

## What's opioid use disorder?

Opioid use disorder (OUD) is a **medical condition** that can result from opioid use. People with OUD usually have the following four traits:

- They cannot control their opioid use.
- They continue to use opioids even though it harms them.
- They spend a lot of time obtaining and using opioids and recovering from use.
- They have powerful cravings to use opioids.

## Why can't I just stop using opioids?

People with substance use disorders are often told that they should "just stop". However, there is a strong **biological** aspect to addiction that makes stopping very hard. When we perform certain activities that are necessary for survival, such as eating or sex, the chemical dopamine is released in the brain, which makes us feel good. This dopamine spike also registers in the **memory**, which causes us to remember the pleasure of the activity, and the **command centre**, which directs us to do the activity again. Using opioids causes an even bigger and longer-lasting release of dopamine. This results in our brains telling us that using opioids is more important than survival activities, which makes it very difficult to "just stop."



## Can people with OUD get better?

People with OUD can and do get better, and accepting that you have OUD is an important first step toward recovery. The thought of working with a health care team to come up with a treatment plan might be difficult or scary, but once you've started, you may feel more hopeful that things can change. Try to remember that recovery doesn't happen all at once, and that you don't have to do it all by yourself. Reaching out to family and friends or to support groups might help you feel like you're not alone.



## How can I learn more?

If you have any questions about OUD or about treatment options, you should speak to your doctor, nurse, or counsellor. You can also find more information and resources on the META:PHI website.

[www.metaphi.ca/patient-resources](http://www.metaphi.ca/patient-resources)



## About Opioid Use Disorder (OUD)

Opioids are powerful narcotics with painkilling properties. Although many opioids are prescribed by doctors to help people cope with pain, they can be dangerous. Some people develop **opioid use disorder**: they experience **cravings** and **withdrawal symptoms**, and have difficulty stopping their use even when they want to.

It can be very hard to accept that your opioid use is problematic; it's normal to feel ashamed, frightened, or angry. This pamphlet contains information about what opioid use disorder is, why some people have it, and what people can do to get better.

## How do you develop OUD?

There are multiple factors that can contribute to developing OUD. Two of these factors are **traumatic experiences** and a **family history** of addiction.

Traumatic things that happen to us, such as abuse or neglect, can stay with us for years. Some people who have had difficult experiences start drinking or using drugs as a way of **cop**ing with them.

People with a strong family history of addiction often react to substances differently than others. Opioids have a **greater pleasurable effect** on these people, making them to feel more confident, more energetic, less worried, and better overall. **Tolerance** to these effects develops very quickly. In just a few days, people find that they need a higher dose in order to get the same effect.

**OUD is not related to your character, will power, or morals, and has nothing to do with the kind of person you are.**

## Why do I feel sick when I try to stop using?

If you take high doses of opioids every day for several weeks or more, your nervous system changes in order to resist the drowsiness that they cause. This change is called **tolerance**. People who use opioids

daily are often able to function normally even after taking amounts that would be fatal to someone who does not take opioids. When someone suddenly stops using opioids, the nervous system takes several days to return to normal. As the opioids leave the system, people experience **withdrawal**, which is usually at its worst two or three days after last use, although the symptoms can linger for weeks or months. The physical symptoms of withdrawal are like a very bad case of the flu; people experience muscle aches, nausea and vomiting, cramps, chills, sweating, yawning, and goosebumps. In addition, people often experience psychological symptoms such as severe insomnia, anxiety, fatigue, and powerful cravings. These psychological symptoms are usually much more uncomfortable than the physical symptoms.



## I have chronic pain. If I stop taking opioids, won't my pain get worse?

No; in fact, using opioids is probably making your pain worse. This is because you go through withdrawal every day as the opioid wears off, and withdrawal greatly magnifies your perception of pain. OUD can also cause depression and anxiety, which also magnify pain. If you get treatment, it is very likely that your chronic pain will decrease and your daily functioning will improve.

## What treatment do I need?

Different types of treatment work for different people. There is no one right treatment path for everyone, so you should talk to your health care team about what would be best for you.

**Withdrawal management** can provide a safe environment for people in the early days of recovery. In addition to monitoring clients through withdrawal, addiction workers help people access housing and other social supports. Many use withdrawal management as a first step in treatment.

People who experience withdrawal symptoms when they stop using opioids may be offered **opioid agonist therapy**. Buprenorphine and methadone are both slow-acting and long-lasting opioids that, in the right dose, prevent withdrawal and cravings for 24 hours without causing intoxication, allowing people to focus on their recovery goals.

**Counselling** can be an important part of treatment. Counselling programs can include education on drugs and healthy lifestyle choices, group or individual therapy sessions, help with developing coping skills, cognitive behavioural therapy, and peer support.