

DEMAND REDUCTION

A Glossary of Terms



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Foreword

Introduction

The Thirty-eighth Session of the Commission on Narcotic Drugs requested the United Nations International Drug Control Programme (UNDCP) to update the “Resource Book on Measures to Reduce Illicit Demand for Drugs” (UNDCP, 1979) and, to “develop a glossary of terms to ensure a common understanding of terms”.

It has long been recognized by United Nations conventions that global efforts to prevent the supply of illicit drugs should be complemented by measures which seek to reduce demand for these drugs as well (e.g. United Nations, 1977). To assist countries which are signatories to these conventions, the above Resource Book was prepared to identify a set of programmes and policies which would reduce the demand for illicit drugs by variously deterring potential users from experimenting with drugs, by encouraging existing users to stop using and by providing practical assistance to users to achieve and maintain abstinence. The Resource Book also stressed the significance of social conditions such as poverty and unemployment in the genesis of drug abuse.

In 1996, an informal international reference group was established under the auspices of UNDCP to begin the important task of developing a new set of demand reduction resource materials which would reflect new knowledge gained over the past 20 years. In early 1997, the Commonwealth Government of Australia offered the services of its three national research and training centres to facilitate the development of these materials in conjunction with the informal international reference group.

This Glossary is intended to provide brief definitions of not only the most relevant scientific terms in the field of drug demand reduction, including key terms employed in international treaties concerned with illicit drugs, but also of main substances of abuse, including alcohol and nicotine.

Aims of the Glossary

At a meeting of the informal international reference group held in Sydney, Australia, August 1997, the following specific aims for the glossary of demand reduction terms were agreed:

1. To support future activities and publications in demand reduction by:
 - (a) defining terms used in the wider medical and scientific literature concerned with 'demand reduction' activities; and
 - (b) defining key terms employed in international treaties concerned with illicit drugs.
2. To facilitate international communication about drug issues and policies by:
 - (a) providing a reference point for drug-related terms, some of which are used to mean different things to different people;
 - (b) acknowledging that different sets of preferred terminologies exist as a consequence of different theoretical and cultural understandings of drugs and their related problems; and
 - (c) providing a core set of definitions of key terms and referencing these to major sources.

The United Nations Declaration on the Guiding Principles of Drug Demand Reduction, endorsed at the Special Session of the General Assembly in June 1998, provides an impetus for international demand reduction efforts. The present document is intended to assist this process by providing a resource to aid communication about the complex issues posed by the use of illicit drugs. The target audience for the document is policy makers and planners in both developing and developed countries who are engaged in the elaboration of demand reduction policies and programmes.

The list of terms contained in the Glossary is by no means exhaustive nor is it meant to replace any other key sources of information, such as the World Health Organization's (WHO) *Lexicon of Alcohol and Drug Terms* (1994).

The process for developing the Glossary

Several key texts have been employed in developing the definitions and explanations of the selected terms in this Glossary and are referenced at the end. The list of possible entries for the Glossary was created from a study of the original United Nations Resource Book (1977), the three United Nations Drug

Conventions, the United Nations Declaration on the Guiding Principles of Drug Demand Reduction, the WHO Lexicon of Alcohol and Drug Terms (1994), and also from the advice of many members of the informal international reference group.

Those entries which describe major drug types and medical conditions associated with drug abuse were based closely on the WHO Lexicon, often, with permission, including the wording of that publication. In those instances where an entry is identical to that of the WHO Lexicon, a direct reference to it is made. All entries relating to drug names, characteristics and side effects were also checked for accuracy (see Hardman et al, 1996: Goodman and Gilman, ninth edition). In addition, a number of entries include excerpts from the two major international diagnostic manuals for diseases, namely the ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines (WHO, 1992), and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, American Psychiatric Association, 1994).

In August 1997, the informal international reference group, which included representation from both UNDCP and WHO, agreed to apply the following inclusion criteria for the Glossary:

1. To only include slang terms for drugs and drug using methods which have wide currency across member countries e.g. 'ecstasy';
2. To complement the emphasis on illicit drugs with some limited coverage of terms related to tobacco and alcohol use;
3. To limit terms relating to dependence, drug effects and drug related illnesses to a few key terms;
4. To include terms for major varieties of demand reduction activities and strategies; and
5. To include major types of psychotropic drug types such as the stimulants, depressants, hallucinogens and antidepressants.

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A glossary of terms

Abstinence

The term refers to the act of refraining from alcohol or other drug use, whether for health, personal, social, religious, moral, legal or other reasons.

Someone who is currently abstinent may be called an 'abstainer', a 'total abstainer', or, an old-fashioned term relating only to alcohol, a 'teetotaler'. The term 'current abstainer' is sometimes used for research purposes and is usually defined as a person who has not used drugs for a specified prior period of time, e.g. 3, 6 or 12 months. In some studies, persons who drink or use other drugs only once or twice per year are also classified as abstainers. There are important differences in the demographic and health profiles of people who are life-long abstainers as opposed to those who are ex-drinkers, a distinction which should not be overlooked in epidemiological studies.

Abuse

A term in wide use but of varying meaning. In international drug control conventions 'abuse' refers to any consumption of a controlled substance no matter how infrequent. In the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, American Psychiatric Association, 1994), 'psychoactive substance abuse' is defined as "a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following within a 12 month period: (a) recurrent substance use resulting in a failure to fulfil major role obligations at work, school or home; (b) recurrent substance use in situations in which it is physically hazardous; (c) recurrent substance-related legal problems; (d) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance". It is a residual category, with dependence taking precedence whenever applicable.

The term 'abuse' is sometimes used disapprovingly to refer to any use at all, particularly of illicit drugs. Because of its ambiguity, the term is only used in the ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines (WHO, 1992) for non-dependence-producing substances. 'Harmful' and 'hazardous use' are the equivalent terms in WHO usage, although they usually relate only to effects on health and not to social consequences. The term 'abuse' is also discouraged by the Centre for Substance Abuse Prevention in the United States, although the term 'substance abuse' remains in wide use and refers generally to problems of psychoactive substance use. The term 'drug abuse' has also been criticized as being circular when it is used without reference to specific problems arising from drug use.

Recent economic cost studies use a definition whereby 'abuse' is defined as any use which involves social costs to the community in addition to the costs of the provision of the drug.

See also: Drug abuse.

Abuse liability

The likelihood that a drug will be abused because of its attractiveness for uses other than those that are medically and/or legally sanctioned. In assessing abuse liability of a drug, a number of considerations are important including the speed and nature of its effects, the available routes of administration and potential interactions with other available psychoactive substances. Testing procedures for abuse liability have been developed which are particularly important when (a) the drug has a similar pharmacological profile to a known drug of abuse, (b) there is insufficient knowledge to rule out the possibility of abuse liability, and (c) there is some epidemiological evidence that abuse has occurred.

See also: Dependence liability.

Action research

A cyclical evaluation process where action or intervention is intentionally researched and modified, leading to the next stage of action which is then again intentionally examined for further change and so on, as the intervention develops and is further improved. In an action research model the effect of the evaluator(s) on the intervention is acknowledged and used to improve the intervention. Action research may also refer to the simultaneous introduction of both the intervention and the evaluation.

Addiction, addict

One of the oldest and most commonly used terms to describe and explain the phenomenon of long-standing drug abuse. In some professional circles it has

been replaced by the term ‘drug dependence’. According to the *WHO Lexicon of Alcohol and Drug Terms*, *addiction* is defined as: the repeated use of a psychoactive substance or substances, to the extent that the user (referred to as an addict) is periodically or chronically intoxicated, shows a compulsion to take the preferred substance (or substances), has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain psychoactive substances by almost any means.

Key indicators of ‘addiction’ have traditionally been thought to be tolerance and experience of a withdrawal syndrome, i.e. it is often equated with physical dependence. More recently, some drug researchers have suggested that ‘compulsion to use drugs’ is a more central indicator of addiction. Addiction is otherwise regarded by the self-help or ‘recovery’ movement as a discrete disease, a debilitating and progressive disorder rooted in the pharmacological effects of the drug for which the only cure is total abstinence. This view is most notably associated with the ‘self-help’ or ‘recovery’ movement, e.g. Narcotics Anonymous and Alcoholics Anonymous. In the 1960s the WHO recommended that the term ‘addiction’ be abandoned in favour of dependence, which can exist in various degrees of severity as opposed to an ‘all or nothing’ disease entity.

Addiction is not a diagnostic term in the ICD-10, but continues to be very widely employed by professionals and the general public alike.

See also: Dependence, Dependence syndrome.

