

Who is at Risk?

Risk factors for OUD include:⁵

- Past or current substance abuse
- Family history of substance abuse
- Social or family environment that encourages misuse
- Access to and availability of opioids
- Untreated psychiatric disorders like posttraumatic stress disorder or depression

OUD is defined/diagnosed by at least two of the following, occurring within a 12-month period:⁶

1. Opioids are taken in larger amounts or over a longer period than was intended
 2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use
 3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from their effects
 4. Craving, or a strong desire or urge to use opioids
 5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home
 6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids
 7. Important social, occupational, or recreational activities are given up or reduced because of opioid use
 8. Recurrent opioid use in situations in which it is physically hazardous
 9. Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
 10. Tolerance, as defined by either of the following:^{*}
 - a. A need for markedly increased amounts of opioids to achieve intoxication or desired effect
 - b. A markedly diminished effect from opioids when continuing to use the same amount of opioids
 11. Withdrawal, as manifested by either of the following:^{*}
 - a. Worsening pain, loss of function, increased suffering, worsening depression, increased suicidal ideations and attempts, and use of other substances (p. 53)¹
 - b. Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms
- ^{*} NOTE: This criterion is not considered to be met for those individuals taking opioids solely under appropriate medical supervision.

CAUTION

- ⚠ Not everyone who uses opioids develops OUD
- ⚠ Even if the opioids are taken as prescribed by a physician, you can develop OUD
- ⚠ Because opioids produce euphoria in addition to pain relief, they can be misused
- ⚠ Opioid misuse may begin by taking opioids for reasons other than for which they were originally prescribed
- ⚠ Opioid misuse may include trying to obtain prescription opioids from friends and family members

Opioid use disorder is a treatable problem.

How is Opioid Use Disorder Treated?



Effective interventions for OUD combine use of medication and behavioral treatment. Behavioral treatments include increasing motivation to change and rewarding new behaviors, as well as adhering to prescribed medications. The goal of therapy is to minimize drug use relapse, help to sustain recovery, and prevent or reduce opioid overdose.⁷

Medication

Medications for OUD: Buprenorphine, methadone, and naltrexone are used to treat OUDs. They are approved by the Food and Drug Administration (FDA). These medications are safe to use for months, years, or even a lifetime.

Medication for OUD involves replacing an opioid with a longer-acting but less euphoric and addictive opioid. Buprenorphine and methadone are opioids, but they block the effects of other opioids, lessen withdrawal symptoms, and reduce cravings for other opioids.

- Buprenorphine can be prescribed by any healthcare provider with prescription authority such as physicians and nurse practitioners
- Methadone can only be obtained at special licensed treatment facilities

Naltrexone is not an opioid. It blocks opioids from binding to receptors in the brain, so that they will not produce desired effects like euphoria. Therefore, an individual is less likely to continue opioid use or to relapse.

- Naltrexone can be prescribed by any healthcare provider with prescription authority

Opioid Overdose Prevention Medication: Naloxone is an opioid overdose prevention medication. It can be administered by injection or nasal spray and can be used to treat an overdose in emergencies. Naloxone combined with basic life support can quickly reverse an opioid overdose. It is simple to use and causes no harm if given when not experiencing an overdose. This medication is available over-the-counter. A health care provider can provide instruction on how to administer naloxone.⁸

Behavioral Treatment and Counseling

Cognitive Behavioral Therapy (CBT): Strategies used in CBT include identifying alternatives to opioid use, reducing exposure to high-risk situations for opioid use, identifying triggers that create craving to use opioids, training in skills to manage triggers, and increasing participation in non-use related activities. CBT aims to help patients recognize and reframe negative modes of thought that may play a role in maintaining their opioid use.

Group Therapy: Group therapy can help patients to maintain self-control and restraint. Participants support and learn from one another in their recovery from OUD.

Motivational Enhancement Therapy (MET): MET is a counseling approach that may help patients resolve their ambivalence about engaging in treatment and reducing their opioid use. It also intends to help foster motivation and commitment to address OUD.

Family Counseling: Family counseling can help patients with OUD and their families understand and cope with OUD and the harm it causes.



Resources



Veterans Crisis Line provides free, confidential support for service members and veterans in crisis. Dial **988**, then press **1**. Or text 838255. <https://www.veteranscrisisline.net/>



Military OneSource provides 24/7 support and information on housing, financial, legal, medical and psychological services.

- State-side: 800-342-9647
- Overseas: 800-342-9647
- Collect: 484-530-5908

www.militaryonesource.mil



inTransition offers specialized coaching and assistance for active-duty service members, National Guard members, reservists, veterans, and retirees to help them adapt to their transitions between systems of care.

- State-side: 800-424-7877
- Overseas: 800-748-81111 (in Australia, Germany, Italy, Japan, and South Korea only)

www.health.mil/inTransition



National Institute on Drug Abuse offers general information and related resources on opioids, opioid crisis, safe opioid prescribing, and overdose prevention. <https://nida.nih.gov/research-topics/opioids>



U.S. Department of Veterans Affairs provides an opioid safety initiative toolkit. It contains documents and presentations that can aid in your clinical decisions about starting, continuing, or tapering opioid therapy, and other challenges related to safe opioid prescribing. https://www.va.gov/painmanagement/opioid_safety_initiative_osi.asp



SAMHSA: Learn warning signs of opioid overdose and how medication-assisted treatment programs can help treat and prevent it. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/opioid-overdose>

If you need help right now: Get treatment referrals and other information at this free, confidential helpline, available 24/7, 365 days a year

1-800-662-HELP (4357)

<https://www.samhsa.gov/find-help/disorders>

References

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- 3 National Institute on Drug Abuse. (January 20, 2022). Overdose Death Rates. *National Institutes of Health, U.S. Department of Health & Human Services*. Retrieved August 3, 2022, <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>
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- 6 American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. American Psychiatric Publishing.
- 7 Veterans Affairs and Department of Defense. (2021). *VA/DOD Clinical Practice Guideline for the Management of Substance Use Disorders. Version 4.0*. <https://www.healthquality.va.gov/guidelines/MH/sud/VADoDSUDCPG.pdf>
- 8 Veterans Affairs and Department of Defense. (2022). *VA/DOD Clinical Practice Guideline for the Use of Opioids in the Management of Chronic Pain – Patient Summary* <https://www.healthquality.va.gov/guidelines/Pain/cot/VADoDOpioidsCPGPatientSummary.pdf>



Department of Defense health care providers who use this information are responsible for considering all applicable regulations and policies throughout the course of care and patient education. Updated February 2023 by the Psychological Health Center of Excellence.