What Should I Know About Opioids?

What Are Opioids?
Opioids are a group of substances derived from the plant-based chemical opium. Today many opioids are artificially created to have stronger or longer-lasting effects. Opioids include both prescription medications and illicit drugs. Examples include morphine, hydrocodone, oxycodone, codeine, hydromorphone, tramadol, fentanyl, and heroin. Opioids are addictive. Over time people’s bodies require more and more opioid to achieve the same effects. Withdrawal symptoms can appear if opioids are not taken regularly. Opioids can cause death by slowing breathing and causing extreme sedation.

Is My Opioid Use a Problem?
• When a person’s pattern of opioid use leads to life problems, poor function, or physical harm, they may have opioid use disorder— the medical term for addiction to opioids.
• Recognizing the signs of opioid use disorder in yourself or a loved one can save a life. They include: Craving opioids; using more opioids than intended; problems at work or in relationships owing to opioid use; use in potentially dangerous situations, such as driving; increasing time spent using or searching for opioids; continued use after a bad reaction, overdose, or other harm; the presence of withdrawal symptoms when opioids are not taken.
• These symptoms should prompt a visit to your physician for evaluation immediately.

What Treatments Are Available for Opioid Use Disorder?
• Medications like methadone and buprenorphine are the most effective treatment. These medications have been proven to prevent cravings and reduce opioid related deaths by up to 50%.
• Medications for opioid use disorder are intended for long-term use, similar to blood pressure pills. Stopping them can increase the risk for returning to opioid use (relapse) and death.
• Methadone has been successfully used for over 50 years to treat opioid use disorder. It is taken daily while observed at a specialized treatment program.
• Buprenorphine is typically a daily pill that can be taken at home with a prescription from a licensed provider.
• Depot Naltrexone is a monthly injection that blocks the action of opioids. Evidence for its effectiveness is weaker than for methadone and buprenorphine.
• Naloxone reverses bad reactions and overdose from opioids and can save someone’s life. It is available as an easy-to-use nasal spray. If you or someone you know uses opioids, you should have this medication stored where it is easy to find in case of an emergency.
• Counseling
  • Counseling and support groups can increase the effectiveness of medication-based treatment. Counseling should be offered in addition to medications whenever possible. It should not be used as a substitute for medication-based treatment.
• “Detox” Models
  • There can be a lot of pressure to “just quit” using opioids, and several centers offer detox services. Detox alone is not as effective as medication-based treatment and is potentially dangerous. Evidence shows that people often return to opioid use soon after detox treatment, putting them at especially high risk of overdose death.
  • Sometimes detox may be used to transition to monthly naltrexone injections. This is more effective than detox alone. However, methadone and buprenorphine are the most proven treatments.

Common Misconceptions About Opioid Use

<table>
<thead>
<tr>
<th>Myths</th>
<th>Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioid addiction is a choice at moral failure.</td>
<td>Opioid addiction is a medical condition with a biochemical basis and effective treatments.</td>
</tr>
<tr>
<td>Detox is a sufficient treatment for opioid addiction.</td>
<td>Detox alone is not recommended. FDA-approved medications save lives and should be a part of all treatment regimens.</td>
</tr>
<tr>
<td>Methadone and buprenorphine treatments are just replacing one drug with another.</td>
<td>Medication assisted treatment reduces craving and prevents withdrawal. Medications reduce opioid related death by up to 50%.</td>
</tr>
<tr>
<td>One has to be in an addiction treatment program in order to access medications for opioid use disorder.</td>
<td>Medications such as buprenorphine and naltrexone can be prescribed by addiction specialists and licensed primary care doctors. Ask your doctor if they are licensed to prescribe buprenorphine.</td>
</tr>
</tbody>
</table>

FOR MORE INFORMATION
• SAMHSA Patient Information
  https://www.samhsa.gov/medication-assisted-treatment/treatment
• National Institutes of Health
  https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-addiction/overview

Authors: Michael A. Incze, MD, MSED; Scott Steiger, MD
Published Online: March 18, 2019
Author Affiliations: Department of Medicine, University of California, San Francisco (Incze, Steiger). JAMA Internal Medicine (Incze).
Conflict of Interest Disclosures: None reported.
Section Editor: Michael Incze, MD, MSED.

The JAMA Internal Medicine Patient Page is a public service of JAMA Internal Medicine. The information and recommendations appearing on this page are appropriate in most instances, but they are not a substitute for medical diagnosis. For specific information concerning your personal medical condition, JAMA Internal Medicine suggests that you consult your physician. This page may be photocopied noncommercially by physicians and other health care professionals to share with patients. To purchase bulk reprints, call (312) 464-0776.