Administration (method of)

According to the *WHO Lexicon of Alcohol and Drug Terms*, *administration* is defined as: the route or mode of administration, i.e. the way in which a substance is introduced into the body, such as oral ingestion, intravenous (IV), subcutaneous, or intramuscular injection, inhalation, smoking, or absorption through skin or mucosal surface, such as the gums, rectum, or genitalia. The manner of administration has a critical effect on the speed and intensity of drug effects and, hence, on the degree of intoxication, nature of risk exposure and dependence liability. It can also have a major influence on the nature and severity of undesirable effects and consequences, including body organ damage (e.g. lungs, veins) and infection transmission (e.g. hepatitis, HIV). Thus, smoking a drug may predispose the user to respiratory problems while injecting it in an unsterile manner may increase risk of systemic infections. Sharing needles or other injecting equipment may increase the risk of blood-borne viruses such as HIV or hepatitis.

See also: IDU, IV, IM, Dependence liability.

Adverse drug reaction

Harmful, unintended or unwanted consequences of taking a drug. All types of drugs may produce adverse and unintended consequences especially when taken in very large doses and/or by persons with particular susceptibilities. An example of the latter would be the experience of psychotic symptoms after taking cannabis by someone already predisposed towards schizophrenia. Adverse reactions may be mild (headaches, nausea) and disappear with repeated use, or be of much greater severity, possibly leading to death.

See also: Overdose, Poisoning, Toxicity.

Advice services

The range of information and non-medical treatment services which can variously provide drug information, details of services available, referral to other agencies, and direct clinical casework or psychotherapy. Services may be provided in a direct face-to-face setting or indirectly by telephone to individuals, families, groups, other workers or agencies. The term 'advice' is usually reserved for the provision of factual information on specific issues. It also incorporates brief and specific advice to change behaviour, for example in *brief interventions* (see below). Advice is usually distinguished from 'counselling' where the emphasis is more on assisting individuals to evaluate their own situation and reach their own decisions about how to cope.

See also: Counselling and psychotherapy, Treatment, Brief intervention.

Advocacy

Refers to actions and strategies which aim to influence the decisions and policies of communities and governments. Advocacy is being increasingly recognized as a key health promotion strategy and is defined in the Ottawa Charter as attempts to improve the political, economic, social, cultural, environmental, behavioural and biological factors which affect health in a favourable way (Ottawa Charter for Health Promotion, 1987).

See also: Ottawa Charter.

Agonist

A substance that acts on receptor sites to produce certain responses; for example, both methadone and heroin are agonists for opioid receptors.

AIDS

The common abbreviation for a fatal viral condition known as Acquired Immune Deficiency Syndrome in which the immune system is weakened and unable to combat infectious diseases. The sharing of injecting equipment among injecting drug users is a major route of transmission for Human Immunodeficiency Virus (HIV). This is the virus that causes AIDS, and in many countries has led to programmes discouraging injecting and to the establishment of programmes to make clean injecting equipment more readily available for injecting drug users in order to reduce the likelihood of transmission of the virus through the sharing of used needles and other equipment.

See also: IDU, Injecting equipment, Needle-sharing, Risk reduction, Safer use, Needle exchange.

Al-Anon

A self-help organization closely affiliated with Alcoholics Anonymous, the membership of which comprise the partners and other family members of people with alcohol problems.

See also: Mutual-help group, Twelve-step group.

Alcohol

In chemical terminology, alcohols are a large group of organic compounds derived from hydrocarbons and containing one or more hydroxyl (-OH) groups. The unqualified term 'alcohol' typically refers to ethyl alcohol (ethanol). Ethanol (C₂H₅OH) is the main psychoactive ingredient in alcoholic beverages. By extension the term 'alcohol' is also used to refer to alcoholic beverages.

Alcohol is a sedative/hypnotic with effects similar to those of barbiturates. In most developed societies, alcohol is the recreational drug of choice for most people and results in a complex range of serious harms and valued benefits. Used to excess, alcohol use is associated with family breakdown, violence, child abuse, sexual assaults, fires, drownings, road crashes and a wide range of acute and chronic illnesses. Intoxication may result in poisoning, even death; long-term heavy use may result in dependence and in a wide variety of physical and organic mental disorders. The level at which alcohol use is considered to increase the risk of serious illness or injury is set differently by authorities in different countries, largely depending on how liberally or conservatively the same epidemiological data are interpreted. When taken in combination with other central nervous system depressants and opiates, alcohol contributes to the risk of death from overdose.

Other non-beverage alcohols that are occasionally consumed, with potentially harmful effects, are isopropanol (isopropyl alcohol, often in rubbing alcohol) and ethylene glycol (used as antifreeze for automobiles).

Alcoholics Anonymous (AA)

See: Mutual-help group, Twelve-step group.

Alternatives to drug use

Programmes designed to provide leisure activities and to facilitate a sense of self worth without using drugs. Founded on the belief that some people, particularly young people, engage in illicit drug use because they cannot find worthwhile, self-fulfilling, activities in which to engage. Programmes range from providing leisure activities to forming activity or interest groups.

Amfetamine

See: Amphetamine.

Amotivational syndrome

According to the *WHO Lexicon of Alcohol and Drug Terms*, *amotivational syndrome* is defined as: a constellation of effects said to be associated with substance use (especially of cannabis), including apathy, loss of effectiveness, diminished capacity to carry out complex or long-term plans, low tolerance for frustration, impaired concentration, and difficulty in following routines. Although there is reasonable self-report evidence that heavy cannabis use can impair motivation, an amotivational syndrome has not been clearly defined nor have its central features been clearly distinguished from the effects of chronic intoxication in chronic heavy cannabis users. (WHO, 1997, item 55.1)

Amphetamine

One of a large group of synthetic drugs with powerful stimulant (sympathomimetic) action on the central nervous system, which includes many substances exclusively encountered on the illicit market and a large number of drugs with medicinal use. Most commonly abused drugs in this group are amphetamine, methamphetamine and methcathinone. Pharmacologically related drugs include methylphenidate, fenetylline, phenmetrazine, amfepramone

and pemoline. Closely related drug (sub) groups are hallucinogenic amphetamines, such as DMA, DOB, STP, PMA and TMA; and the ecstasy-type amphetamines. In a broader sense they are also closely related to Ephedra-ephedrine, and to khat and its alkaloids, in their structure and in their effects as well.

Common amphetamines are frequently sold under various street names, the most common being 'speed' (amphetamine and methamphetamine), 'ice' (methamphetamine), and 'cat' (methcathinone). Typical illicit forms are white or coloured powders, crystals (e.g. 'ice'), tablets and solutions (e.g. methcathinone).

Amphetamines are most frequently ingested orally, sniffed/snorted, smoked, or injected. Intravenous injection is gaining in popularity worldwide. Single doses range from 15 mg to 150 mg. An especially harmful way of administering amphetamine is 'bingeing', which consists of the administration of consecutive single doses in 1-2 hour intervals for a long period (days) until complete exhaustion (of the drug supply or of the consumer), followed by a rebound effect of extreme tiredness (crash).

The effects attractive to the user are a feeling of physical and mental well-being, power and confidence; exhilaration and euphoria; increased alertness and energy; decreased hunger and fatigue; reduction in the need for sleep; improved performance in physical and mental tasks (students, sportsmen and women, drivers, night workers, the military, and so on). Characteristic physical effects of amphetamines at low doses are increased breathing and heart rate; elevated blood pressure and body temperature; sweating; pupillary dilation; dry mouth; diarrhoea; loss of appetite. Higher doses intensify the above signs and typically result in talkativeness; sense of power; hyper-vigilance; insomnia; impaired judgement. Chronic use commonly induces personality and behaviour changes; abnormal behaviour; restlessness; irritability; aggressiveness; sometimes leading to panic and paranoid psychosis (amphetamine psychosis). Stopping after prolonged or heavy use produces a withdrawal reaction, with depressed mood, fatigue, sleep disturbance and increased dreaming.

Many amphetamines have been used in medicine since the 1930s, initially for a variety of therapeutic purposes. Accepted indications have been drastically reduced since, due to the obvious harmful effects of these drugs, including their dependence liability. Large-scale misuse of the drugs has been noted in many countries due to improper (over)prescribing, and diversions from licit distribution channels. Currently, the prescription of amphetamines and related substances is limited to the treatment of narcolepsy and attention deficit hyperactivity disorder. Their use as appetite suppressants in obesity is increasingly discouraged in many countries.

See also: Crash, Dance drug, Ecstasy, Ephedra, Ephedrine, Khat, MDMA, Methamphetamine, Stimulant.

