

Are opioids addictive?
They can be.

When opioids are used as directed under medical supervision in the general population, there is little risk of addiction. However, the risk appears to be higher in people with a history of abuse or addiction. Addiction is when a drug becomes central to a person’s thoughts, emotions and activities, and he or she feels a craving or compulsion to continue using the drug.

Anyone who takes opioids regularly will develop physical dependence. Physical dependence is the result of the body adapting to the presence of the drug, and is not the same as addiction. A person who is physically dependent will experience withdrawal symptoms about six to 12 hours after last taking a short-acting opioid, such as hydromorphone, and about one to three days after last taking a long-acting opioid, such as methadone. With short-acting opioids, withdrawal comes on quickly and is intense; with longer-acting opioids, withdrawal comes on more gradually and is less intense.

Symptoms of withdrawal include uneasiness, yawning, tears, diarrhea, abdominal cramps, goosebumps and runny nose, accompanied by a craving for the drug. Symptoms usually subside after a week, although some, such as anxiety, insomnia and drug craving, may continue for a long time. Unlike alcohol withdrawal, opioid withdrawal is rarely life-threatening.

What are the long-term effects of taking opioids?
Long-term use of opioids can cause constipation, decreased interest in sex, menstrual irregularities and mood swings. Addiction to opioids can have devastating long-term social, financial and emotional effects.

One in a series...	
Alcohol	GHB
Alcohol, Other Drugs and Driving	Hallucinogens
Amphetamines	Heroin
Anabolic Steroids	Inhalants
Benzodiazepines	Ketamine
Caffeine	LSD
Cannabis	Methadone
Cocaine	Methamphetamine
Ecstasy	Prescription Opioids
	Tobacco

For more information on addiction and mental health issues, or to download a copy of this brochure, please visit our website:
www.camh.ca

This publication may be available in other formats. For information about alternative formats, to order multiple copies of this brochure, or to order other CAMH publications, please contact Sales and Distribution:
Toll-free: 1 800 661-1111
Toronto: 416 595-6059
E-mail: publications@camh.ca

Online store:
<http://store.camh.ca>

To make a donation, please contact the CAMH Foundation:
Tel.: 416 979-6909
E-mail: foundation@camh.ca

If you have questions, concerns or compliments about services at CAMH, please contact the Client Relations Service:
Tel.: 416 535-8501 ext. 32028 or 32027

Copyright © 2003, 2012 Centre for Addiction and Mental Health



A Pan American Health Organization / World Health Organization Collaborating Centre
Fully affiliated with the University of Toronto

Do You Know...

Street names: M, morph (for morphine); meth (for methadone); percs (for Percodan, Percocet); juice (for Dilaudid)

What are opioids?
Opioids are a family of drugs that have morphine-like effects. The primary medical use for prescription opioids is to relieve pain. Other medical uses include control of coughs and diarrhea, and the treatment of addiction to other opioids. Opioids can also produce euphoria, making them prone to abuse. Some people use opioids for their ability to produce a mellow, relaxed “high.” Federal laws regulate the possession and distribution of all opioids.

Use of prescription opioids is legal only when they are prescribed by a licensed medical practitioner, and are used by the person to whom they are prescribed. Illegal use includes “double doctoring,” or obtaining a prescription from more than one doctor without telling the prescribing doctor about other prescriptions received in the past 30 days.



Penalties for the illegal possession and distribution of prescription opioids include fines, imprisonment or both.

Where do opioids come from?

Some opioids, such as morphine and codeine, occur naturally in opium, a gummy substance collected from the seed pod of the opium poppy, which grows in southern Asia. Semi-synthetic opioids, such as hydromorphone (e.g., Dilaudid) or hydrocodone (e.g., Tussionex), are made by changing the chemical structure of naturally occurring opioids. Synthetic opioids, such as methadone and meperidine (e.g., Demerol), are made from chemicals without using a naturally occurring opioid as a starting material.

What do opioids look like?

Prescription opioids come in various forms—tablets, capsules, syrups, solutions and suppositories.

