**OPPIOID 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.

**opiod 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.

References: Mayo Clinic, National Institute on Drug Abuse

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