Amyl nitrate

A volatile inhalant which is a relaxant for involuntary muscle groups, especially of the circulatory system. It is available in ampoules and its main medicinal use is as an antidote to cyanide poisoning. It is also sometimes prescribed to relieve the pain of angina pectoris as well as kidney and gall bladder colic. It is used non-medically as a 'popper at or near the point of orgasm to enhance and prolong sexual pleasure'. It is also popular in some countries at dance parties. Side effects include irritation to the respiratory mucosa and can include severe hypotension. Amyl nitrate is particularly dangerous for pregnant women due to its marked hypotensive action.

See also: Inhalation, Inhalant, Dance drug.

Analgesic

According to the *WHO Lexicon of Alcohol and Drug Terms*, *analgesic* is defined as: a substance that reduces pain and may or may not have psychoactive properties.

See also: Opioid.

Antagonist

A substance that counteracts the effects of another agent. Pharmacologically, an antagonist interacts with a neuronal receptor to inhibit the action of agents (agonists) that produce specific physiological or behavioural effects mediated by that receptor. An example is the drug Naloxone that is used to treat overdose from opiate drugs, especially heroin. It counteracts the action of the opiate drug and if given in sufficient dose may also precipitate a withdrawal action.

See also: Naloxone, Naltrexone, Agonist.

Anti-anxiety drug

See: Sedative/hypnotic, Benzodiazepine, Barbiturate.

Antidepressant

According to the *WHO Lexicon of Alcohol and Drug Terms*, *antidepressant* is defined as: one of a group of psychoactive agents prescribed for the treatment of depressive disorders; also used for certain other conditions such as panic

disorder. There are three main classes: tricyclic antidepressants (which are principally inhibitors of noradrenaline uptake); serotonin receptor agonists and uptake blockers; and the less commonly prescribed monoamine oxidase inhibitors. Tricyclic antidepressants have a relatively low abuse liability, but are sometimes used non-medically for their immediate psychic effects. Tolerance develops to their anticholinergic effects but it is doubtful whether a dependence syndrome or withdrawal syndrome occurs. For these reasons, misuse of antidepressants is included in category F55 of the ICD-10, abuse of non-dependence-producing substances.

Backloading

A drug injection practice which places the user at particular risk of infectious diseases because the drug solution is shared in more than one syringe. It involves drawing up a drug in liquid form into a syringe and then transferring some of the solution to a second syringe to be used by someone else, by removing the plunger of the second syringe and squirting the solution from the first syringe into the barrel of the second. HIV, hepatitis B and C, and other infectious agents may be transmitted by this practice if the syringe or needle employed in the initial preparation of the drug solution had been contaminated by blood in its previous use but not if new equipment is used. The chances of contamination with environmental bacteria are also increased in this procedure.

See also: Frontloading.

Bad trip

According to the *WHO Lexicon of Alcohol and Drug Terms*, *bad trip* is defined as: in drug users' jargon, an adverse effect of drug use, consisting of any mixture of the following: feelings of losing control, distortions of body image, bizarre and frightening hallucinations, fears of insanity or death, despair, suicidal thoughts, and strong negative affect. Physical symptoms may include sweating, palpitations, nausea, and paraesthesias. Although adverse reactions of this type are usually associated with the use of hallucinogens, they may also be caused by the use of amphetamines and other psychomotor stimulants, anticholinergics, antihistamines, and sedatives/hypnotics.

Barbiturate

According to the *WHO Lexicon of Alcohol and Drug Terms*, *barbiturate* is defined as: one of a group of powerful central nervous system depressants.

Examples are amobarbital, pentobarbital, phenobarbital, and secobarbital. They are used as antiepileptics, anaesthetics, sedatives, hypnotics, and less commonly, as anti-anxiety drugs. Acute and chronic use induces effects similar to those of alcohol.

The risk of fatal overdose associated with barbiturates occurs because the blood level at which they become toxic is not much greater than that used for therapeutic or recreational purposes. Thus, they have a low safety margin. The safer benzodiazepines have largely replaced barbiturates as sedatives/hypnotics or anxiolytics. Tolerance to barbiturates develops rapidly and the liability for harmful use or dependence is high. Patients who use these drugs over long periods can become psychologically and physically dependent, even when the prescribed dose is not exceeded. When used in combination with other central nervous system depressants such as ethanol or antihistamines, barbiturates may cause severe depression.

See also: Tranquillizer, Sedative/hypnotic.

Benzodiazepine

According to the *WHO Lexicon of Alcohol and Drug Terms*, *benzodiazepine* is defined as: one of a group of drugs used mainly as sedatives/hypnotics, muscle relaxants, and anti-epileptics, and once referred to as ‘minor tranquillizers’. These agents are believed to produce therapeutic effects by potentiating the action of gamma-aminobutyric acid (GABA), a major inhibitory neurotransmitter.

Fatal benzodiazepine overdoses are rare unless the drug is taken concurrently with alcohol or other central nervous system depressants such as heroin. Benzodiazepines may have an adverse impact on driving and other psychomotor functions as they may cause increased reaction time, impaired motor and mental functions and confusion. Other possible side effects include weakness, headache, blurred vision, nausea and diarrhoea.

See also: Tranquillizer, Sedative/hypnotic.

Blood-borne virus

A virus which can be transmitted from an infected person to another person by blood-to-blood contact, such as through blood transfusion or the sharing of injecting equipment. The most notable blood-borne viruses are HIV, hepatitis B and hepatitis C.

See also: AIDS.

Brief intervention

According to the *WHO Lexicon of Alcohol and Drug Terms*, *brief intervention* is defined as: a treatment strategy in which structured therapy of a limited number of sessions (usually one to four) of short duration (typically 5-30 minutes) is offered with the aim of assisting an individual to cease or reduce the use of a psychoactive substance or (less commonly) to deal with other life issues. It is designed, in particular, for general practitioners and other primary health care workers. There is some evidence to suggest that brief interventions are most effective if long-term follow-up appointments are made at, for example, one month and six months after first contact. To date, brief intervention has been applied mainly to cessation of smoking and as therapy for harmful use of alcohol, especially for those in the early problem stage. There is evidence that brief interventions can be effective for smokers and drinkers who are not severely dependent. Some clinical researchers have recommended that brief interventions should be developed for severely dependent people who would not otherwise be involved in more intense treatment approaches. Brief interventions are often accompanied by, or may only, comprise the provision of a self-help booklet—sometimes referred to as ‘bibliotherapy’.

The rationale for brief intervention is that even if the percentage of individuals who alter their substance use after a single intervention is small, the public health impact of large numbers of primary health care workers providing these interventions systematically is considerable. Brief intervention is often linked to systematic screening testing for hazardous and harmful substance use, particularly of alcohol and tobacco.

The term ‘minimal intervention’ is usually used as a synonym for brief intervention though there has been a trend to restrict its use to sessions of assessment and advice lasting no longer than 5 minutes.

See also: Early intervention.

Buprenorphine

Buprenorphine is a mixed agonist/antagonist which can be used in substitution treatment. It has been used extensively in many countries for the short-term treatment of moderate to severe pain. The mixed opioid-action/blocking-action appears to make buprenorphine safe in overdose and possibly less likely to be diverted than pure opioids. It may also provide an easier withdrawal phase, and due to a longer action, may allow for alternate day dosing. It is apparent from the research conducted to date that buprenorphine is at least as effective as methadone as a maintenance agent.

See also: Methadone, Maintenance therapy.

Caffeine

According to the *WHO Lexicon of Alcohol and Drug Terms*, *caffeine* is defined as: a mild central nervous system stimulant, vasodilator, and diuretic. Caffeine is found in coffee, tea, chocolate, cola and some other soft drinks. Acute or chronic overuse (e.g. a daily intake of 500 mg or more) with resultant toxicity is termed ‘caffeinism’. Symptoms include restlessness, insomnia, flushed face, muscle twitching, tachycardia, gastrointestinal disturbances including abdominal pain, pressured or rambling thought and speech, and sometimes exacerbation of pre-existing anxiety or panic states, depression or schizophrenia. There is some research evidence suggesting the existence of caffeine withdrawal.

Cannabis

According to the *WHO Lexicon of Alcohol and Drug Terms*, *cannabis* is defined as: a generic term used to denote the several psychoactive preparations of the marijuana (hemp) plant, *Cannabis sativa*. They include marijuana leaf (in street jargon: grass, pot, dope, weed or ganja), and hashish (derived from the resin of the flowering heads of the plant), and hashish oil.

In the 1961 Single Convention on Narcotic Drugs, cannabis is defined as “the flowering or fruiting tops of the cannabis plant (excluding the seeds and leaves when not accompanied by the tops) from which the resin has not been extracted”, while cannabis resin is the “separated resin, whether crude or purified, obtained from the cannabis plant”.

