WHAT ARE OPIOIDS?

Opioids are natural, synthetic or semi-synthetic chemicals that relieve pain by binding to receptors in the brain and body to reduce the intensity of pain signals reaching the brain. Types of opioids include prescription opioid analgesics/medications as well as illegal non-prescription opioid drugs.

Opioid pain medications are sometimes prescribed by doctors to treat pain (sometimes called painkillers). Oxycodone, hydrocodone, oxymorphone and morphine are examples of opioids that are often prescribed for pain after an injury or surgery and are legal when taken according to a doctor’s prescription.

Opioids can also be misused, such as taking prescription opioids not as directed, obtaining prescription opioids illicitly or any use of non-prescription opioid drugs. Common illicit forms of opioids include heroin and illicitly manufactured fentanyl (IMF). To learn the common slang terms and code words for opioids, check out the Drug Enforcement Administration’s full list.

HOW ARE OPIOIDS CONSUMED OR ADMINISTERED?

Opioids can be swallowed as a pill; sniffed, snorted or smoked as a powder; or injected as a liquid.

WHAT ARE THE EFFECTS OF OPIOIDS?

Opioids connect to the opioid receptors on nerve cells within the body and brain – specifically the opioid receptors that involve feelings of pain and control heart rate, sleep and breathing. Some of the common effects of opioids – even when taken as prescribed or in a small amount – are feeling a surge of pleasure or relaxation, slow or depressed breathing, clouded mental functioning, flushing of the skin, constipation or stomach cramping, severe itching, nausea and vomiting, insomnia and “nodding” in and out of consciousness.

WHAT ARE THE RISKS OF USING OPIOIDS?

Prescribed opioids can be an important part of medical treatment but can also come with serious risks. Using an opioid for a long period of time can increase the risk for liver or kidney disease, infections to the heart lining and valves, and collapsed veins. Opioid use can also increase the risk for infections such as HIV for those who inject drugs, or damage nose tissue for those who snort/sniff drugs. Other risks include lung complications, sexual dysfunction for men, irregular menstrual cycles for women, addiction (commonly called opioid use disorder or OUD) and overdose.

Youth opioid use is linked to risky behaviors such as engaging in unprotected sex, which can lead to contracting sexually transmitted infections, including HIV, and unintended pregnancy. Furthermore, students who report using a prescription drug not as prescribed or taking someone else’s prescription are more likely than other students to have been the victim of physical or sexual dating violence.
WHAT IS PRESCRIPTION OPIOID MISUSE?

Prescription opioid medications are misused when not taken as directed by a doctor or obtained through illicit means (e.g., purchased from someone other than a licensed pharmacist). Prescription opioids are misused when individuals take more than prescribed, mix medications with alcohol and/or other drugs, or take someone else’s prescription – even if it’s for a medical reason.3

CAN OPIOIDS BE USED SAFELY?

Yes, when prescribed and managed by a medical professional, opioids can be taken safely for a short period of time.3 However, prescription opioids may not be a viable option for everyone and alternative medications and/or treatment should be explored under the advice of a medical professional.

HOW COMMON IS OPIOID USE AMONG YOUTH?

One in seven high school students reports using a prescription opioid not as directed at least once in their lifetime. Half of those who reported opioid misuse in their lifetime reported misusing opioids in the past month.5

WHAT POPULATIONS ARE AT GREATER RISK OF OPIOID MISUSE?

Female youth have a higher prevalence of current misuse of prescription opioids at 8.3% compared to males at 6.1%, as well as a higher lifetime prevalence of prescription opioid misuse at 16.1% versus 12.4%.6 The prevalence of current prescription opioid misuse is lower among white students (5.5%) compared with Black (8.7%) or Hispanic students (9.8%).6 Additionally, students identifying as lesbian, gay or bisexual are more likely to report current prescription opioid misuse compared with students identifying as heterosexual.6

IS FENTANYL AN OPIOID?

Yes. Fentanyl is a human-made (synthetic) opioid that is 50 to 100 times stronger than morphine and can be used in very small doses, as overseen by a medical provider, for extreme pain.3 Its potency makes it extremely dangerous and, if not used as directed and overseen by a medical provider, can significantly increase the risk of overdose.7 In recent years, availability of illicitly manufactured fentanyl (IMF) — fentanyl not produced for doctors to prescribe to patients to treat extreme pain — has increased, as has mixing fentanyl with other drugs, such as heroin, cocaine, methamphetamine and MDMA.7 Combining fentanyl with other drugs increases overdose risk, in particular for individuals who do not know that the drugs they are taking also contain fentanyl or in some cases contain only fentanyl.7

HOW DOES AN OPIOID OVERDOSE HAPPEN?

Opioids impact opioid receptors within the brain and body, which influence the body’s ability to breathe and circulate oxygen throughout the body.4 If there are too many opioids or a combination of opioids and other drugs in the body, breathing is depressed.8 If someone cannot breathe or breathe enough, oxygen will not circulate throughout the body and to vital organs such as the heart and brain.8 This can lead to unconsciousness, coma and death.8 Surviving an opioid overdose depends on if the person is able to breathe and get oxygen.8
Signs of an opioid overdose include loss of consciousness, unresponsiveness to outside stimulus, shallow or depressed breathing, vomiting, pale skin, and purple lips and fingertips. Fortunately, naloxone is a medication that can reverse an opioid overdose, preventing death. Naloxone attaches to opioid receptors, reversing and blocking the effects of opioids. Naloxone will not have any effect on someone overdosing from a non-opioid drug.

WHAT IS SPEEDBALLING?

Speedballing is slang for when an individual mixes an opioid, most commonly heroin, with a stimulant, typically cocaine. Opioids are a depressant, slowing the body’s responses, and cocaine is a stimulant, speeding up the body’s responses. Thus, using both at the same time has a “push and pull” effect of speeding up the heart rate, increasing blood pressure and slowing the respiratory system. This combination of drugs can cause uncontrolled body reactions and functioning, and induce a stroke, heart attack or respiratory failure, even in young, healthy individuals.

REFERENCES


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