Who uses opioids?

Opioids are prescribed by licensed medical practitioners to people with acute or chronic pain resulting from disease, surgery or injury. Opioids are also prescribed to people with moderate to severe coughs and diarrhea. The opioids methadone and buprenorphine are prescribed to treat addiction to other opioids.

The use of prescription opioids for other than their medical purpose is considered abuse. Much attention is given to the abuse of illegal opioid drugs, such as heroin (see *Do You Know . . . Heroin*), but some of the most commonly abused opioids are prescription drugs, such as codeine-containing Tylenol (1, 2, 3 and 4), hydromorphone (Dilaudid), oxycodone (Percocet,

Percodan), morphine and others. Due to widespread abuse, OxyContin (a controlled release oxycodone product) became unavailable in Canada in early 2012.

Because of the risk of abuse, opioids are prescribed cautiously for chronic pain. However, opioids are of particular value in controlling pain in the later stages of terminal illness, when the possibility of addiction is not relevant.

Opioid drugs that are sold on the street may be stolen from pharmacies or from people who have been prescribed the drugs for legitimate purposes.

The non-medical use of prescription opioids has increased in recent years. In 2011, about 14 per cent of Ontario students in grades 7 to 12 reported non-medical use of an opioid pain reliever at least once in the past year. In 2008, 1.5 per cent of Canadians age 15 and older who said they use prescription opioids used them “to get high.” The rate of abuse was roughly five times higher among those aged between age 15 and 24.

How do opioids make you feel?

The way opioids affect you depends on many factors, including:

- how much you use
- how often and how long you use opioids
- how you take them (e.g., by injection, orally)
- your mood, expectations and environment
- your age
- whether you have certain pre-existing medical or psychiatric conditions
- whether you’ve taken any alcohol or other drugs

(illegal, prescription, over-the-counter or herbal). Low doses of opioids suppress the sensation of pain and the emotional response to pain. They may also produce euphoria, drowsiness, relaxation, difficulty concentrating, constricted pupils, a slight decrease in respiratory rate, nausea, vomiting, constipation, loss of appetite and sweating. With higher doses, these effects are more intense and last longer.

The speed and intensity of the effects of opioids vary depending on how the drugs are taken. When taken orally, the effects come on gradually and are usually felt in about 10 to 20 minutes. When injected into a vein, the effects are most intense and are felt within one minute.

How long does the feeling last?

When opioids are taken to relieve pain, the duration of the effect varies somewhat depending on the type of opioid taken. For many opioids, a single dose can provide pain relief for four to five hours.

Are opioids dangerous?

Yes. Opioids can be dangerous if they are used without medical supervision. Here are some of the reasons:

- Opioids are depressant drugs, which means that they slow down the part of the brain that controls breathing. All opioid drugs are dangerous when taken in large quantities or when taken with other depressants, such as alcohol or benzodiazepines. Signs of overdose include slow breathing, bluish skin and coma. Death can result, usually because

breathing stops. If caught in time, overdose can be treated with drugs such as naloxone, which blocks the effects of opioids, including the effect on breathing.

- People who use opioids regularly for their pleasurable effects soon develop tolerance to these effects, which means they need to use more and more of the drug to achieve the desired effect. As the amount taken increases, so does the risk of overdose. If people with tolerance stop taking the drug, they lose their tolerance. If they then resume taking the same amount they took before they stopped, the risk of overdose is extreme.
- Some people inject opioids to increase the intensity of the euphoric effect. Using dirty needles and sharing needles carries a high risk of infection and disease (e.g., HIV, hepatitis). When pharmaceutical tablets or capsules are dissolved for injection, non-drug substances contained in these products can permanently damage veins and organs.
- Regular use of large quantities of opioids during pregnancy can increase the risk of premature delivery and infant withdrawal. Pregnant women who are addicted to opioids are treated with the long-acting opioid methadone to prevent withdrawal symptoms. (See *Do You Know . . . Methadone.*)

Prescription Opioids