

Patient information from BMJ

Last published: Aug 30, 2022

Opioid-use disorder

An opioid drug can be a prescription pain-relieving medicine or an illegal “street” drug, such as heroin. When someone abuses opioids by regularly taking them to get “high”, this is called opioid-use disorder.

Opioid abuse is extremely dangerous. It can lead to serious health problems and to death by overdose. If you are concerned about your opioid abuse, or about someone you know, you can use our information to talk with your doctor about getting help.

What is opioid-use disorder?

Opioids can be either natural substances or chemical compounds designed to work in the same way. They are called opioids because their effect is similar to that of the drug opium.

Opioids are widely used medically to relieve pain. But they are also widely abused. Commonly abused opioids include codeine, fentanyl, heroin, morphine, opium, methadone, oxycodone, and hydrocodone.

When regular opioid abuse causes someone physical or mental problems, this is called opioid-use disorder. Opioids are addictive. So once your body gets used to them it can be extremely hard to stop using them.

Most people are aware of heroin abuse. But in recent years there has been a large increase in the abuse of prescription opioids.

This often happens because people who take them for pain become addicted. They then find that they need to take a bigger dose to get the same effect. This can lead to accidental overdose and death.

Many thousands of people die each year from abusing opioids. Many of these deaths involve prescription opioids. This has become known as the “opioid epidemic”.

As well as death by overdose, opioid abuse causes health problems including:

- severe malnutrition
- bone, skin, and heart infections
- infections such as HIV and hepatitis, from injecting opioids with dirty needles

Opioid-use disorder

- infections such as HIV and other sexually transmitted diseases from unsafe sex while under the influence of drugs
- blood clots (deep vein thrombosis) from injecting drugs
- withdrawal symptoms, such as muscle cramps, diarrhea, anxiety, and tremors.

Like any drug problem, opioid-use disorder can also lead to non-medical problems, including:

- serious financial troubles
- legal problems
- missing work and school
- loss of employment, and
- family and relationship problems.

For people using heroin, the drug itself is not the only danger. People who produce illegal street drugs “cut” them with other substances to bulk them out so that they make more money.

Some of these substances are extremely dangerous and can cause death. Bulking out heroin also means that people don’t know how much to use when their supply changes. This can lead to an overdose.

Addiction to opioids starts in many ways. Things that can make someone more likely to abuse opioids include:

- social influences. For example, if some of your family or friends use opioids it might be easy for you to get hold of them. Or you might be pressured to use them socially
- mental-health problems. People with mental-health conditions such as bipolar disorder, attention-deficit hyperactivity disorder (ADHD), depression, anxiety, personality disorders, post-traumatic stress disorder (PTSD), and psychosis are more likely to abuse drugs and alcohol. This is because drugs give some temporary relief from the mental-health problems. But in time the drugs usually make the problems worse
- your genes. Some people are more likely than others to become addicted to drugs simply because of their genes.

Whatever the cause of your problem, help is available. Talking with your doctor can be the first step to recovery.

What are the symptoms?

Many people start to get help with opioid addiction when they have emergency medical treatment for an overdose or for other problems linked to their opioid abuse, such as bad withdrawal symptoms. Or they might need medical treatment while in legal custody.

So medical staff often see people showing the symptoms of the effects of opioids (intoxication or being “high”) or of withdrawal from them.

When someone is in a state of opioid intoxication their symptoms can include:

Opioid-use disorder

- confusion
- drowsiness or unconsciousness
- being unable to pay attention
- having little or no interest in what is going on around you
- slow thought processes and physical movements
- slurred speech.

Symptoms of withdrawal from opioids include:

- craving for opioid drugs
- muscle aches or cramps
- stomach cramps
- nausea or vomiting
- recurrent chills
- an unusually fast heartbeat.

Behaviors linked to long-term opioid abuse and addiction could also be described as symptoms. These include:

- using larger amounts of opioids or over a longer period than you intended to
- repeated failed attempts to cut down or stop using opioids
- spending a lot of time and effort getting hold of opioids and recovering from using them
- cravings for opioids
- failing to meet obligations at work, school, or with your family because of your opioid use
- continuing to use opioids despite the problems they cause you: for example, with work or money
- continuing to use opioids despite the danger to your physical and mental health
- missing other activities so that you can use opioids
- using opioids in physically dangerous situations.

Even though medical staff are familiar with the symptoms of opioid intoxication and withdrawal, they might still want to do urine and blood tests, or both, to be sure. These tests can also tell what other substances you might have taken.

What treatments work?

Beating opioid addiction is hard. Doctors understand this. They know that the treatment can take time, and that it needs to include both medical and what's called "psychosocial" support.

- Medical support means using medications to help your body cope without opioids, and with withdrawal symptoms.
- Psychosocial support means looking at the reasons why you abused opioids and helping you not to use them again. These could be any problems in your life that made you want

Opioid-use disorder

to take drugs, or mental-health issues, or social reasons, such as unemployment or pressure from friends.

Detoxification

Treatment for opioid-use disorder happens in two stages. The first is detoxification or “detox”. This means stopping using opioids so that the drugs are no longer in your body.

Detox doesn’t just mean stopping using opioids and being left to suffer withdrawal symptoms (going “cold turkey”). It is done using one or more medications that help the body through withdrawal. One that you might have heard of is called methadone, but there are others.

These medicines can be given for short periods, or for longer if needed. Depending on how severe someone’s addiction is, and on any other health problems you have, detox can either be done at home or as an inpatient.

Your doctor might also suggest medicines to help relieve withdrawal symptoms such as diarrhea, vomiting, and painful cramps.

Stabilization and maintenance

This is the second stage of treatment. After detox, the aim is to stop you from using opioids again (relapsing). Continuing treatment after completion of detoxification is essential due to the high risk of relapse.

This stage of treatment might involve continued use of medications to help you not to use opioids, and it should involve continued psychosocial care. This might mean having regular sessions with a counselor or therapist, possibly as part of a drug-treatment program.

Pregnancy

Treatment for pregnant women with opioid dependence is usually different from that for other people. This is because detox can cause distress for the mother and premature birth (the baby being born too early).

So pregnant women addicted to opioids are usually helped through their pregnancy before detox. Babies born to mothers who used opioids during pregnancy are closely monitored for any problems in the months after they are born.

What will happen?

Your doctor will probably want to keep an eye on you while you recover: for example, to make sure that you are eating properly and getting healthy, and to make sure you haven’t suffered any serious organ damage, such as damage to your liver.

If you are taking part in a drug-treatment program you might also have regular urine tests, to check that you are not using drugs.

Unfortunately the treatment that people need for opioid-use disorder is not always available when and where they need it. But your doctor will recommend that you join a drug-treatment program if one is available.

Opioid-use disorder

But even if you get the best available treatment, what happens next depends on how much you want to stop using opioids. Even if you are determined, beating drug addiction is hard. And many people need to make several attempts before they stop for good.

Some people find it useful to get support from groups such as Narcotics Anonymous. But this approach doesn't suit everyone. You can talk with your doctor or counselor about what might be the right approach for you.

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2024. All rights reserved.

What did you think about this patient information guide?

Complete the [online survey](#) or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.



BMJ Group