The term ‘marijuana’ is of Mexican origin. Originally a term for cheap tobacco (occasionally mixed with cannabis), it has become a general term for cannabis leaves or cannabis in many countries. Hashish, once a general term for cannabis in eastern Mediterranean areas, is now applied to cannabis resin.

Cannabis intoxication produces a feeling of euphoria, lightness of the limbs, and, usually, increased sociability. It impairs driving and the performance of other complex, skilled activities; it impairs immediate recall, attention span, reaction time, learning ability, motor coordination, depth perception, peripheral vision and sense of time. Cannabis is sometimes consumed with alcohol, a combination which is additive in its effects on mind and body.

There are reports of cannabis use precipitating a relapse in schizophrenia. Acute anxiety and panic states and acute delusional states (‘cannabis psychosis’) have been reported with cannabis intoxication; they usually remit within several days. Smoking cannabis on a regular basis can cause respiratory problems and is a risk factor for lung cancer. Cannabinoids are sometimes used therapeutically for glaucoma and to counteract nausea in cancer chemotherapy. The cannabinoids are highly fat-soluble compounds and hence clearance is typically slow.

THC (tetrahydrocannabinol) and its metabolites can be detected in urine for several weeks after usage of cannabis.

While cannabis is controlled under the 1961 Single Convention on Narcotic Drugs, THC is controlled under the 1971 Convention on Psychotropic Substances. Parties to the Convention must limit the use of THC to “scientific and very limited medical purposes”.

Chasing

Also called ‘chasing the dragon’. This is a method for using heroin. The user heats the substance on a metal foil or on a coin and inhales the fumes through a short pipe. Chasing is an efficient non-injecting method and the users often shift from smoking heroin mixed with tobacco in a cigarette to chasing. This method is the most frequent route for administration of ‘brown sugar’ (i.e. heroin) on the Indian subcontinent, though it is also not uncommon in Europe, particularly in the United Kingdom.

Cocaine

According to the *WHO Lexicon of Alcohol and Drug Terms*, cocaine is defined as: an alkaloid obtained from coca leaves or otherwise synthesized from the chemical compound ecgonine or its derivatives. Cocaine hydrochloride was commonly used as a local anaesthetic in dentistry, ophthalmology, and ear, nose and throat surgery because its strong vasoconstrictor action helps to reduce local bleeding. Cocaine is a powerful central nervous system stimulant used non-medically to produce euphoria or wakefulness. Repeated use may produce dependence. Cocaine, or ‘coke’, is often sold as white, translucent, crystalline flakes or powder (‘snuff’, ‘snow’), frequently adulterated with various sugars or local anaesthetics. The powder is sniffed (‘snorted’) and produces effects within 1-3 minutes that last for about 30 minutes. Cocaine may be ingested orally, often with alcohol. When combined with heroin, it is usually injected.

Repeated administration of cocaine, known as a ‘run’, is typically followed by the ‘crash’ when use is discontinued. The ‘crash’ may be viewed as a withdrawal syndrome in which elation gives way to apprehension, profound depression, sleepiness, and inertia.

Acute toxic reactions may occur in both the naive experimenter and the long-term user of cocaine. They include a panic-like delirium, high blood pressure, seizures and cardiac arrhythmia. Other reported complications include a form of psychosis with paranoid ideas and hallucinations (auditory and visual). ‘Snow lights’ is the term used to describe hallucinations or illusions resembling the twinkling of sunlight on snow crystals.

‘Crack’ or ‘rock’ and cocaine freebase are cocaine base obtained from cocaine hydrochloride through specific conversion processes to make it suitable for smoking. ‘Crack’ refers to the crackling sound made when the compound is heated.

An intense ‘high’ occurs 4-6 seconds after crack is used; an early feeling of elation or the disappearance of anxiety is experienced, together with exaggerated feelings of confidence and self-esteem. There is also impairment of judgement, and the user is thus likely to undertake irresponsible, illegal, or dangerous activities with less regard for the consequences. Speech is pressured and may become disjointed and incoherent. Pleasurable effects last only 5-7 minutes, after which the mood rapidly descends into dysphoria, and the user has a strong desire to repeat the process in order to regain the exhilaration and euphoria of the ‘high’. These reactions are qualitatively the same as for cocaine but more pronounced.

See also: Crash, Run, Freebase, Coca leaves, Coca paste.

Coca leaves

According to the *WHO Lexicon of Alcohol and Drug Terms*, *coca leaves* are defined as: the leaves of the coca bush *Erythroxylon coca* that are traditionally chewed or sucked in Andean cultures, with a pinch of alkaline ashes, as a stimulant and appetite suppressant and to increase endurance at high altitudes. Cocaine is extracted from coca leaves.

See also: Cocaine, coca paste.

Coca paste

According to the *WHO Lexicon of Alcohol and Drug Terms*, *coca paste* (Spanish: *pasta de coca*) is defined as: the product of the first step in the process of extracting cocaine from coca leaves. It contains 50-90 per cent cocaine sulfate and toxic impurities such as kerosene and sulfuric acid. It is smoked in South America alone, or with marijuana and tobacco. Coca paste mixed with marijuana and/or tobacco is known as *pitillo* in Bolivia and *bazuco* in Colombia.

See also: Cocaine, coca leaves.

Cold turkey

A commonly used slang term for the process of sudden drug withdrawal unassisted with any form of drug treatment. This method of detoxification is

still used both in government centres and by traditional healers in some developing countries.

See also: Withdrawal, Detoxification.

Community empowerment

Interventions which encourage a community (e.g. people in a locality, drug injectors, sex workers) to develop collective ownership and control over health-related choices and activities. To achieve this, the community may also need to gain collective control of the wider social, political and economic factors which influence their access to health. 'Empowerment' is a process of increasing personal, interpersonal or political power so that individuals can take action to improve their lives.

Co-morbidity

See: Dual diagnosis.

Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control (CMO)

A key United Nations document outlining strategies for dealing with drug problems adopted in 1987 by a United Nations International Conference on Drug Abuse and Illicit Trafficking which was attended by representatives of 138 States. The document contains a number of consensus recommendations for a broad range of measures to address drug problems and includes guidelines for reducing both the supply and the demand for illicit drugs. The CMO lists 35 targets defining the problems and suggesting specific courses of action at the national, regional and international levels. In relation to demand reduction, the first and last chapters of the CMO are particularly important. Chapter 1 recommends research on drug problems and the development of national drug education programmes. Chapter 4 recommends an increase in efforts to improve the treatment of drug problems as well as methods to prevent the spread of blood-borne viruses, such as HIV and hepatitis.

Controlled substance

A term which refers to a psychoactive substance and its precursors whose availability are forbidden under the international drug control treaties or limited

to medical and pharmaceutical channels. At both national and international levels, controlled substances and precursors are commonly classified according to a hierarchy of schedules, reflecting different degrees of restriction of availability.

Counselling and psychotherapy

Counselling is an intensive interpersonal process concerned with assisting normal people to achieve their goals or function more effectively. Psychotherapy is generally a longer-term process concerned with reconstruction of the person and larger changes in more fundamental psychological attributes such as personality structure. Psychotherapy is often restricted in conception to those with pathological problems.

See also: Advice service, Treatment, Brief intervention, Motivational interviewing.

Court diversion

A programme of treatment, re-education or community service for individuals referred from criminal courts (criminal diversion) after being charged with driving under the influence of alcohol (drinking-driver diversion) or another drug, with the sale or use of drugs (drug diversion), or with another crime. Individuals are assigned to diversion programmes in lieu of prosecution, which is usually held in abeyance pending successful completion of the diversion programme. Pre-charge diversion refers to the systematic referral of those detected by the police to an alternative programme without arrest. In some countries, the term ‘custody diversion’ is used to make explicit that in many diversion schemes the individual may attend court but be diverted away from custody into a programme of treatment or re-education.

Crash

The ‘down’ which typically follows a period of concentrated use of a stimulant drug such as amphetamine or cocaine over a period of several days. The ‘crash’ begins when use is discontinued. The ‘crash’ may be viewed as a withdrawal syndrome in which elation gives way to apprehension, profound depression, sleepiness, and inertia. It is important to note, however, that some of these symptoms will also be caused by lack of sleep and food during periods of drug use.

See also: Stimulant, Run, Amphetamine, Cocaine.

Cross-dependence

According to the *WHO Lexicon of Alcohol and Drug Terms*, *cross-dependence* is defined as: a pharmacological term used to denote the capacity of one substance (or class of substances) to suppress the manifestations of withdrawal from another substance or class of substances. Note that ‘dependence’ is normally used here in the narrower psycho-pharmacological sense associated with suppression of withdrawal symptoms. Cross-dependence exists in degrees between different drugs, ranging from slight to almost total.

