CONDITION

Substance use disorder

Substance use disorder is an ongoing pattern of substance use that becomes difficult to control and causes harm.

WHAT IT IS
Harmful, difficult-to-control substance use

BODY SYSTEM
Brain, nervous system, and whole body

MAIN SYMPTOMS
Loss of control, cravings, risky use, problems at home or work

WHAT CAUSES IT
Genes, substance exposure, health, and environment

HOW IT IS DIAGNOSED
Clinical assessment of use patterns, symptoms, and life impact

MAIN TREATMENT
Medication, counselling, practical support, and harm reduction

CAN IT BE CURED?
Sometimes - sustained recovery can last

IS IT AN EMERGENCY?
Sometimes - overdose, severe withdrawal, or suicidal thoughts

LONG-TERM OUTLOOK
Many improve, though recurrence can occur

Overview

Substance use disorder is a medical and mental health condition in which using alcohol or another drug becomes difficult to control and causes harm. It can involve legal substances, prescription medicines, or illegal drugs.

The condition affects the brain systems involved in reward, motivation, memory, and self-control. These changes can produce strong urges and make it hard to stop, even when you understand the consequences. This is not simply a lack of willpower.

Substance use disorder can be mild, moderate, or severe. "Addiction" is a common term, often used for a more severe pattern, but not everyone with a substance use disorder uses that word about themselves.

The effects differ by substance, amount, method of use, and personal health. Alcohol, opioids like oxycodone or morphine , sedatives, stimulants like methylphenidate or lisdexamfetamine , cannabis, and other substances can each cause different forms of intoxication, withdrawal, and long-term harm.

Effective treatment is available. Recovery may mean stopping completely, reducing use, improving health and stability, or a combination of these goals. The safest goal can differ according to the substance and your circumstances.

Symptoms

Symptoms are about more than how often or how much you use. The main issue is whether use has become hard to control or continues despite harm.

Possible signs include:

Tolerance or withdrawal alone does not always mean you have a substance use disorder. For example, these can occur when some prescription medicines are taken correctly over time. A diagnosis depends on the full pattern and its effect on your life.

Intoxication and withdrawal symptoms depend on the substance. They may include sleep changes, sweating, shaking, nausea, anxiety, low mood, agitation, poor concentration, unusual sleepiness, or changes in heart rate.

- Using more than intended or for longer than planned
- Trying to cut down without being able to maintain the change
- Spending substantial time obtaining, using, or recovering from a substance
- Experiencing strong urges, also called cravings
- Missing responsibilities at work, school, or home
- Continuing despite conflict with family, friends, or others
- Giving up activities that once mattered to you
- Using in dangerous situations, such as while driving
- Continuing despite physical or mental health problems
- Needing more of a substance to get the same effect, called tolerance
- Feeling unwell when use falls or stops, called withdrawal

Causes and risk factors

There is no single cause. Substance use disorder usually develops through a combination of biological, psychological, and social factors.

Genes can affect how strongly a substance feels rewarding, how quickly it is broken down, and how vulnerable someone is to compulsive use. Having a family history can raise risk, but it does not make the condition inevitable.

Other factors may include:

Protective factors, such as stable relationships, safe housing, supportive communities, and access to health care, can lower risk or support recovery.

- Starting substance use at a younger age
- Repeated exposure to a substance
- Trauma, chronic stress, or unstable housing
- Depression, anxiety, attention-deficit hyperactivity disorder, or other mental health conditions
- Chronic pain or sleep problems
- Easy access to substances
- Social isolation or regular substance use within a peer group
- Using fast-acting forms or methods that deliver a substance rapidly to the brain

Diagnosis

There is no blood test or brain scan that confirms substance use disorder. Diagnosis is based on a private clinical assessment of your substance use, symptoms, safety, health, and daily life.

You may be asked what you use, how much, how often, and whether you have tried to reduce or stop. The assessment may also cover cravings, withdrawal, overdose history, prescribed medicines, mental health, housing, relationships, and work or school.

The number and impact of symptoms over a 12-month period help describe the condition as mild, moderate, or severe. Screening questionnaires can help identify concerns, but they do not provide a diagnosis on their own.

Blood, urine, saliva, or breath tests may sometimes show recent exposure to certain substances. Their detection windows are limited, and results do not show by themselves whether someone has a disorder. Testing should be interpreted alongside the clinical assessment.

A health professional may also check for related concerns, such as liver problems, infections, pregnancy, malnutrition, pain, or depression. Honest information helps guide safer care, especially when withdrawal might be dangerous.

Treatment and management

Treatment should match the substance involved, the severity of the condition, your health, and what support is available. Care may take place through primary care, an outpatient program, a specialist service, a hospital, or a residential setting. Residential treatment is not required for everyone.

Withdrawal management may be the first step. Alcohol and sedative withdrawal can cause seizures or severe confusion and may require medical supervision. Opioid withdrawal is usually not life-threatening by itself, but it can be extremely uncomfortable and may lead to dehydration or a rapid return to use.

Withdrawal care alone does not treat the longer-term condition. Ongoing treatment can include:

Medication is an important option for some disorders. Methadone, buprenorphine, and naltrexone are used in opioid use disorder. Several medicines can support treatment for alcohol use disorder. The right option depends on medical history, current use, treatment goals, and local availability.

There are not approved medicines for every substance use disorder. Behavioural treatment and practical support remain important, including when medication is used.

