

[A Harvard Health article](#)

Opioid Addiction

Tips for Treatment and Recovery



Understanding the problem

These days, it's nearly impossible to ignore the toll that opioid addiction is taking on everyday people. As a society, we are used to hearing about celebrities grappling with addiction or overdosing on prescription medications. But we still stop short when we hear that each day in the United States, 78 Americans die from an opioid overdose, 46 of those from an overdose of prescription pain relievers.

What are opioids?

“Opioid” is the catchall term for substances that bind to a group of receptors in the central nervous system called opioid receptors.

Opioids are naturally occurring or synthetic (man-made). Your brain makes its own brand of opioids, called endorphins. Plant-derived opioids, called opiates, come from the seedpod of the Asian opium poppy plant. They include opium, morphine, and codeine.

Heroin is a semi-synthetic opioid. Synthetic opioids include oxycodone (OxyContin, Percocet), hydrocodone (Vicodin), fentanyl (Duragesic), hydromorphone (Dilaudid), and meperidine (Demerol).

Treating opioid addiction

Unlike stopping heavy alcohol or sedative use, depending upon health status, quitting opioid drugs is not particularly risky. Still, it is always wise to get guidance about detoxification from your physician. This is particularly true if you have an underlying condition such as cardiovascular disease that is worsened by the withdrawal symptoms or if you are pregnant; cutting back or detoxing can result in miscarriage. If you are pregnant, consult your doctor before attempting to cut back or detoxify.

There are a variety of methods to choose from when attempting to stop or cut back your drug use. Many people recover without treatment—on their own. Others benefit from a formal treatment program that includes medications to help ease cravings and withdrawal symptoms. We provide explanations of strategies that people in recovery and clinicians have found to be most effective below.

Tips for cutting down

Many people who develop opioid addiction want to cut down and reduce the problems associated with use rather than quit altogether. Eventually, most learn about their need to stop completely. Deciding how to start the process—gradually or abruptly—is something each person should work out or discuss with the help of a clinician.

The following steps can help people reduce their opioid use:

Put it in writing. Making a list of the reasons to curtail your drug use—such as feeling

healthier, sleeping better, or improving your relationships—can motivate you.

Set a drug use goal for reducing or stopping such use. Set a limit on how much you will use.

Keep a diary of your drug use. For three to four weeks, keep track of every time you use. Include information about what and how much you used as well as where you were. Compare this to your goal. If you're having trouble sticking to your goal, discuss it with your doctor or another health professional.

Don't keep drugs in your house. Having no psychoactive drugs in your home can help limit your drug use.

Choose drug-free days. Decide not to use opioid drugs a day or two each week. You might want to abstain for a week or a month to see how you feel physically and emotionally without drugs in your life. Taking a break from drug use can be a good way to start using less.

Watch for peer pressure. Practice ways to say no politely. You do not have to use just because others are, and you shouldn't feel obligated to accept every time you're offered a drug. Stay away from people who encourage you to use.

Keep busy. Take a walk, play sports, go out to eat, or catch a movie. When you're at home, pick up a new hobby or revisit an old one. Painting, board games, playing a musical instrument, woodworking — these and other activities are great alternatives to using drugs.

Ask for support. Cutting down on your opioid use may not always be easy. Let friends and family members know that you need their support. Your doctor, counselor, or therapist may also be able to offer help; several medications are available to help curb the urge to use opioids.

Guard against temptation. Steer clear of people and places that make you want to use drugs. If you associate opioid use with certain events, such as holidays or vacations, develop a plan for managing these situations in advance. For example, plan to spend holidays with friends and family who support your sobriety and are willing to have a drug-free celebration. Also, some travel agencies specialize in sober vacations. Monitor your feelings. When you're worried, lonely, or angry, you might be tempted to use drugs. Try to cultivate new, healthy ways to cope with stress.

Be persistent. Most people who successfully cut down or stop using drugs do so after several attempts. You'll probably have setbacks, but don't let them keep you from reaching your long-term goal.

Some of these strategies — such as watching for peer pressure, keeping busy, asking for support, being aware of temptation, and being persistent — also can be helpful for people who want to give up opioid use completely.

Once you've cut back on your drug use, check regularly to make sure your opioid use isn't creeping back up. Some people attain their goal only to find that old habits crop up again later. If this happens, revisit your plan to control your opioid use, consult your doctor, and recommit to your goals.

As you cut down your opioid use, keep in mind that you also are lowering your body's tolerance to opioids. As we have noted before, lower tolerance means that your body can no longer handle the larger doses that you were once using. If you go back to the same or a higher dose, either intentionally or unintentionally, you are susceptible to overdose.

Managing withdrawal symptoms

Opioids are notorious for producing withdrawal symptoms — your body's response to cutting down or stopping use of a substance to which your body has become dependent. Opioid withdrawal symptoms include restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps, and involuntary leg movements. These symptoms usually subside within a week, but some people continue to experience sleep problems and irritability for months.

Medications to help you quit

Medications for opioid addiction (see Table 1) can help with detoxification, the process of allowing the body to rid itself of a drug while helping prevent or ease withdrawal symptoms. These drugs also can help reduce cravings. "Detox" is not a treatment for addiction itself, but it is a useful first step when followed by treatment with a behavioral-based therapy and/or medication.