One consequence of this phenomenon is that dependence on a substance is more likely to develop if the individual is already dependent on a related substance. For example, dependence on a benzodiazepine develops more readily in individuals already dependent on another drug of this type or on other substances with sedating effects such as alcohol and barbiturates. Another consequence is that undesired withdrawal symptoms may be suppressed when supply of a preferred drug of dependence is temporarily unavailable. Some heroin dependent individuals use alcohol and/or benzodiazepines in this way. An individual who has cross-dependence between two drug-types will also display the related phenomenon of cross-tolerance.

See also: Cross-tolerance, Detoxification, Withdrawal.

Cross-tolerance

According to the *WHO Lexicon of Alcohol and Drug Terms*, *cross-tolerance* is defined as: the development of tolerance to a drug to which the individual has not previously been exposed, as a result of acute or chronic intake of a different drug. The two substances usually, but not invariably, have similar pharmacological effects. Cross-tolerance may be apparent when a dose of the novel substance fails to produce the expected effect. As with cross-dependence, cross-tolerance exists in degrees. An illustration of the phenomenon is the high tolerance of severely dependent drinkers to some anaesthetic agents used for surgery.

See also: Cross-dependence, Tolerance.

Custody diversion

See: Court diversion.

Dance drug

A drug associated with the ‘rave’ or ‘dance party’ scene which grew out of the ‘Acid house’ scene in the United Kingdom in the late 1980s. Raves are now also a popular form of entertainment among young people in mainland Europe, North America, Australia, and elsewhere. The most notable of the ‘dance drugs’ are MDMA (ecstasy), amphetamine and LSD, although other substances such as ketamine, cocaine and alkyl nitrate have also been associated with raves. These drugs are also used in settings other than raves or dance parties, and other drugs, such as cannabis, not usually considered ‘dance drugs’ may be used by people attending dance venues.

See also: LSD, MDMA, Amphetamine, Ecstasy.

Decriminalization or depenalization

Removal of penal controls and criminal sanctions in relation to an activity, which however remains prohibited and subject to non-penal regulations and sanctions (e.g. administrative sanctions such as the removal of driving licence).

Under the ‘prohibition with civil penalties’ option, the penalties for the possession of amounts of drugs deemed in law as being for personal use are still illegal but are dealt with by civil sanctions such as infringement notices which attract a monetary penalty, rather than by criminal sanctions such as a criminal record or imprisonment. Typically, the harsher criminal penalties still apply to the more serious offences of possession, supply, manufacture or cultivation of amounts of the drug deemed in law to be for trafficking or commercial purposes.

See also: Free availability, Legalization, Partial prohibition, Prohibition, Regulation.

Demand

‘Demand’ is a widely used term from economics which characterizes the market for a particular product in terms of the number of potential customers and their preparedness and capacity to obtain a product. In the case of illicit drugs, the concept of ‘demand’ is commonly used in the broader sense of the level of interest in a particular community in using illicit drugs, not just in purchasing them. In the economic sense, illicit drug markets have some important similarities with markets for legal products. For example, prices are strongly

influenced by the extent to which supply of a drug meets the level of demand. Low supply relative to demand results in higher prices and vice versa.

See also: Supply, Demand reduction.

Demand reduction

International drug control conventions use this term in relation to the aim of reducing consumer demand for controlled substances. Demand reduction strategies contrast with approaches which aim at reducing supply of drugs though in practice demand and supply reduction can be complementary. The success of demand reduction is conventionally measured by a reduction in the prevalence of use, i.e. by more abstinence, and hence is separate and distinct from harm reduction.

Demand reduction is a broad term used for a range of policies and programmes which seek a reduction of desire and of preparedness to obtain and use illegal drugs. Demand for drugs may be reduced through prevention and education programmes to dissuade users or potential users from experimenting with illegal drugs and/or continuing to use them; drug substitution programmes (e.g. methadone); treatment programmes mainly aimed at facilitating abstinence, reduction in frequency or amount of use; court diversion programmes offering education or treatment as alternatives to imprisonment; broad social policies to mitigate factors contributing to drug use such as unemployment, homelessness and truancy.

See also: Supply reduction, Supply, Demand.

Dependence, dependence syndrome

According to the *WHO Lexicon of Alcohol and Drug Terms*, *dependence*, *dependence syndrome* is defined as: as applied to alcohol and other drugs, a need for repeated doses of the drug to feel good or to avoid feeling bad.

The terms ‘dependence’ and ‘dependence syndrome’ have gained favour with WHO and in other circles as alternatives to addiction since the 1960s. Their use was recommended as an acknowledgment of new evidence that ‘addiction’ was not a discrete disease entity but could exist in degrees as indeed could its constituent signs. For example, ‘loss of control’ over drug use was replaced with ‘impaired control’.

In the DSM-IV, dependence is defined as “a cluster of cognitive, behavioural and physiological symptoms indicating that the individual continues use of the substance despite significant substance-related problems”.

See also: Addiction, Neuroadaptation.

Dependence liability

The rapidity and ease with which repeated use of a particular drug results in the development of dependence. In general terms this will be a function of (a) the desirability of the drug's action in terms of its utility, its pleasurable qualities and its capacity to reduce or avoid unpleasant mental states, (b) the speed of these actions following administration, (c) the reliability or certainty of these effects following use, (d) the rapidity with which tolerance to the drug's desired effects develops, and (e) the rapidity with which early withdrawal type symptom or 'rebound effects' occur following repeated use and once the drug is eliminated from the blood-stream.

See also: Abuse liability, Dependence, Tolerance.

Depressant

According to the *WHO Lexicon of Alcohol and Drug Terms*, depressant is defined as: any agent that suppresses, inhibits, or decreases central nervous system activity. The main classes of central nervous system depressants are the sedatives/hypnotics, opioids, and neuroleptics. Examples of depressant drugs include alcohol, barbiturates, anaesthetics, benzodiazepines, heroin and methadone. Anticonvulsants are sometimes included in the depressant group because of their inhibitory action on abnormal neural activity.

See also: Alcohol, Benzodiazepine, Opioid, Sedative/hypnotic, Antidepressant.

Designer drug

A substance which is structurally related to a controlled drug and which has been synthesized to produce certain psychoactive effects but which is not covered by existing regulations on controlled substances. In response, these regulations now commonly cover novel and possible analogues of existing psychoactive substances. The term was coined in the 1980s and classically refers to the case of MDMA (ecstasy) and its analogues (e.g. MDA and MDEA) prior to their listing as controlled substances.

See also: MDA, MDMA, MDEA, Dance drug.

Detoxification

The process by which a person who is dependent on a psychoactive substance ceases use, in such a way that minimizes the symptoms of withdrawal and risk of harm. While the term 'detoxification' literally implies a removal of toxic

effects from an episode of drug use, in fact it has come to be used to refer to the management of rebound symptoms of neuroadaptation, i.e. withdrawal and any associated physical and mental health problems. The facility in which the procedure takes place is usually called a detoxification centre. Traditionally detoxification has been provided on an in-patient basis either in a specialist treatment facility or on the wards of a general or psychiatric hospital. There is an increasing trend to provide detoxification services in informal settings including the clients' own homes. Home-based detoxification usually involves visiting medical staff and informal support provided by family or friends.

As a clinical procedure, detoxification is undertaken with a degree of supervision. Typically, the individual is clinically intoxicated or already in withdrawal at the outset of detoxification. Detoxification may involve the administration of medication. When it does, the medication given is usually a drug that shows cross-tolerance and cross-dependence to the substance(s) taken by the patient. The dose is calculated to relieve the withdrawal syndrome without inducing intoxication, and is gradually tapered off as the patient recovers.

Detoxification as a clinical procedure implies that the individual is supervised until recovery is complete, both from intoxication and physical withdrawal.

See also: Withdrawal, Dependence, Cold turkey.

Diacetylmorphine/Diamorphine

Alternative generic terms for the drug heroin.

See also: Heroin, Opiate.

Diuretic

Any drug which increases the volume of urine. Some prescribed drugs are used specifically to achieve this effect for medical purposes. Some are reportedly used by athletes who wish to mask levels of banned performance enhancing drugs in their urine by increasing their dilution. A number of psychoactive drugs also have a diuretic action, e.g. caffeine and alcohol.

See also: Steroid, Performance Enhancing Drug.

