Opioid, Opiate, Narcotic?
What’s in a name? A lot, actually. Opioid, opiate, and narcotic are often used interchangeably, but usually incorrectly, in conversation, patient teaching, and medical literature. “Narcotic” is used almost exclusively in lay media, even when the focus is medically prescribed opioid analgesics for pain management.

‘Narcotic’ is an archaic term when used medically. Its origin is in the Greek word ‘narcos’ meaning sleep or stupor, which is rarely a primary intent in pain management, and may be considered a dose-limiting side effect. Even more importantly, ‘narcotic’ is irredeemably associated with illicit use of opioids, cannabinoids, stimulants such as cocaine and methamphetamine, sedative-hypnotics, and even (in some state regulations) anabolic steroids. The only common feature of this list is that these substances are potentially subject to abuse. However, most of them have legitimate medical uses and, when appropriately prescribed and used, do not lead to abuse.

‘Opiates’ are medications derived from the opium poppy, *Papaver somniferum*. They include opium, codeine, and morphine. Opiate is precise, but refers to only a limited number of drugs. ‘Opioids’ are all substances that bind to the opioid receptors present in many tissues. They include endogenous substances such as endorphins as well as all exogenous opium-derived and synthetic drugs that interact with opioid receptors. So morphine is both an opiate and an opioid, but fentanyl and methadone are only opioids. ‘Opioid’ is therefore a very useful generic term in medical parlance that includes all prescription analgesics that bind to opioid receptors. This should be the preferred term for use by medical professionals, whether in conversation or journal articles. It should also be used with patients and families in making a distinction between appropriate medical use (“this is medicine that is important in relieving your pain”) and the more common term ‘narcotic’ with its attendant stigma that may be a barrier to effective pain management.

Finally, as health professionals, we should lobby our professional journals and the lay media to upgrade their terminology. The lay media has been helpful in recent years in publicizing the serious public health problem of pain, but indiscriminate use of ‘narcotic’ is confusing and undercuts an otherwise valuable message.

In the News

- **Connecticut End-of-Life Education Needs Survey.** The Connecticut Comprehensive Cancer Control Program has awarded a grant to the Connecticut Coalition to Improve End-of-Life Care to conduct a state-wide survey of the professional educational needs of clinicians who care for patients near the end of life. Discipline-specific confidential online questionnaires have been developed for nurses, physicians, pharmacists, social workers, pastoral care clinicians and others (see [web site](#) for complete list) across all settings throughout the state. Please complete the survey & forward the link to clinicians who care for patients at the end of life.

- The Connecticut Pain Initiative meets on the first Wednesday of even-numbered months at the American Cancer Society in Meriden. 6:15pm. Info: Pat Trotta: [Patricia.Trotta@cancer.org](mailto:Patricia.Trotta@cancer.org)

- The Oncology Nursing Society has announced that it is taking pre-publication orders for *Chemotherapy & Biotherapy Guidelines* (3rd Ed.), available in mid-January.
Connecticut Challenge News

- Registration is open for the 2009 Connecticut Challenge bicycle ride on Saturday July 25. Rides of 12, 25, 50, 75 (new distance!), and 100 miles are available, as well as a Kid’s Ride. All routes begin at the Greenfield Church green in Fairfield. The routes are very scenic, fun, and challenging, the camaraderie & support outstanding. There are many volunteer opportunities for non-riders, as well. Several Yale and Y-NHH teams will be forming. This 5th annual ride will raise money for cancer education, research, and survivor care at Yale Cancer Center, the HEROS pediatric survivorship clinic at Yale-New Haven Hospital and other survivorship programs in Connecticut.

Journal Watch

- Imhof S, Kaskie B. How can we make the pain go away? Public policies to manage pain at the end of life. Gerontologist. 2008;48(4):423-31

Online Resources

- From the ONS Pain SIG Newsletter: Enhance Your Understanding of Pain Management in Patients With Cancer With a History of Substance Abuse.
- The Yale-New Haven Hospital Pain Committee and Department of Pharmacy has published its updated adult pain management pocket reference tool. (Must access from a YNHH or Yale-networked computer)

Continuing Education

Yale

- Yale Bioethics Center’s End of Life Issues Study Group monthly presentations. This year’s theme is Issues of Justice in End of Life Care. 5:30pm, 77 Prospect Street, Rm B012. CME
  - Jan 13 Hospice Referrals and Non-Referrals: Comparison of For-Profit and Not-for-Profit Hospice. Elizabeth Bradley
  - Feb 3 Translating Hope Theories into Clinical Palliative Care Practice Todd Cote
- Proceedings of the 3rd Annual Cancer Survivorship Conference at Yale, March 2008. 10 hours of presentations on free CD set. $50 for 10 CME. Contact: hilanie.carrieri@yale.edu

Connecticut

- Jan 21, 5:30 – 7:00pm Culture Matters in End-of-Life Care. CME, CNE, CSWE.
- April 3, 8:00am – 4:30pm Advances in End of Life Care, 6th Annual Conference of Connecticut Coalition to Improve End-of-Life Care. Cromwell. CME, CNE, CSWE.

Elsewhere

- Hospice & Palliative Nurses Association Teleconferences—weekly
- Apr – Nov 2009. Applications are now being accepted for the 2-session 2009 Program in Palliative Care Education and Practice. Harvard Medical School, Cambridge, MA.
- Mar 13 & 27, 8:00am – 4:30pm Multidisciplinary Pain Relief Champion Training for hospital-based clinicians. Boston. Info: pmarnstein@partners.org. CNE, CME

Online

- Guidelines for Antiemetic Treatment of Chemotherapy-Induced Nausea and Vomiting: Past, Present, and Future Recommendations (CME) The Oncologist
- ONS Site-Specific Cancer Series (CNE)
  - Breast Cancer 1/20 – 2/10/09
  - Lung Cancer
- CINV: Using Evidence-based Practice to Improve Patient Outcomes (CME, CNE, CPE) Meniscus

Podcasts

- Management of Opioid-Induced Side Effects (CME, CNE) NCCN
- Cancer-related fatigue Journal of the National Cancer Institute