CONDITION

Opiate and opioid withdrawal

Opioid withdrawal is a group of symptoms that occurs when opioid use is reduced or stopped after physical dependence develops.

WHAT IT IS
Symptoms after reducing or stopping opioids

BODY SYSTEM
Nervous system and whole body

MAIN SYMPTOMS
Anxiety, muscle aches, vomiting, diarrhea

WHAT CAUSES IT
Physical dependence on opioid drugs

HOW IT IS DIAGNOSED
Symptoms, medication history, examination, sometimes urine testing

MAIN TREATMENT
Opioid withdrawal medicines and supportive care

CAN IT BE CURED?
Yes - symptoms end as body readjusts

IS IT AN EMERGENCY?
Sometimes - severe dehydration or overdose signs

LONG-TERM OUTLOOK
Symptoms resolve, but recurrence and overdose remain possible

Overview

Opioid withdrawal happens when someone who is physically dependent on an opioid like oxycodone or morphine suddenly stops it, takes less of it, or receives a medicine that blocks its effects. The nervous system has adapted to the opioid. Without it, the body temporarily becomes overactive while it readjusts.

"Opioid" is the broad term for drugs that act on opioid receptors in the brain and body. They include prescription pain medicines, heroin, fentanyl, methadone, and buprenorphine. "Opiate" traditionally refers only to drugs made directly from opium, but the words are often used interchangeably.

Physical dependence is not the same as opioid use disorder. Dependence can occur when opioids are taken as prescribed. Opioid use disorder is a medical condition involving loss of

control over opioid use, continued use despite harm, or other patterns that affect daily life. A person may have withdrawal without having opioid use disorder.

Opioid withdrawal is usually not life-threatening by itself, but it can be extremely uncomfortable. Vomiting and diarrhea can cause dehydration. More importantly, opioid tolerance falls after stopping. Returning to a previous amount can then cause a fatal overdose.

Withdrawal during pregnancy needs prompt specialist care because sudden changes in opioid exposure may affect both the pregnant person and the pregnancy.

Symptoms

Early symptoms often feel like a combination of severe flu, anxiety, and restlessness. They may include:

As withdrawal progresses, nausea, vomiting, stomach cramps, and diarrhea may develop. The heart may beat faster, and blood pressure can rise. Some people feel unusually sensitive to pain.

Symptoms differ according to the opioid, how long it was used, the amount used, and the person's general health. Withdrawal from a short-acting opioid may begin within several hours and often becomes most intense over the next few days. Withdrawal from longer-acting opioids may start later and last longer. Fentanyl exposure can make the timing less predictable.

Most physical symptoms improve over several days to about two weeks. Sleep problems, low mood, reduced energy, and cravings can continue for weeks or longer. This longer recovery period is sometimes called protracted withdrawal.

Opioid withdrawal does not usually cause seizures or hallucinations. These symptoms may point to another problem, including withdrawal from alcohol or sedative medicines, and require urgent assessment.

- Anxiety, irritability, restlessness, or low mood
- Yawning, sweating, runny nose, and watery eyes
- Muscle aches, back pain, cramps, or shaking
- Trouble sleeping and strong opioid cravings
- Large pupils and goosebumps

Causes and risk factors

Repeated opioid exposure can change how the brain and nervous system function. The body begins to rely on the opioid to maintain its new balance. This is physical dependence.

Withdrawal may be triggered by:

Withdrawal caused by an opioid-blocking medicine can begin quickly and may be especially intense. When buprenorphine triggers this reaction, it is called precipitated withdrawal.

The likelihood and severity of withdrawal tend to increase with longer exposure, higher amounts, and more frequent use. The opioid's duration of action also affects the timing. Other medicines, pregnancy, chronic illness, and the use of alcohol or sedatives can complicate withdrawal.

Babies exposed to opioids before birth may develop neonatal opioid withdrawal syndrome after delivery. This is a separate condition that requires newborn assessment and care.

- Suddenly stopping or sharply reducing an opioid
- Missing doses because medicine is unavailable
- Vomiting or another problem that prevents absorption
- Receiving naloxone during an opioid overdose
- Starting naltrexone before opioids have cleared
- Starting buprenorphine too soon after some other opioids

Diagnosis

There is no single test that confirms opioid withdrawal. Diagnosis is based mainly on symptoms, recent opioid use, medication changes, and a physical examination.