Drug

A term of varied usage. In the various United Nations Conventions and in the Declaration on Drug Demand Reduction it refers to substances subject to international control. In medicine, it refers to any substance with the poten-

tial to prevent or cure disease or enhance physical or mental well-being. In pharmacology, the term drug refers to any chemical agent that alters the biochemical or physiological processes of tissues or organisms. In common usage, the term often refers specifically to psychoactive drugs, and often, even more specifically, to illicit drugs. However, caffeine, tobacco, alcohol, and other substances in common non-medical use are also drugs in the sense of being taken primarily for their psychoactive effects. For demand reduction purposes, it is clearly necessary to exclude food stuffs from the coverage of the term ‘drug’ even though these clearly alter mental state and increase a sense of well-being.

Drug abuse

Current international drug control treaties do not define drug abuse but make reference to a variety of terms, including abuse, misuse, and illicit use. In the context of international drug control, drug abuse constitutes the use of any substance under international control for purposes other than medical and scientific, including use without prescription, in excessive dose levels, or over an unjustified period of time.

See also: Abuse.

Drug abuse-related harm

Any adverse social, physical, psychological, legal or other consequence of drug use which is experienced as harmful to a drug user and/or those living with or otherwise affected by the actions of a drug user. This term is preferred by many to that of ‘drug problem’ because there is no implication of an enduring personal problem requiring treatment. It focuses attention on whether or not the use of a drug is related to measurable harm of some kind.

See also: Substance use disorder, Harmful use, Drug abuse-related problem.

Drug abuse-related problem

Any of the range of individual and socially adverse accompaniments of drug use, particularly illicit drug use. ‘Related’ does not necessarily imply being directly caused by the drug’s effect. It includes such indirect and unintended consequences as the transmission of infectious diseases by the sharing of injecting equipment and injuries caused by broken beer glasses. ‘Drug abuse prob-

lems’ is an alternative term, but can be confused with ‘the drug problem’, meaning illicit drugs as an issue of general social concern. What a particular society perceives as a ‘drug problem’ is sometimes determined by attitudes and beliefs which may be unsupported by objective evidence of a drug’s potential for harm, i.e. to some extent ‘drug problems’ are socially constructed.

See also: Substance use disorder, Harmful use, Drug abuse-related harm.

Drug policy

The aggregate of policies designed to affect the supply and/or the demand for illicit drugs, locally or nationally. Drug policy covers a range of strategies on such issues as education, treatment, drug laws, policing and border surveillance. In this context, ‘drug policy’ may include pharmaceutical, tobacco or alcohol policies.

Drug seeking

Actions to acquire drugs. Includes buying from licit suppliers (e.g. liquor outlets, cigarette vendors), illicit drug suppliers or dealers, forging medical prescriptions or presenting to medical practitioners in an attempt to acquire prescription medication for non-medical use.

See also: Demand.

Drug substitution

Treatment of drug dependence by prescription of a substitute drug for which cross-dependence and cross-tolerance exist. The term is sometimes in reference to a less hazardous form of the same drug used in the treatment. The goals of drug substitution are to eliminate or reduce use of a particular substance, especially if it is illegal, or to reduce harm from a particular method of administration, the attendant dangers to health (e.g. from needle sharing), and the social consequences. Drug substitution is often accompanied by psychological and other treatment.

Examples of drug substitution are the use of methadone for the treatment of heroin dependence and nicotine gum to replace smoking tobacco. Drug substitution can last from several weeks to many years, sometimes indefinitely. It is sometimes distinguished from tapering-off therapy.

See also: Buprenorphine, Cross-dependence, Cross-tolerance, Detoxification, Methadone, Naltrexone, LAAM, Maintenance therapy.

Drug testing

Toxicological analysis of blood, breath, urine, hair or other body tissue, to determine the presence of various drugs (legal or illegal).

See also: Urinalysis.

Drug use

See: Abuse.

Dual diagnosis

A person diagnosed as having an alcohol or drug abuse problem in addition to some other diagnosis, usually psychiatric, e.g. mood disorder, schizophrenia. Making differential diagnoses is often complicated by overlapping signs and symptoms of dependence and diagnostic entities, e.g. anxiety is a prominent feature of drug withdrawal. A further complication is with shared or reciprocal causal processes, e.g. a mild disorder of mood leads to some drug use which eventually leads to an exacerbation of the mood disturbance, to further drug use, dependence and severe mood disturbance.

See also: Co-morbidity.

Early intervention

According to the *WHO Lexicon of Alcohol and Drug Terms*, *early intervention* is defined as: a therapeutic strategy that combines early detection of hazardous or harmful substance use and treatment of those involved. Treatment is offered or provided before such time as patients might present of their own volition and in many cases before they are aware that their substance use might cause problems. It is directed particularly at individuals who have not developed physical dependence or major psychosocial complications.

Early intervention is therefore a pro-active approach, which is initiated by the health worker rather than the patient. The first stage consists of a systematic procedure for early detection. There are several approaches: routine enquiry about use of alcohol, tobacco, and other drugs in the clinical history; and the use of screening tests, for example, in primary health care settings. Supplementary questions are then asked in order to confirm the diagnosis. The second component, treatment, is usually brief and takes place in the primary health care setting (lasting on average 5-30 minutes). Treatment may be more extensive in other settings.

See also: Brief intervention.

Ecstasy

See: MDMA.

Education

See: Prevention, Prevention/education, Peer education.

Employee Assistance Programme (EAP)

An employment-based programme that allows for treatment of an alcohol- or drug-related problem or mental health problem. Referrals to EAPs may be initiated either by the employer or the employee. Employer-initiated referrals may be in response to reports of work performance or to drug screening results. Employer referrals may be an alternative to the member of staff being dismissed or disciplined for a first or subsequent offence. The term replaced 'industrial alcoholism programme' (occupational alcoholism programme) in the 1970s to extend the main focus of such programmes to a more general 'troubled employee' approach. The term originated in the United States, but is now more widely used.

Ephedra

The term denotes a plant genus comprising some 40 distinct species, which grow wild in various regions of the world. Ephedra has a long history of medical and ceremonial uses. The herbs of various oriental species have been used in traditional medicines in China under the name of Ma Huang and also in India to treat symptoms of asthma and respiratory infections. It was also used in stimulant drinks. Several traditional uses were recorded in Europe and also in North America (e.g. as a herbal tonic). One American species, *E. antispythetica*, had a reputation as cure for syphilis and gonorrhoea under the names 'Mormon tea', 'Squaw tea', 'Whorehouse tea', 'Cowboy tea'. Some traditional uses have subsequently been confirmed by modern science.

Today, the plant serves as an industrial raw material for the production of various concentrates, extracts and for the manufacture of pure alkaloids, namely ephedrine (and pseudoephedrine). The concentrates and extracts find increasing use today as dietary supplements in 'health foods', in 'smart drinks', in 'smart bars' as well as in various preparations for weight reduction/control.

The herb rich in ephedrine has also been used recently in the clandestine manufacture of amphetamine stimulants.

Ephedra contains two principle alkaloids, ephedrine and pseudoephedrine. Both alkaloids are used in medicines worldwide.

See also: Amphetamine, Ephedrine, Khat, Stimulant.

Ephedrine

An alkaloid originally discovered in Ephedra by Nagai in 1887, and first obtained through synthesis in 1920. Later, synthetic ephedrine gradually replaced the natural alkaloid. Its chemical structure and pharmacological effects show similarities to those of epinephrine and also of the amphetamines. Ephedrine was introduced into Western medicine during the 1930s and it was soon followed by pseudoephedrine and norpseudoephedrine, two closely related alkaloids. They have since been among the most widely available medicines worldwide.

Ephedrine is a sympathomimetic drug with bronchodilator and vasoconstrictor properties, and has a central stimulant effect. It is used in bronchial asthma, to relieve nasal congestion and rhinitis in the common cold, in allergies and hay fever. Ephedrine, pseudoephedrine and norpseudoephedrine are common ingredients of many over-the-counter and/or prescription medicines in the form of nose drops, tablets and capsules.

Non-medical use and over consumption of ephedrine and related alkaloids as stimulants has been observed in many countries. They have also frequently been used in fake stimulant preparations and as chemical precursors in the clandestine manufacture of various amphetamines. Both ephedrine and pseudoephedrine are among the precursor substances scheduled in List I of the 1988 Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Norpseudoephedrine is a controlled psychotropic substance in Schedule III of the 1971 Convention on Psychotropic Substances.

Pseudoephedrine shares the main pharmacological properties of ephedrine but has a less pronounced central nervous system stimulatory effect. Thus, it has a lower abuse liability than ephedrine, and is more frequently prescribed for the common cold.

See also: Amphetamine, Ephedra, Stimulant.

