UNDERSTANDING YOUR DIAGNOSIS

Opioid Addiction

Also called Opioid Use Disorder

Opioids have taken a hold that is hard to break alone. Medicine treats this condition well, and it saves lives.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 6 million people (US)	Teens to late 20s	Yes - medicine halves deaths	Millions are in recovery

What this is

- Opioid use disorder means opioids, whether prescribed or bought, have taken over more of your life than you want.
- It is a medical condition, much like diabetes or asthma. It is not a moral failure and not something you chose.
- Needing more to feel normal, and feeling sick without it, is your body adapting. That is biology, not weakness.
- **Buprenorphine** and **methadone** are real treatment. Taking them is not swapping one drug for another one.

What it can look and feel like

- You use more, or for longer, than you meant to, and cutting back has not stuck even when you tried hard.
- Much of your day goes to getting opioids, using, or recovering, and there is little room left for anything else.
- You feel strong cravings that come on fast, often with stress, pain, or being near the people you used with.
- Without opioids you get sick: runny nose, chills, goosebumps, cramps, diarrhea, aching, and no sleep at all.
- The same amount does much less than it used to, so you need more of it just to feel normal and get moving.
- You keep using even though it is hurting your health, your job, your money, or the people you love most.
- A lot of the use now is about staying out of withdrawal, and not about getting high the way it started.

What is happening in your brain and body

- Opioids lock onto mu receptors, docking points in your brain that block pain and switch off alarm signals.
- They also release dopamine, a reward chemical, which teaches your brain to treat opioids as necessary to survive.
- With regular use, your body makes fewer of its own natural painkillers, so ordinary aches and stress hit harder.
- Withdrawal is a rebound: the alarm system opioids kept quiet fires all at once. It is miserable but rarely deadly.
- Your tolerance drops fast after a break, so an old amount can stop your breathing. Most overdoses happen this way.

What can make it more likely

- Genes account for about **half** of the risk, so opioid problems often show up in more than one family member.
- Many people start with a real prescription for real pain, and the condition grows from there through nobody's fault.
- Trauma, chronic pain, depression, and anxiety all raise the risk, because opioids quiet emotional pain too.
- Starting young, and having easy access to opioids, both raise the chance that use turns into a disorder.

What to expect

- With medicine, most people stabilize. Cravings quiet down, and life gets the room it needs to grow back.
- **Buprenorphine** and **methadone** cut the risk of dying by about half, and longer treatment works better than short.
- There is no set finish line. Many people stay on medicine for years, and that is a healthy, normal outcome.
- A return to use happens for some people. It is a signal to adjust treatment, not a reason to give up trying.

What helps

Treatment works. Most people get better.

Talking therapies

- **Contingency management** gives small rewards for meeting goals like appointments, and it keeps people in care longer.
- **Cognitive behavioral therapy** helps with triggers, coping, and rebuilding a routine that does not revolve around use.
- **Motivational interviewing** gives you room to think out loud about medicine and change, without being pushed into it.
- Counseling adds a lot, but it should never be required before you can get medicine. The medicine comes first.
- Peer support and groups that welcome medication, such as Medication-Assisted Recovery Anonymous, help you feel less alone.

Medicines

- **Buprenorphine** (Suboxone) steadies the same receptors without the high, and it is much safer for your breathing.
- **Methadone**, taken daily through a clinic, keeps the most people in treatment, especially with long or heavy use.
- **Naltrexone** blocks opioids entirely, but you have to be fully off them for about a week before you can start it.
- This is not replacing one drug with another. These medicines steady your brain so you can live, work, and heal.
- Your prescriber picks the dose with you. Too low keeps you sick, so speak up if the cravings are still loud.

Everyday things that help

- Keep **naloxone** (Narcan) at home and teach the people around you how to use it. It reverses an overdose fast.
- Try never to use alone. Use fentanyl test strips, or call a never-use-alone line so someone can send help.
- Ask about hepatitis C and HIV testing, and about sterile supplies. Staying alive and well comes before everything.
- Sleep, food, and a daily routine matter more than they sound like they should. Withdrawal wrecks all three first.
- SAMHSA's free helpline, **1-800-662-4357**, can find treatment near you at any hour of the day or night.

Get help right away if

- Slow or stopped breathing, blue lips, or someone you cannot wake: give **naloxone** and call 911.
- Overdose risk is highest after jail, detox, or any break, because your tolerance is gone. Never use alone.
- If you think about ending your life, call or text **988**, or go to the nearest emergency room.

Questions to ask your care team

- *Which medicine fits my life best, and how soon can I start taking it?*
- *How do I get naloxone, and who around me should learn how to use it?*
- *What happens if I use while I am on this medicine? Will I be discharged?*
- *How long will I stay on it, and how will we decide together to change that?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.