly, especially as dosages decrease** – A taper protocol slow enough to minimize opioid withdrawal symptoms is best in most situations (ref 1). Tapers should be individualized and done in partnership with your patient. Most tapers involve dosage reduction of 5-20% per month. Slower tapers are better tolerated than faster tapers, especially in patients who have been on opioids for years.

**Maintain the same schedule (BID, TID)** – It may be helpful to keep the same dosing cadence (e.g., twice daily, three times daily), especially in the beginning of the taper. The brain is habituated to having the medication at set times. If the patient is on a regimen of taking doses two times or three times a day, keep that schedule during the taper for as long as possible.

**Let the patient drive, within reason** – “Which opioid would you like to taper first?” – Tapering is a frightening experience for many patients. People tolerate stress best when they feel empowered. If your patient is concurrently taking a prescription benzodiazepine, increasing their risk of accidental overdose, offer to taper the benzodiazepines first and then reconsider the risks and benefits of the opioid. Don’t try to taper both at once. Most patients can’t tolerate this, and by changing too many variables at the same time, it’s difficult to track patient response. Bottom line: After you’ve decided a taper is necessary, collaborate with your patient on how to do it.

**Take breaks, but never go backwards** – Breaks in the taper are appropriate. Patients can maintain a given dose for some period before continuing. For example, if the patient has an important event scheduled and does not want to risk being in low-grade withdrawal, including subtle psychological symptoms of withdrawal such as anxiety, irritability, and dysphoria, it is reasonable to defer the next decrement in dose. It is imperative never to go backward during the taper (i.e., increase the dose). Going back up on the dose risks losing the hard work already invested. Nonaddictive medications can help relieve symptoms of withdrawal.

**Warn patients that pain might get worse before it gets better** – Tell patients that their body pain will likely get worse each time the opioid dose is decreased, but that with time and with the body adjusting to the new lower dose (approximately four weeks), the pain level will return to baseline. The increased pain patients experience after the dosage decrease does not indicate progression of their underlying pain condition. Rather, the pain represents time-limited, opioid withdrawal–mediated pain. Patients with chronic pain who successfully taper down or off long-term opioid therapy often report improved pain.

**Validate that opioid tapering is hard and that you will work with the patient however long it takes** – Validate that opioid tapering can be scary and painful. Don’t try to minimize the difficulty, which can lead to patients feeling invalidated. Remind your patient that people just like them have been successful, resulting in an improved quality of life. Validate the challenges you as a provider face in helping patients taper, and avoid dismissing patients from care by having compassion for them and yourself. You can do this!