Harm reduction aims to keep you alive and healthier, whether or not you are ready or able to stop. It can include access to naloxone for opioid overdose, sterile drug-use equipment, infection testing, and advice about avoiding dangerous substance combinations. Mixing opioids with alcohol or sedatives greatly increases overdose risk.

A return to use does not mean treatment has failed. It may show that the plan, level of support, medication, or environment needs to change.

- Counselling that helps you identify triggers and practise new responses
- Motivational approaches that help you work through mixed feelings about change
- Cognitive behavioural therapy, which links thoughts, feelings, and actions
- Contingency management, which uses structured rewards for treatment goals
- Family, peer, or mutual-support programs

- Help with housing, employment, transport, legal issues, or childcare
- Treatment for pain, sleep problems, trauma, and other mental health conditions

Complications

Complications depend on the substance, how it is used, and the length and intensity of exposure.

Possible physical effects include overdose, injuries, heart or lung problems, liver or kidney damage, poor nutrition, and sleep disturbance. Injecting substances can lead to skin infections and blood-borne infections such as hepatitis C or HIV, especially when equipment is shared.

Substance use can worsen anxiety, depression, psychosis, or problems with memory and concentration. Some substances can trigger severe paranoia or agitation. Substance use and suicidal thoughts may also occur together.

The condition can affect relationships, parenting, work, education, finances, and housing. Stigma can make these problems worse by discouraging people from seeking care.

After a period of reduced use or abstinence, tolerance may fall. Returning to a previously used amount can then cause an overdose, particularly with opioids.

Prevention

Substance use disorder cannot always be prevented. Genes, trauma, health conditions, and social circumstances are not always within a person's control.

Risk may be reduced by delaying substance use, treating mental health concerns, and using prescription medicines only as directed. Safe storage and disposal can reduce access by other people.

If you use substances, practical safety measures can reduce harm. Avoid using alone when overdose is possible, avoid mixing substances, and consider carrying naloxone if opioids may be involved. Illicit drugs may contain unexpected substances, so their strength and contents cannot be assumed.

Early help matters. You do not need to wait for severe consequences before discussing use, cravings, or withdrawal with a health professional.

Living with it and what to expect

Substance use disorder often has a long-term course, but it is treatable. Some people stop using and remain in stable recovery. Others have periods of improvement followed by recurrence. Some focus first on reducing harm and building enough stability to make further changes.

The early months can involve cravings, sleep disturbance, mood changes, and rebuilding daily routines. These may improve over time, but the pace differs. Stress, contact with people or places linked to past use, pain, and major life changes can trigger urges even after a long period.

Recovery often becomes easier when it includes more than avoiding a substance. Safe housing, meaningful activities, supportive relationships, mental health care, and regular medical care can all help.

Follow-up may be brief or continue for years. Medication for opioid or alcohol use disorder may also be used long term when it remains helpful. There is no single correct recovery timeline.

If use returns, seek support early. Because tolerance may have fallen, overdose risk can be higher after a break. Reconnecting with treatment, carrying naloxone where relevant, and reviewing what led to the recurrence can improve safety.

When to get medical help

Arrange a routine appointment if you are worried about your use, have repeated cravings, cannot cut down as planned, or notice effects on health, relationships, work, or finances. You can ask for help even if you are unsure whether you want to stop.

Seek urgent medical advice if you may be developing withdrawal, especially after regular alcohol or sedative use. Prompt assessment is also important if you are pregnant, cannot keep fluids down, have an injection-site infection, or are experiencing rapidly worsening mental health symptoms.

Call emergency services immediately if someone:

For a suspected opioid overdose, give naloxone if it is available and you know how to use it. Call emergency services even if the person wakes up, because naloxone can wear off before the opioid does. Stay with the person and follow the emergency operator's instructions.

- Is unresponsive or cannot be woken
- Has slow, irregular, or stopped breathing
- Has blue, grey, or unusually pale lips or skin

- Has a seizure, severe chest pain, or signs of a stroke
- Is extremely confused, hallucinating, dangerously agitated, or very hot
- Has taken a possible overdose
- Has immediate plans to harm themselves or someone else

Common questions

How do I know if I am addicted?

Warning signs include loss of control, cravings, continued use despite harm, and difficulty meeting responsibilities. Only a full assessment can determine whether these symptoms meet the criteria for substance use disorder.

Can substance use disorder be cured?

Many people achieve lasting recovery, but there is no guarantee that cravings or risk will disappear permanently. Ongoing treatment and support can reduce symptoms, improve health, and help protect recovery.

Do I have to go to rehab?

Not necessarily. Many people receive effective care through primary care, specialist outpatient services, counselling, medication, or peer support. Hospital or residential care may be appropriate when withdrawal is dangerous, health is unstable, or more intensive support is needed.

Is it dangerous to stop suddenly?

It can be. Suddenly stopping alcohol or sedatives such as benzodiazepines like diazepam or lorazepam can cause seizures and severe confusion. Other withdrawals can also cause significant illness. Get medical advice before stopping if you use regularly or have had withdrawal symptoms before.

Is medication just replacing one drug with another?

No. Treatment medicines are given in controlled doses to reduce withdrawal, cravings, overdose risk, or alcohol use. They do not produce the same unstable cycle as uncontrolled substance use when taken as part of appropriate care.

What if I start using again?

A return to use can happen and does not erase earlier progress. Contact a treatment service promptly. Use extra overdose precautions because your tolerance may be lower than before.

Sources

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