

# OPIOID USE DISORDER

## PROGRESSION

### why use?



Relief from physical and/or emotional pain.

Feel good. Curiosity. Social pressure.

### early use

Opioids attach to nerve cell receptors and diminish the perception of pain.

Dopamine is released providing powerful feelings of pleasure.

When the euphoria wears off, or when pain returns, more opioids may be desired.



### continued use



Contributing biological factors: genetics, gender, and mental disorder.

Contributing environmental factors: abuse, neglect, and household dysfunction.

Other factors: age at first use, how the opioids are administered, cost, and availability.

### tolerance

The initial dose no longer provides the extreme pleasure and pain relief.

Need to take higher and higher doses to achieve the same effect.

Tolerance can develop rapidly.



### withdrawal



Dependence occurs.

Take opioids to avoid diarrhea, vomiting, sweating, pain, restlessness, anxiety, insomnia, and tremors.

### opioid use disorder

Intense craving and compulsive use of opioids despite negative, harmful consequences.



### treatment



Currently, the gold standard is medication-assisted treatment (MAT).

MAT combines FDA-approved drugs with behavioral therapies.

### lifelong recovery

There is no cure for opioid use disorder.

Frequent reoccurrences can be expected.

Long-term treatment and recovery efforts can limit the adverse effects.

