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# What Is Opioid Use Disorder?

by Sarah Carpenter

The United States is in the middle of an opioid epidemic. Currently, 3 million Americans have had or do suffer from opioid use disorder. Prescribed by physicians to treat pain (and also manufactured and sold illegally), people often develop dependence on opioids with prolonged use. It can be painful for people to stop taking them because of the withdrawal symptoms they experience. As a result, people become addicted, impacting their quality of life. In this article, we will review the following:

- What is Opioid Use Disorder?
- Risk Factors of Opioid Use Disorder
- Short- and Long-Term Effects of Opioid Use Disorder
- Severity and Treatment Options for Opioid Use Disorder
- Signs and Symptoms of Opioid Use Disorder
- Prevention and Treatment of Opioid Use Disorder
- Why We Say Opioid Use Disorder Instead of Opioid Addiction

## What Is Opioid Use Disorder?

Opioid use disorder is a chronic, lifelong disorder that can result in disability, relapse and death. [According to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition](#), opioid use disorder is a pattern of opioid use with at least two of the following symptoms occurring within a 12-month period:

- Larger amounts of opioids are taken for a longer duration than prescribed.
- Hyper focused on obtaining, using, and recovering from the effects of opioid use.
- Intense desire to use opioids.
- Opioid use regularly prevents someone from being present at home, school or work.
- Personal relationships are compromised by opioid use? inability to maintain relationships.
- Personal and professional obligations take a backseat to opioid use/ no longer show up for them.
- Willingness to use opioids in any place, at any time — even in dangerous situations.

- Knowing there's a physical or psychological problem that could be impacted by using opioids but doing it anyway.
- Needing to use more opioids to reach the same high did when they started.
- Experiencing withdrawal when not using opioids (which include cravings, anxiety, restless legs, nausea, vomiting, diarrhea, sweating and increased heart rate).

## Risk Factors of Opioid Use Disorder

[Risk factors for opioid use disorder](#) include “past or current substance [use], untreated psychiatric disorders, younger age and social or family environments that encourage misuse,” according to 2017 published research by Lynn Webster. There is a high prevalence of opioid mortality in people who are middle aged and have both a substance use and psychiatric diagnosis simultaneously. In general, the risk factors for opioid use disorder are still being studied by clinicians. Their clinical tools and evidence base is evolving and enabling the identification of patients at risk for adverse outcomes with opioids.

## Short- and Long-Term Effects of Opioid Use Disorder

The short-term effects of opioid use disorder include drowsiness, nausea, constipation, and hypoxia. Hypoxia is slowed breathing which can have both short- and long-term psychological and neurological effects including being in a coma, permanent brain damage or death. [Long-term effects](#) of opioid use disorder include permanent damage to a person's kidneys, liver and heart, constipation, upper airway dysfunction during sleep, brittle bones prone to breaking, fatigue, suppressed immune system and overdose.

## Severity and Treatment Options for Opioid Use Disorder

The severity of a person's opioid use disorder is measured by how many of the DSM-5 symptoms they're experiencing. The symptoms are listed above in the DSM-5 Criteria for Diagnosis of Opioid Use Disorder. Mild severity is experiencing 2–3 symptoms, moderate severity is experiencing 4–5 symptoms, and severe opioid use disorder is experiencing 6 or more symptoms.

Treatment options for opioid use disorder vary for each person and depend on individual needs. [Evidence-based](#) approaches to treating opioid use disorder include medications and medication-assisted treatment which combine medications with behavioral therapy. The appropriate treatment and setting is a shared decision between the person and clinician. Settings for treatment vary depending on the medication used. For example, [ASAM Level 1 is an outpatient program](#), ASAM Level 2 is an intensive outpatient program or partial hospitalization and ASAM Levels 3 and 4 is conducted in a residential recovery treatment or hospital setting. Medications for opioid use disorder include:

- Buprenorphine (brand name: Probuphine, generics).
- Buprenorphine and Naloxone (brand names: Suboxone, Zubsolv, Bunavail, generics).
- Methadone (brand names: Diskets Dispersible, Dolophine, Methadone HCl Intensol, Methadose, generics)
- Naltrexone (brand name: Vivitrol, generics)

These medications support a person's recovery. They do so by normalizing brain chemistry, relieving cravings and preventing withdrawal symptoms.

## Signs and Symptoms of Opioid Use Disorder

The [signs and symptoms](#) of opioid use disorder include uncontrollable cravings and inability to control opioid use even though it's having negative effects on someone's personal life. People with an opioid use disorder may experience physical changes like craving or sweating and mood swings. Other signs and symptoms include physical substance dependence, chronic constipation, small pupils, nausea, reduced sex drive, sensitivity to pain, shallow breathing, or slurred speech. Friends and family of people with an opioid use disorder may notice their loved ones taking more than their prescribed dose of an opioid, mood changes, changes in sleep patterns, seeking prescriptions from multiple doctors and poor decision-making.

## Prevention and Treatment of Opioid Use Disorder

The prevention of opioid use disorder is primarily in the domain of clinical practices, drug laws and partner education. The [Centers for Disease Control and Prevention](#) supports the following as preventative methods:

- Prescription drug monitoring programs by state — tracking the use of opioids electronically.
- State prescription drug laws — legal and regulatory strategies for addressing opioid misuse.
- Insurance programs being required to attain prior authorization and quantity limits for prescription opioids — making sure their use is medically necessary.
- Educating providers about opioid prescribing guidelines and encouraging conversations about risks/benefits of pain treatment options.
- Creating best practices for healthcare systems to follow for prescribing opioids.
- Educating people on the safe storage and disposal of prescription opioids.
- Increasing public awareness about the risks of prescription opioids.

As discussed earlier, treatment of opioid use disorder includes MOUD (medication for opioid use disorder — buprenorphine, naloxone, methadone, naltrexone) and MAT (medication-assisted therapy). MOUD and MAT combine medication and counseling to improve treatment outcomes. Research shows that [medications and therapy together](#) may be more successful than either treatment method alone.

## Why We Say Opioid Use Disorder Instead of Opioid Addiction

Even though addiction is a treatable medical condition like so many others, people still talk about it in ways that are stigmatizing, leading to shame and negativity for those diagnosed with it. This can prevent people with any type of substance use disorder — including opioid use disorder — from seeking treatment. Using “person-first” language reduces and removes stigma and negative bias about addiction. Saying a person is an addict or has an addiction can unfairly portray them as dangerous, incapable of treatment or at fault for their condition. [Using person-first language](#) shows that a person “has” a problem/illness, rather than “is” the problem.

## Better Life Partners Can Help

Think you or someone you know might have an opioid use disorder? We can help. Our medical and behavioral health teams offer in-person and virtual, evidence-based medication-assisted treatment options. We provide whatever it takes to help people find recovery solutions — Whenever, wherever. [Contact us today.](#)

*Sarah Carpenter is a freelance writer whose portfolio spans the industries of healthcare, higher education, and entertainment. Find out more at [her website](#).*

## Sources

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