Epidemiological monitoring

The systematic monitoring of levels of health problems and risk behaviours in an entire community or population. Epidemiology is the study of the prevalence and incidence of illness in the population. Epidemiological monitoring of drug use and problems is not a precise science due to the illegal and

clandestine nature of illicit drug use. For example, self-report surveys suffer the problems of requiring very large samples in order to make reliable estimates of prevalence because of the usually small percentages of people who admit to using most kinds of illicit drugs. Other problems include under-reporting and getting representative samples. Such monitoring can be more successful with special high risk populations, e.g. street youth. Less traditional epidemiological methods are often required to research illegal behaviours such as recruitment using ‘Snowballing’ methods.

See also: Epidemiology, Snowballing, Outreach.

Epidemiology

Epidemiology is the study of the prevalence and incidence of illness in the population and also the study of the underlying causes of, for example, problem drug use.

See also: Epidemiological monitoring.

Evaluation research

An evaluation using an experimental or quasi-experimental design conducted to establish the effectiveness (internal and/or external validity) and cost effectiveness of an intervention among a defined population at risk for a specific impact or outcome rate during a defined period of time.

See also: Impact evaluation.

Formative evaluation

Otherwise known as pilot study. It is an evaluation designed to produce data and information during the developmental phase of an intervention. The findings are used to improve or document the feasibility of programme implementation, the short-term impact of the intervention and the appropriateness of content, materials, media and data collection instruments. Formative evaluation emphasizes internal validity and employs qualitative as well as experimental and quasi-experimental methods.

Free availability

The absence of any legislative or regulatory restrictions on the importation, sale, supply, possession or use of a particular product, in this particular context a drug. This is an extreme legislative position. Few commodities are without legal

restriction in at least one of these domains. In most countries, at least some form of regulation applies to the availability of psychoactive substances.

See also: Decriminalization, Legalization, Prohibition, Regulation.

Free base

Slang term for the pure cocaine alkaloid which may be extracted from cocaine and smoked. An aqueous solution of the cocaine salt is mixed with an alkali (such as baking soda), and the free base is then extracted into an organic solvent such as ether or hexane. The procedure is dangerous because the mixture is explosive and highly flammable. A simpler procedure, which avoids the use of organic solvents, consists of heating the cocaine salt with baking soda. This process yields 'crack'.

See also: Cocaine.

Frontloading

A drug injection practice which involves drawing up a drug into the syringe and then transferring a portion of the solution into a second syringe belonging to another injecting drug user by removing the detachable needle of the second syringe and squirting the solution from the first syringe into the barrel of the second. This practice is not possible when using insulin syringes which have a fixed, non-removable needle. HIV, hepatitis B and C, and other infectious agents may be transmitted by this practice if the syringe or needle employed in the initial preparation of the drug solution had been contaminated by blood through previous use.

See also: Backloading.

Gateway theory

A model of the progression of drug use that has grown out of research with adolescents which has identified a sequential pattern of involvement in various legal and illegal drugs. Alcohol, cigarettes, and cannabis have been described as 'gateway drugs' for progression to other illicit drugs. The theory has led in some countries to primary prevention efforts to prevent involvement in the so-called gateway drugs in an effort to prevent involvement in illicit drug use.

There is clear evidence from population-based research of a statistical association between cannabis and heroin use. Prevalence of other illicit drug use has been shown to increase with the degree of current involvement with cannabis. Longitudinal research on adolescent drug use in the United States has

identified a sequence of involvement with licit and illicit drugs in which progressively fewer adolescents tried each drug class but in which almost all of those who tried drug types later in the sequence had used all drugs earlier in the sequence. This research suggests that drug use often begins with the use of alcohol and tobacco. A smaller group of these smokers and drinkers then progress on to cannabis use; those who use cannabis are more likely to go on to use hallucinogens and amphetamines; the heaviest users of these last drugs are then more likely to use heroin and cocaine.

Population-based research has shown that, in western countries at least, the majority of cannabis users do not use more dangerous illicit drugs such as cocaine or heroin. Furthermore, the existence of sequential stages of progression does not necessarily demonstrate that there are causal linkages between different drugs. There are a number of alternative explanations for the observed sequences which may apply.

GHB (or GBH)

Gamma hydroxybutyrate (GHB), also known as GBH (grievous bodily harm), Liquid E and Liquid X, was originally developed as an anaesthetic but was withdrawn due to unwanted side effects. It has also been investigated as a treatment for narcolepsy, the relief of alcohol withdrawal symptoms, and more recently used by body builders as a stimulant for growth hormone. It is an odourless, colourless liquid or salt which is usually consumed orally, although there have been reports of the drug being injected.

At small doses, GHB tends to reduce social inhibitions, similar to the actions of alcohol, and it also is reported to increase libido. However, as the concentrations of the drug on the illicit market vary and the psychoactive dose is very close to the amount that can cause seizures or coma, its use is potentially very problematic. It is thought that these reactions are usually as a result of taking more than a recreational dose when the drug starts to work as an anaesthetic. Simultaneous use of other drugs may also increase risk of adverse reactions which may include nausea, drowsiness, amnesia, vomiting, loss of muscle control, respiratory problems, and occasional loss of consciousness, seizure and coma.

Global Programme of Action (GPA)

An agreement endorsed at the Seventeenth Special Session of the United Nations General Assembly, in 1990, which aims to achieve an international society free of illicit drugs and drug problems. The main focus was on expand-

ing and improving international efforts to control production, trafficking and use of illicit drugs. The GPA sets out a series of measures in several areas including prevention and reduction of drug abuse, treatment, rehabilitation and social reintegration, control of supply and suppression of illicit trafficking.

Glue

See: Volatile substance.

Half-life

The term refers to the time needed for the blood level of a particular drug to decline to half of the maximum level (peak). After absorption, the various drugs are transported to the various sites of action through the blood stream. During this transportation and distribution process, the drugs already in the blood or in the various organs are gradually transformed into various metabolites, and either deposited or excreted from the body. All these processes proceed parallel. The metabolic process of drugs usually involves several stages and transformation steps, usually performed by specific body enzymes. The rate of metabolism at each stage varies from substance to substance and between individuals, as influenced by several internal and external factors.

Different drugs are distributed and metabolized through quite different routes and the blood level of each drug as a function of time tends to be substance-characteristic. Half-life is a generally accepted characteristic value in comparing the metabolic and pharmacological characteristics of various drugs. It is an indication of the relative duration of a drug's effects. Heroin, for example, has a short half-life, while morphine has a longer one. The various benzodiazepines and barbiturates also have greatly varying half-lives.

Half-way house

Often, a place of residence that acts as an intermediate stage between an in-patient or residential therapeutic programme and fully independent living in the community. The term applies to accommodation for alcohol- or drug-dependent individuals endeavouring to maintain their sobriety (compare therapeutic community). There are also half-way houses for individuals with psychiatric disorders and for individuals who are leaving prison.

See also: Residential treatment.

Hallucinogen

A chemical agent that induces alterations in perception, thinking, and feeling which resemble those found in persons with psychotic illness. Examples include lysergide (lysergic acid diethylamide, LSD), psilocybin, mescaline, and phencyclidine (PCP).

Most hallucinogens are taken orally. Use is typically episodic; chronic, frequent use is extremely rare. Effects are noted within 20-30 minutes of ingestion (depending on the drug used) and include euphoria, visual hallucinations and altered perceptions. Rapid fluctuations between euphoria and dysphoria are common.

In addition to the hallucinosis that is regularly produced, adverse effects of hallucinogens are frequent and include:

- (a) Bad trips—an unpleasant or frightening hallucinatory experience.
- (b) Post-hallucinogen perception disorder or flashbacks.
- (c) Delusional disorder, which generally follows a bad trip; the perceptual changes abate but the individual becomes convinced that the perceptual distortions experienced correspond with reality; the delusional state may last only a day or two, or it may persist.
- (d) Affective or mood disorder, consisting of anxiety, depression, or mania occurring shortly after hallucinogen use and persisting for more than 24 hours; typically the individual feels that he or she can never be normal again and expresses concern about brain damage as a result of taking the drug. Some hallucinogens have occasionally been used for insight therapy in psychotherapy, but the benefits of this are unsubstantiated and this use has been restricted or banned in most countries.

See also: Phencyclidine (PCP), LSD, Peyote, Bad trip.

Harm reduction

In the context of alcohol or other drugs, harm reduction refers to policies or programmes that focus directly on reducing the harm resulting from the use of alcohol or other drugs, both to the individual and the larger community. The term is used particularly for policies or programmes that aim to reduce the harm without necessarily requiring abstinence. Some harm reduction strategies designed to achieve safer drug use may, however, precede subsequent efforts to achieve total abstinence. Examples of harm reduction include needle/syringe

exchanges to reduce rates of needle-sharing among injecting drug users, and the use of shatterproof glassware to reduce glass injuries in pub brawls. Harm reduction strategies can be distinguished from supply and demand reduction strategies.

