

CO's CURE

Opioid Awareness: Commonly Used Terms

Acute Pain – Pain that typically starts suddenly and often has a known cause, like an injury or surgery. It normally gets better as the body heals and lasts less than three months.

Benzodiazepines – Sometimes called “benzos,” these are sedatives often used to treat anxiety, insomnia and other conditions. Combining benzodiazepines with opioids increases a person’s risk of overdose and death.

Chronic pain – Pain that lasts three months or more and can be caused by a disease or condition, injury, medical treatment, inflammation or even an unknown reason.

Drug addiction – Addiction is defined as a chronic, relapsing disorder characterized by compulsive drug seeking, continued use despite harmful consequences and long-lasting changes in the brain.

Drug misuse – Drug misuse (often referred to as “drug use”) is the term used to distinguish improper or unhealthy medication use from use of a medication as prescribed or alcohol in moderation. These include the repeated use of drugs to produce pleasure, alleviate stress and/or alter or avoid reality. It also includes using prescription drugs in ways other than prescribed or using someone else’s prescription.

Extended-release/long-acting (ER/LA) opioids – Slower-onset medication with a longer duration of pain-relieving action.

Fentanyl – Pharmaceutical fentanyl is a synthetic opioid pain medication, approved for treating severe pain, typically advanced cancer pain. It is 50 to 100 times more potent than morphine. However, illegally made fentanyl is sold through illegal drug markets for its heroin-like effect and it is often mixed with heroin and/or cocaine as a combination product.

Harm Reduction – A set of ideas, interventions and principles that seeks to reduce the harms associated with certain behaviors. Harm reduction acknowledges that drug use is inevitable and seeks to reduce the stigma associated with opioid use disorder; to respect a patient’s decision regarding treatment; to offer resources and education without pressure or judgement; to improve the quality of life for patients with opioid use disorder; and to see each person who suffers with an addiction as a unique individual rather than their addiction.

Heroin – An illegal, highly addictive opioid drug processed from morphine.

Illicit drugs – The non-medical use of a variety of drugs that are prohibited by law. These drugs can include: amphetamine-type stimulants, marijuana/cannabis, cocaine, heroin and other opioids, synthetic drugs and MDMA (i.e., ecstasy).

Immediate-release opioids – Faster-acting medication with a shorter duration of pain-relieving action.

Medication-assisted treatment (MAT) – Treatment for opioid use disorder combining the use of medications (i.e., methadone, buprenorphine or naltrexone) with counseling and behavioral therapies for the treatment of substance use disorders. Can help some people sustain recovery.

Morphine milligram equivalents (MME) – The number of milligrams of morphine an opioid dose is equal to when prescribed. This is how to calculate the total amount of opioids, accounting for differences in opioid drug type and strength.

Naloxone – A prescription drug that can reverse the effects of opioid overdose and can be life-saving if administered in time. The drug is sold under the brand name Narcan or Evzio.

Nonmedical use – Taking drugs, whether obtained by prescription or otherwise, not in the way, for the reasons or during the time period prescribed. Or the use of prescription drugs by a person for whom the drug was not prescribed.

Non-opioid therapy – Methods of managing pain that does not involve opioids. These methods can include, but are not limited to, acetaminophen (Tylenol®) or ibuprofen (Advil®); cognitive behavioral therapy; physical therapy and exercise; medications for depression or for seizures; or interventional therapies (injections).

Non-pharmacologic therapy – Treatments that do not involve medications, including physical treatments (e.g., exercise therapy) and behavioral treatments (e.g., cognitive behavioral therapy). Other interventions can include meditation, music therapy and pet therapy.

Opioid – Natural or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin, synthetic opioids such as fentanyl and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine and many others. Opioid pain medications are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused.

Opioid analgesics – Commonly referred to as prescription opioids, medications that have been used to treat moderate to severe pain in some patients. Categories of opioids for mortality data include:

- Natural opioid analgesics, including morphine and codeine
- Semi-synthetic opioid analgesics, including drugs such as oxycodone, hydrocodone, hydromorphone and oxymorphone
- Methadone, a synthetic opioid
- Synthetic opioid analgesics, other than methadone, including drugs such as tramadol and fentanyl

Opioid use disorder (OUD) – A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school or home, among other criteria.

Overdose – Injury to the body (i.e., poisoning) that happens when a drug is taken in excessive amounts. An overdose can be fatal or nonfatal.

Physical dependence – Physical dependence can occur with the regular (e.g., daily or almost daily) use of any substance, legal or illegal, even when taken as prescribed. It occurs because the body naturally adapts to regular exposure to a substance (e.g., caffeine or a prescription drug). When that substance is taken away, even if originally prescribed by a doctor, symptoms can emerge while the body re-adjusts to the loss of the substance. Physical dependence can lead to craving the drug to relieve the withdrawal symptoms.

Prescription drug monitoring programs (PDMPs) – State-run electronic databases that track controlled substance prescriptions. PDMPs help providers identify patients at risk of opioid misuse, abuse and/or overdose due to overlapping prescriptions, high dosages or co-prescribing of opioids with benzodiazepines.

Substance Use Disorder (SUD) – A problematic pattern of alcohol or another substance (e.g., drug) which causes significant impairment or distress. The exact cause of SUD is not known. A person's genes, the action of the drug, peer pressure, emotional distress, anxiety, depression and environmental stress can all be factors.

Tolerance – Tolerance is the need to take higher doses of a drug to get the same effect. It often accompanies physical dependence, and it can be difficult to distinguish the two.

References:

<https://www.helpguide.org/articles/addictions/drug-abuse-and-addiction.htm>

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