A healthcare professional may check pupil size, sweating, goosebumps, pulse, blood pressure, stomach symptoms, restlessness, and tremor. A structured checklist, such as the Clinical Opiate Withdrawal Scale, can help estimate severity and guide treatment. It does not prove the diagnosis on its own.

Urine or blood testing may identify recent opioid or other drug exposure. However, a positive test does not show that withdrawal is occurring, and routine tests do not detect every synthetic opioid. Results must be interpreted alongside the history and examination.

Other conditions can resemble withdrawal, including a stomach infection, influenza, anxiety, medication side effects, or withdrawal from alcohol or sedatives. Pregnancy testing and other investigations may be offered when relevant to safe treatment.

Treatment and management

Treatment aims to ease symptoms, prevent complications, and address any ongoing opioid use disorder. The safest approach depends on the opioid involved, symptom severity, other substances being used, and general health.

Buprenorphine or methadone can relieve withdrawal and reduce cravings. They can also be continued as effective long-term treatment for opioid use disorder. Their timing and supervision matter. In particular, buprenorphine may cause precipitated withdrawal if it is started before the body is ready.

Lofexidine or clonidine may reduce sweating, restlessness, anxiety, cramps, and other signs of an overactive nervous system. They do not treat cravings as effectively as opioid medicines and can lower blood pressure. Other medicines may be used for nausea, diarrhea, pain, or sleep symptoms. These treatments need to be chosen with attention to medical conditions, interactions, and other substance use.

Fluids, light food when tolerated, a calm environment, and practical support can help. Severe vomiting or diarrhea may require intravenous fluids and monitoring. Non-prescription medicines should be used only as directed; taking excessive amounts can cause serious harm.

Withdrawal management by itself is not a complete treatment for opioid use disorder. After a short detoxification, tolerance decreases while cravings may remain. Continuing buprenorphine or methadone substantially reduces illicit opioid use and overdose risk. Naltrexone is another maintenance option, but it can only be started after an adequate opioid-free period.

Counselling, peer support, housing assistance, and mental health care may support recovery, but they do not replace effective medication when medication is wanted and appropriate.

Anyone who may encounter opioids should have access to naloxone and know how to use it. Naloxone reverses opioid overdose temporarily. Emergency services are still needed because its effect can wear off before the opioid does.

During pregnancy, opioid use disorder is usually treated with ongoing methadone or buprenorphine rather than sudden withdrawal. Care should be coordinated with clinicians experienced in pregnancy and addiction treatment.

Complications

Vomiting and diarrhea can lead to dehydration and changes in body salts called electrolytes. This can cause weakness, dizziness, kidney problems, or an abnormal heartbeat, especially in

someone with other health conditions.

The most serious risk often comes after withdrawal. Tolerance can fall within a short time. A previously familiar amount of opioid may then suppress breathing and cause overdose. Street drugs may also contain unexpected fentanyl or other substances.

Other possible complications include worsening anxiety or depression, interrupted treatment for pain, and return to unsafe opioid use. Injecting opioids can bring additional risks, including skin infections, heart infections, hepatitis, and HIV.

Withdrawal can also worsen existing heart, lung, or mental health problems. Severe distress or thoughts of self-harm require urgent help.

Prevention

Physical dependence cannot always be prevented when opioids are needed for pain or for opioid use disorder treatment. It can often be managed so that withdrawal is less likely or less severe.

Do not abruptly stop a regularly used prescription opioid without medical guidance. When stopping is appropriate, a gradual, individualised reduction may allow the nervous system to adjust. There is no single taper schedule that suits everyone.

Taking medication exactly as prescribed, avoiding unplanned dose changes, and arranging refills early may prevent missed-dose withdrawal. Tell the prescriber about all opioids and other sedating substances before starting buprenorphine, naltrexone, or another opioid-related medicine.

For opioid use disorder, staying in effective treatment helps prevent repeated cycles of withdrawal and return to use. Keeping naloxone nearby does not prevent withdrawal, but it can prevent death if an overdose occurs.

