

With *physical dependence*, the body has adapted to the presence of the drug, and withdrawal symptoms occur if use of the drug is reduced or stopped abruptly.

The person who is physically dependent will experience withdrawal symptoms about six to 12 hours after last taking a short-acting opioid, such as heroin, 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, goose bumps and runny nose. These symptoms are accompanied by a craving for the drug. Symptoms usually subside after a week, although some symptoms, 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 mood instability, constricted pupils (impaired night vision), constipation, decreased libido and menstrual irregularities. Addiction to opioids can have devastating long-term social, financial and emotional effects.

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Do You Know...

Street names: junk, H, horse, smack, shit, skag (for heroin); M, morph, Miss Emma (for morphine); meth (for methadone); percs (for Percodan®, Percocet®); juice (for Dilaudid®)

What are they?

Opioids are a family of drugs that have morphine-like effects. Their primary medical use 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.

Federal laws regulate the possession and distribution of all opioids. Penalties for the illicit possession and distribution of opioids range from fines to life imprisonment.

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. Other opioids, such as heroin, are made by adding a chemical to morphine. Today, many drugs in the opioid category don't actually come from

Opioids



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opium. Instead, they are made synthetically from chemicals. Examples of opioids produced by pharmaceutical companies include oxycodone (Percodan/Percocet), meperidine (Demerol®), hydrocodone (Tussionex®) and hydromorphone (Dilaudid).

What do opioids look like?

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

Opium comes in dark brown chunks or powder, and is usually eaten or smoked. Heroin is usually a white or brownish powder. (See *Do You Know... Heroin.*)

Who uses opioids?

Doctors and dentists prescribe opioids 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. Opioids such as methadone and buprenorphine are used to treat addiction to other opioids, such as heroin.

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 physical dependence is not significant.

Some people use opioids for their ability to produce a mellow, relaxed “high.” Much attention is given to the use of illegal drugs, such as heroin, but some of the most commonly used and abused opioids are prescription drugs, such as codeine-containing Tylenol® (1, 2, 3 and 4), hydromorphone (Dilaudid), oxycodone (Percocet, Percodan), morphine and others.

Sometimes people who are prescribed opioids use them inappropriately. One warning sign is the early renewal of prescriptions. People who abuse opioids sometimes “double doctor,” an illegal practice of filling an opioid prescription from more than one doctor, without letting the others know. These drugs are also stolen from pharmacies, and sold on the street.

Health professionals with access to prescription drugs are also at risk of opioid abuse. Some become dependent.

How do opioids make you feel?

The way opioids affect you depends on:

- how much you use
- how often and how long you use
- 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 (illicit, 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, 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 a minute.

How long does the feeling last?

When opioids are taken to relieve pain, how long the effect is felt varies somewhat depending on the type of opioid taken, although a single dose of many opioids 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:

- All opioid drugs, especially heroin, are particularly dangerous when taken in large quantities or when taken with other depressants, such as alcohol or benzodiazepines. Opioids slow down the part of your brain that controls breathing. 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 seek the euphoric effects of opioids may take more and more of the drug as they develop tolerance to its effects. 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. Non-medical injection drug use carries a high risk of infection and disease due to dirty needles, sharing needles and impurities in the drug. The incidence of HIV and hepatitis is particularly high among injection drug users. Street drugs are almost never pure, and pharmaceutical tablets or capsules, when diluted for injection, contain substances that can permanently damage veins and organs.
- Taking short-acting opioids, such as heroin, during pregnancy can result in premature delivery, low birth weight, infant withdrawal and infant death. Pregnant women who are dependent on opioids are treated with the long-acting opioid methadone to prevent withdrawal symptoms. (See *Do You Know... Methadone.*)

Are opioids addictive?

They can be.

When opioids are used occasionally under medical supervision, there is little risk of addiction. However, people who use opioids regularly for their pleasurable effects soon develop tolerance to these effects. They may then use more of the drug to achieve the original intensity of effect. Chronic use or abuse of opioids can lead to psychological and physical dependence.

People are *psychologically dependent* when a drug is so central to their thoughts, emotions and activities that the need to continue its use becomes a craving or compulsion.

Opioids