

What You Need to Know About Opioid Use Disorder

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Transcript

[Introduction 0:00]

Dr. James MacKillop: Here's what you should know about opioid use disorder. My name is James MacKillop. I'm a professor and clinical psychologist at McMaster University and St. Joseph's Healthcare Hamilton.

[What is opioid use disorder? 0:08]

Dr. James MacKillop: Opioid use disorder is the medical diagnosis when a person has clinically significant distress or harm from opioids or pain-relieving drugs that are also used non-medically. Opioids include illegal drugs, like opium or heroin, and pharmaceutical drugs, like morphine or fentanyl.

There's no black-and-white test for opioid use disorder. The diagnosis is given by a physician or psychologist based on the presence of up to 11 symptoms, such as unsuccessfully trying to stop, feeling intense cravings, or experiencing withdrawal symptoms. Opioid use disorder can be mild, moderate, or severe.

Severe opioid use disorder is generally understood to reflect the concept of addiction, but addiction is not a medical diagnosis, and referring to a person as an addict is stigmatizing. Instead of defining a person based on their illness, we now use person-first language. We don't call a person an addict, but an individual with opioid use disorder.

[How common is it and what are the risks? 0:55]

Dr. James MacKillop: Opioid use disorder is not very common in the general population, affecting about 1% of adults in the U.S. and Canada. But it confers a massive burden in terms of illness and death. Overdose risk has increased substantially over the last decade due to the presence of extremely potent opioids, such as fentanyl. These high-potency drugs have contributed to an overdose crisis in North America, with tens of thousands of lives lost every year.

Beyond overdose, opioid use disorder is associated with infections, hepatitis, and respiratory disease. Like other substance use disorders, opioid use disorder is a major source of distress for patients, their families, and their communities. It's often associated with interpersonal conflict, problems in educational and work settings, and criminal behaviour.

[How is opioid use disorder treated? 1:35]

Dr. James MacKillop: There are no silver bullets for opioid use disorder, but a combination of pharmaceutical treatments and behavioural strategies can be used to maximize success. One critical strategy is making an overdose rescue medication called naloxone readily available. Naloxone can reverse the opioid effects and revive a person.

Other evidence-based medication strategies are called opioid replacement therapies, which substitute high-potency opioids with lower-potency opioids to wean away from physiological dependence, like the nicotine patch in smoking cessation. These medications can be complemented by behavioural treatments and 12-step programs such as Narcotics Anonymous.

The bottom line is that opioid use disorder can be severe and even debilitating, but people can and do achieve successful recovery. At McMaster, we're researching opioid use disorder and other substance use disorders, from neurobiology and genetics to behavioural studies and the next generation of evidence-based treatments.

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