



What Is an Opioid Use Disorder?

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INTRODUCTION

Critical to an understanding of substance use disorder–related issues as they pertain to opioids would be an understanding of exactly what constitutes an opioid use disorder (OUD) and why the term *opioid use disorder* is preferred over previous terminology like opioid dependence. Of further interest would be why someone would pick an opioid as their “drug of choice” in the first place. Most individuals who use prescription opioids do so in a non-problematic manner. However, there is a subset of individuals that are at greater risk for developing an OUD.

This chapter will seek to provide answers surrounding opioid use disorders and will examine:

- The confusion related to previous terminology used to describe OUDs
- What constitutes an OUD
- Why an individual would choose an opioid
- The signs and symptoms an individual with an OUD would present
- Who is at greatest risk for developing an OUD
- The implications and consequences associated with OUDs

OPIOIDS AS DRUGS OF CHOICE

What, precisely, is the big deal with opioids and how have they become such a pervasive problem? To better understand the answer to this question it is important to look at what a drug of choice actually is. Each individual chooses the drug for somewhat different reasons. A certain drug or drug class is picked because it provides specifically what that individual is looking for. Some substance use disordered individuals pick a particular drug because it causes a strong euphoric effect, e.g.; crack cocaine, and intravenous (IV) heroin. Although each of these drugs is similar in that they cause a strong euphoric effect, their overall effects differ greatly. Cocaine’s overall effect would involve stimulation while heroin’s overall effect would involve more of a depressant effect—what heroin users call “feeling very mellow.”

The individual handpicks the drug and its effect to meet the specific qualities he or she most desires in the drug of choice.¹

Individuals who have chosen prescription opioids as their drug of choice often describe a moderate euphoric effect, feeling very calm (even mellow) as well as feeling somewhat “energized.” They often describe, at least in the initial phases of their use, feeling that they are actually better at their job as well as feeling more at ease with other people.² The following quotes by two pharmacists with opioid use disorder were extracted from Merlo’s interview study published in *Journal of the American Pharmacists Association* in 2013. These two quotes afford some understanding as to why opioids might be chosen as drugs of choice.

1. “I would say, at first, taking opiates had a positive effect. I wasn’t taking that many—one here one there—but it was a positive effect. I was happier and more energetic and not as stressed.”³
2. “The opiates.... enhanced my job performance. I mean, I was like a horse. I could do enough work for three pharmacists.”³

Which individuals are at greatest risk for developing an opioid use disorder?

Prior to prescribing an opioid or even initially filling a prescription for an opioid, it would be both important and potentially helpful for healthcare professionals to understand who is at greatest risk for developing an opioid use disorder. **Table 3-1** lists factors that potentially place individuals at higher risk for substance use disorders (SUDs). Identifying these factors should aid healthcare professionals with SUD prevention strategies as well as early recognition of an SUD and even early intervention.

Table 3-1. Factors That Potentially Place Individuals at Higher Risk for SUDs^{3-5,7}

■ A genetic predisposition to SUD as defined by a family history of SUD
■ Isolation/loneliness
■ Lack of effective coping skills regarding stress
■ Unidentified or undertreated coexisting psychiatric disorder
■ High level of environmental stressors
■ Being male
■ Peer pressure (both adolescents and adults)
■ Lack of family bonds or family involvement
■ Drug availability
■ History of impulsivity

SUD = substance use disorder.