

Opioid Misuse

Understanding the risks, the signs and where to get help

Opioids include medicines such as morphine, oxycodone, codeine and fentanyl, as well as heroin. They can relieve pain and, in some settings, are important medicines. They can also produce sedation or euphoria and can lead to tolerance and physical dependence. Misuse may involve taking more than prescribed, using someone else's medication, using opioids for emotional escape or intoxication, or obtaining opioids outside medical care. A person can develop dependence after legitimate treatment; dependence and addiction are related but not identical.

Signs the pattern may be becoming harmful

Possible signs include taking more or more often than intended; running out early; increasing tolerance; strong cravings; spending increasing time obtaining, using or recovering; using to avoid withdrawal; sedation or 'nodding'; constipation; reduced concentration; secrecy; financial or relationship problems; and continuing despite physical, emotional or practical harm. Withdrawal symptoms can include agitation, sweating, runny nose, yawning, muscle aches, abdominal cramps, diarrhoea, nausea, insomnia and intense cravings.

Why overdose can happen

Breathing suppression Opioids can slow the brain's drive to breathe. In overdose, breathing may become dangerously slow or stop.	Tolerance can change After a break, detox, hospital stay or prison release, previous doses may become dangerous because tolerance has fallen.
Mixing sedatives Alcohol, benzodiazepines and other sedating drugs can greatly increase overdose risk when combined with opioids.	Unknown strength Illicit supplies may vary in potency or contain unexpected substances, making the effect difficult to predict.

Recognising a possible opioid overdose

Treat it as an emergency if a person is difficult or impossible to wake, has very slow, irregular or stopped breathing, makes unusual snoring/gurgling sounds, has blue/grey lips or fingertips, or is limp and unresponsive. Call 999 immediately. If naloxone is available, give it according to its instructions and follow the emergency call handler's advice. Stay with the person. More than one naloxone dose may be needed because its effect can wear off before the opioid does.

Naloxone: a medication that can save a life

Naloxone temporarily reverses the effects of an opioid overdose. In the UK it is available through many drug services and other community schemes, and access arrangements vary across the four nations and local areas. If you or someone close to you uses opioids, ask a local drug service or pharmacist where naloxone can be obtained and how to use it. Carrying naloxone is an emergency safety measure; it does not replace calling 999.

Treatment is more than 'just stopping'

Support may include psychosocial treatment, peer support, help with pain and mental health, and opioid agonist treatment such as methadone or buprenorphine where clinically appropriate. These medicines can reduce illicit opioid use, withdrawal and overdose risk and provide stability while other parts of life are addressed. Treatment should be individual rather than based on shame, punishment or a single definition of recovery.

A first step

If opioids began with pain treatment, tell the clinician what has changed rather than simply asking for or refusing medication. If use is non-prescribed, a local drug service can assess dependence, overdose risk and treatment options. Be honest about alcohol, benzodiazepines and other drugs because combinations materially affect safety.

Opioid Misuse - Help, Safety and Recovery

Naloxone, practical support, treatment and UK routes to help

Where to get help in the UK

GP / prescriber	For prescribed opioids, ask for a medication and pain review. Do not make major changes to long-term medication without appropriate clinical advice.
Local drug & alcohol service	Services can assess opioid dependence, discuss methadone or buprenorphine where appropriate, provide psychosocial support and often supply or arrange naloxone.
FRANK	Confidential UK drug information and advice. Helpline: 0300 123 6600 ; text 82111 . FRANK can also help people find local support.
UK SMART Recovery	Free peer-support meetings using practical tools for motivation, cravings, problem-solving and maintaining change.
Narcotics Anonymous UK	Peer-led recovery meetings in person and online. Helpline: 0300 999 1212 .
Emergency help	For suspected overdose or serious breathing problems, call 999 . If naloxone is available, administer it according to the product instructions while emergency help is coming.

A practical safety and support check

Ask yourself: **What opioid am I using and why? Has my dose or frequency changed? Am I ever using alone? Am I combining opioids with alcohol, benzodiazepines or other sedatives? Has my tolerance recently fallen? Do I or someone close to me have naloxone? Who could I contact before the next difficult moment?** These questions are not a substitute for treatment; they can help identify immediate risks and the support that is missing.

Supporting somebody else

Learn the signs of overdose and how to call for emergency help. If naloxone is available to you, learn how to use it. Talk about treatment at a calm time rather than during intoxication or withdrawal. Encourage professional help without taking over responsibility for recovery. Keep boundaries around money, children, driving, aggression and your own safety. If someone is unresponsive or breathing abnormally, treat it as an emergency rather than assuming they are simply asleep.

One book to explore

***In the Realm of Hungry Ghosts* - Gabor Mate.** This book explores addiction through stories, trauma, attachment, biology and social context. I value its attempt to look beyond the question 'Why the addiction?' towards 'Why the pain?', which can open a more humane conversation about opioid use. It is a perspective rather than a clinical treatment manual, and some readers or clinicians may disagree with parts of its framing. I would use it alongside evidence-based medical and psychological support, not instead of them.

A message from Maggie

Opioid problems can begin in many places: pain, injury, trauma, prescribed medication, curiosity, grief or the need to get through an unbearable day. Whatever the route in, support should look at the whole person. If you are frightened by how much you are using, worried about withdrawal, or concerned about overdose, you do not have to solve everything before asking for help. Getting naloxone, speaking to a drug service, telling your GP what is really happening, or letting one trusted person know can all be meaningful first steps.

Clinical note

This guide is educational and does not replace individual medical care. Opioid overdose is a medical emergency. Treatment and medication decisions should be made with appropriately qualified professionals. Risks vary according to opioid, dose, tolerance, other medicines/substances and individual health. Service and naloxone access details can change and should be checked before publication.