Living with it and what to expect

The acute phase is temporary. Symptoms usually build, reach a peak, and then ease as the body adjusts. Short-acting opioids generally produce an earlier, shorter course. Methadone and other long-acting opioids may produce later and more prolonged symptoms.

Recovery is not always complete when vomiting, diarrhea, and aches stop. Sleep, mood, concentration, and energy may remain unsettled. Cravings can return in response to pain, stress, certain places, or contact with people linked to previous use.

If withdrawal followed prescribed pain treatment, follow-up may focus on a slower taper and other ways to manage pain. If opioid use disorder is present, longer-term medication can support stability for months or years. Treatment duration is based on ongoing needs rather than a fixed deadline.

Many people receiving effective treatment work, study, care for family, and maintain relationships. Setbacks can happen and do not mean treatment has failed. A return to opioid use is a reason to reconnect with care quickly because overdose risk may be higher after a period without opioids.

When to get medical help

Arrange medical advice before reducing or stopping an opioid that you use regularly. Prompt assessment is particularly important if you are pregnant, have a serious heart or lung condition, use alcohol or sedatives regularly, or have had severe withdrawal before.

Seek urgent medical care if you cannot keep fluids down, have persistent severe diarrhea, are passing very little urine, feel faint, become confused, or develop a fast or irregular heartbeat. Seizures, hallucinations, chest pain, severe abdominal pain, or thoughts of self-harm also require urgent assessment.

Call emergency services if someone:

These are signs of opioid overdose, not ordinary withdrawal. Give naloxone if it is available, call emergency services, and provide rescue breathing or cardiopulmonary resuscitation if trained. Stay with the person because more than one naloxone dose may be needed.

- Cannot be woken or stay awake
- Has slow, irregular, or stopped breathing
- Has blue, grey, or unusually pale lips or skin
- Makes choking, snoring, or gurgling sounds

Common questions

How long does opioid withdrawal last?

The strongest physical symptoms often last several days, but the course depends on the opioid and pattern of exposure. Long-acting opioids may cause symptoms for a week or longer. Sleep problems, low mood, and cravings can continue after the acute phase.

Can opioid withdrawal kill you?

Uncomplicated opioid withdrawal is rarely fatal. However, severe dehydration, other illnesses, pregnancy, or withdrawal from several substances can make the situation dangerous. The greatest risk is often overdose after tolerance has fallen.

Can I manage opioid withdrawal at home?

Some people with mild symptoms can be managed outside a hospital with clinical support. Home withdrawal may not be safe with pregnancy, serious medical illness, severe vomiting, unstable mental health, or regular alcohol or sedative use. A planned assessment can identify the safest setting.

Does having withdrawal mean I am addicted?

No. Withdrawal shows physical dependence, which can develop during prescribed treatment. Opioid use disorder involves a wider pattern, such as loss of control, strong urges, and continued use despite harm.

What is precipitated withdrawal?

Precipitated withdrawal is a sudden, intense reaction caused when an opioid-blocking or partly blocking medicine displaces another opioid from its receptors. It may occur if buprenorphine or naltrexone is started too soon. Correct timing reduces this risk.

Why is overdose more likely after detox?

Tolerance falls when opioids are stopped. If you return to the amount used before withdrawal, your body may no longer tolerate it. Naloxone access and ongoing treatment with buprenorphine or methadone can reduce this risk.

Sources

- American Society of Addiction Medicine. The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update . Journal of Addiction Medicine. 2020;14(2S Suppl 1):1-91.
- Substance Abuse and Mental Health Services Administration. Medications for Opioid Use Disorder: Treatment Improvement Protocol 63 . Updated 2021.
- World Health Organization. Clinical Guidelines for Withdrawal Management and Treatment of Drug Dependence in Closed Settings . 2009.
- Gowing L, Ali R, White JM, Mbewe D. Buprenorphine for managing opioid withdrawal . Cochrane Database of Systematic Reviews. 2017;2:CD002025.



- Gowing L, Farrell M, Ali R, White JM. Alpha2-adrenergic agonists for the management of opioid withdrawal . Cochrane Database of Systematic Reviews. 2016;5:CD002024.
- American College of Obstetricians and Gynecologists and American Society of Addiction Medicine. Opioid Use and Opioid Use Disorder in Pregnancy . Committee Opinion No. 711. 2017, reaffirmed 2021.