Increasing evidence shows that medically assisted treatment (MAT)—a combination of medication and psychosocial treatments — is most effective for opioid use disorder. A study

of MassHealth patients found that patients on medication treatments like methadone or buprenorphine (see below) are 50% less likely to relapse. Other studies have shown that patients treated with these medications are 50% (or more) less likely to die.

Although sometimes criticized as “replacing one addiction with another,” these medications can restore normalcy to people’s lives, stabilize their home and work life, and enhance their motivation to change.

FDA-approved medications for treating opioid addiction

Buprenorphine and naloxone (Brand name: Suboxone, Bunavail, Zubsolv). Eases withdrawal symptoms and blocks euphoria from opiates. Can trigger withdrawal symptoms if taken while opiate drugs are still in the system. Stopping medication abruptly can trigger withdrawal symptoms.

Methadone (Brand name: Diskets, Dolophine, Methadose). Eases withdrawal symptoms by binding to opioid receptors. Also used to treat chronic pain. Taken at a substance abuse clinic. Large doses can produce a high similar to heroin. Can be habit-forming.

Naloxone (Brand name: Narcan, Evzio). Reverses the life-threatening effects of an opioid overdose. Prevents an opioid high. May cause heightened pain sensitivity.

Naltrexone (Brand name: Depade, ReVia, Vivitrol). Helps people stay off opiates by preventing opiate high. Liver damage has been associated with large doses. Causes withdrawal symptoms if opiates are still in the body.

Non-opioid options for managing chronic pain

If you started taking prescription opioids to manage chronic pain, then you will need new pain relief options when you cut back or stop taking opioid drugs. Following are options that alone, or in combination, might help.

Cold and heat. Cold can be useful soon after an injury to relieve pain, decrease inflammation and muscle spasms, and help speed recovery. Heat raises your pain threshold and relaxes muscles.

Exercise. Staying physically active, despite some pain, can play a helpful role for people with some of the more common pain conditions, including low back pain, arthritis, and

fibromyalgia.

Weight loss. Many painful health conditions are worsened by excess weight. It makes sense, then, that losing weight can help to relieve some kinds of pain.

Physical therapy (PT) and occupational therapy (OT). PT helps to restore or maintain your ability to move and walk. OT helps improve your ability to perform activities of daily living, such as dressing, bathing, and eating.

Transcutaneous electrical nerve stimulation (TENS). This technique employs a very mild electrical current to block pain signals going from the body to the brain.

Iontophoresis. This form of electrical stimulation is used to drive medications into areas of pain and reduce inflammation.

Ultrasound. This therapy directs sound waves into tissue. It is sometimes used to improve blood circulation, decrease inflammation, and promote healing.

Cold laser therapy. Cold laser therapy, also called low-level laser therapy, is FDA-approved to treat pain conditions. The cold laser emits pure light of a single wavelength that is absorbed into an injured area and may reduce inflammation and stimulate tissue repair.

Mind-body techniques

Mind-body relaxation techniques are commonly used at hospital-based pain clinics. They include:

- Meditation
- Mindfulness
- Progressive muscle relaxation
- Breathing exercises
- Hypnosis therapy

Yoga and tai chi. These mind-body and exercise practices incorporate breath control, meditation, and movements to stretch and strengthen muscles. They may help with chronic pain conditions such as fibromyalgia, low back pain, arthritis, or headaches.

Biofeedback. This machine-assisted technique helps people take control of their own body

responses, including pain.

Therapeutic massage. Therapeutic massage may relieve pain by relaxing painful muscles, tendons, and joints; relieving stress and anxiety; and possibly impeding pain messages to and from the brain.

Chiropractic. Chiropractors try to correct the body's alignment to relieve pain and improve function and to help the body heal itself.

Acupuncture. Acupuncture involves inserting extremely fine needles into the skin at specific points on the body. This action may relieve pain by releasing endorphins, the body's natural painkilling chemicals. It may also influence levels of serotonin, the brain transmitter involved with mood.

Psychotherapy. Psychotherapists can offer many avenues for pain relief and management. For example, they can help you reframe negative thinking patterns about your pain that may be interfering with your ability to function well in life, work, and relationships. Seeing a mental health professional does not mean the pain is "all in your head."

Pain-relieving devices. A range of assistive devices can help support painful joints, relieve the pressure on irritated nerves, and soothe aches and pains. They include splints, braces, canes, crutches, walkers, and shoe orthotics.

Topical pain relievers. These medication-containing creams and ointments are applied to the skin. They may be used instead of or in addition to other treatments.

Over-the-counter medications. Pain relievers that you can buy without a prescription, such as acetaminophen (Tylenol) or nonsteroidal anti-inflammatory drugs (NSAIDs) like aspirin, ibuprofen (Advil, Motrin), and naproxen (Aleve, Naprosyn) can help to relieve mild to moderate pain.

Herbal or nutritional pain relievers. Scientific evidence supporting their effectiveness for pain relief is scant.

Non-opioid prescription drugs. Certain medications can be very effective for treating condition-specific pain. Examples include triptans for migraine headaches and gabapentin (Neurontin) or pregabalin (Lyrica) for nerve pain.

Corticosteroid injections. Used occasionally, corticosteroid injections can relieve pain and inflammation caused by arthritis, sciatica, and other conditions.

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