The term ‘harm reduction’ began to be used more widely in connection with attempts to stop the spread of HIV through the provision of clean injecting equipment to injecting drug users (IDUs) in the early 1980s. Harm reduction strategies may be used to achieve lower risk drug use as an intermediate step towards achieving abstinence from drugs. The extent to which continued drug use is discouraged during the implementation of a harm reduction strategy varies greatly according to the guiding philosophy of the service provider. Harm reduction typically involves establishing a hierarchy of risky behaviours and involves individuals or communities working to find a position on the hierarchy which is acceptable to them while reducing harms or risk of harms. Broad definitions of harm reduction allow that abstinence-oriented programmes may be considered harm reducing if they can be shown to reduce drug-related harm rather than just reduce use and if they are not coercive or punitive in their approach. Harm reduction as such is neutral regarding the wisdom or morality of continued drug use and should not be seen as synonymous with moves to legalize, decriminalize or promote drug use. *Synonym:* harm minimization.

See also: Risk reduction.

Harmful use

According to the *WHO Lexicon of Alcohol and Drug Terms*, *harmful use* is defined as: a pattern of psychoactive substance use that is causing damage to the health of the drug user. The damage may be physical (e.g. hepatitis following injection of drugs) or mental (e.g. depressive episodes secondary to heavy alcohol intake). Harmful use generally has adverse social consequences as well.

The term was introduced in the ICD-10 and supplanted ‘non-dependent use’ as a diagnostic term. The closest equivalent in other diagnostic systems (e.g. in the DSM-IV) is substance abuse, which usually includes social consequences.

See also: Hazardous use.

Hashish

This term is used as a general term for cannabis in eastern Mediterranean areas, but is now reserved to cannabis resin. It is a potent product from the flowering tops and tips of the leaves of the cannabis plant.

See also: Cannabis, Marijuana.

Hazardous use

According to the *WHO Lexicon of Alcohol and Drug Terms*, *hazardous use* is defined as: a pattern of substance use that increases the risk of harmful consequences for the user or those affected by their behaviour. The risk may relate to health consequences of chronic, long-term drug use or to the immediate consequences of intoxication. Some would limit the consequences to physical and mental health (as in harmful use); some would also include social consequences (e.g. marital discord, impaired work performance). In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user. The term is favoured currently by WHO but is not a diagnostic term in the ICD-10.

See also: Harmful use.

Heroin

A widely used opiate. It has the chemical names diacetylmorphine or diamorphine. It comes in different forms as outlined below. (For pharmacology and effects, see opioid.)

Heroin—brown

When brown, heroin is usually in the form of the base (as in ‘acid’ and ‘base’) and is hence capable of being smoked or ‘chased’ by inhaling vapours from the heated substance but in this form it is unsuitable for injection. Brown heroin has tended to originate from Afghanistan, Iran (Islamic Republic of), Pakistan, or Turkey. The base form can be converted to the salt form by adding acid (usually citric in the form of lemon juice, or ascorbic in the form of vitamin C tablets), making it soluble in water and more easily injectable.

Heroin—white

When white, heroin is typically in the form of the water soluble salt diamorphine hydrochloride and is suitable for injection. White heroin has tended to originate from South East Asia and is referred to as ‘Chinese heroin’ or ‘China white’. Purity is often graded, e.g. ‘number 4’.

Heroin—pink

A pink form of heroin, heavily adulterated with caffeine powder, is found in some South East Asian countries.

Homebake Heroin

Homebake is morphine and heroin manufactured illicitly from codeine-based pharmaceuticals. The final product usually contains morphine, codeine, some heroin, and, depending on the care taken, various quantities of the hazardous chemicals used in its manufacture.

See also: Opiate, Opium, Opioid, Analgesic, Morphine, Diacetylmorphine/Diamorphine.

Hierarchy of harms

A term from the harm reduction literature referring to the idea that the range of harms associated with the use of any psychoactive substance differ in degree and severity and that priority should be given to minimizing the risk of the most serious harms such as fatal overdose and transmission of HIV.

See also: Harm reduction, Harmful use, HIV.

HIV

Human Immunodeficiency Virus. The virus which causes Acquired Immune Deficiency Syndrome (AIDS).

See also: AIDS, Blood-borne virus.

Iatrogenic

Caused by medical intervention. Iatrogenic illness is caused by some medical intervention whether through incorrect prescribing, a side-effect of normal prescribing, or a surgical or other error. In relation to drug problems, the term often arises in relation to persons who experience problems with and/or become dependent on prescribed medication. Examples include the large number of people who became dependent on benzodiazepines, morphine and pentazocine after being prescribed them for sleep disorders or anxiety-related problems, and opioid dependent persons who first encountered opiate drugs when they were prescribed medically, e.g. for pain relief.

IDU

An abbreviation for an injecting drug user or injecting drug use. Replaces IVDU (intravenous drug user), as injections may be intramuscular, subcutaneous, or intravenous (IV).

See also: Administration (method of), IV, IM.

Illicit demand

The demand for an illegal drug or the demand for a legal drug for use in a manner which is not legally sanctioned. Examples of the latter would include the diversion of oral methadone doses for street injecting or the demand from minors for tobacco products in those places where sales to minors are prohibited.

See also: Demand, Demand reduction.

Illicit (or illegal) drug

A drug listed in the schedules to the international drug control conventions can only be called an illicit (or illegal) drug if its origin was illicit. If the origin was licit, then the drug itself is not illicit but only its production, sale, or use in particular circumstances. The drugs listed in the schedules to the various drug control conventions are under control and their use for solely medical or scientific purposes is licit.

IM

An abbreviation for an intramuscular injection route.

See also: IV, IDU, Administration (method of).

Impact evaluation

Impact evaluation assesses the performance of the complete intervention by looking at its immediate effects. Usually impact evaluation correlates to the specific objectives of an intervention. Because interventions often have several objectives, impact evaluation is generally multifactorial.

Ideally, impact evaluation will be carried out with a quasi-experimental design, involve data from intervention and control groups, include the measurement of several domains and will have several data collection points (e.g. baseline, post intervention, follow-up). Impact evaluation usually involves collection of quantitative data that can be analysed for statistical significance. It should be carried out during programme implementation or immediately on completion in order to allow one to determine that observed changes are a result of the intervention.

Implement

Many forms of drug use require a certain implement for their preparation and/or administration. Otherwise known as ‘drug paraphernalia’, some such implements are uniquely made to assist with drug use, e.g. the ‘bong’ which is a type of pipe, sometimes water-cooled, specifically used for smoking marijuana. Other materials or utensils manufactured for another purpose can also be used as part of drug manufacture or use (e.g. metal foil for chasing and spoons for preparing drug solutions for injecting).

See also: Paraphernalia.

Incidence

The rate at which a condition or illness occur, often expressed in terms of the number of cases per 10,000 people per year.

See also: Prevalence, Epidemiology.

Inhalant

See: Volatile substance.

Inhalation

Administration of a drug by breathing in either smoke from a heated or burning substance or vapours from a volatile substance. When inhaling a drug in order to experience its psychoactive effects, the substance may be prepared in various ways including as a cigarette, in a pipe, through a tube of any type or plastic bags.

See also: Chasing, Volatile substance.

Injecting equipment

The paraphernalia used for drug injection. This can include such items as a needle and syringe, a spoon for mixing, some water or acid for dissolving powdered drugs, filter material to draw the solution through when filling the syringe (e.g. piece of cigarette filter, cotton wool, paper), an alcohol swab to clean the injection site, and a tourniquet.

See also: Implement, Paraphernalia.

Insertion

A reference to a particular means of administering a psychoactive drug via the rectum or vagina. This method of administration is used more in medicine than in recreation, especially when the oral route is unavailable due to nausea or vomiting.

See also: Administration (method of).

International drug control treaties

International treaties dealing with the control of production, manufacture, trade, distribution and use of psychoactive substances. The operation of the present international drug control system is based on the principles of national control by States as well as international cooperation between States and with the United Nations bodies, in compliance with the provisions of various international drug control treaties.

Three legally binding major international treaties currently in force govern international drug control, namely:

The Single Convention on Narcotic Drugs, 1961 (together with the 1972 Protocol Amending the Single Convention)

The Convention on Psychotropic Substances, 1971

The United Nations Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988

These drug control treaties are mutually supportive and complementary. An important purpose of the treaties is to codify internationally applicable control measures in order to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes, and to prevent their diversion from licit sources into illicit channels. In addition to various articles that address illicit drug trafficking, the treaties also include some general provisions on drug abuse.

The Single Convention on Narcotic Drugs, 1961

This Convention aims to prevent and combat drug addiction by means of coordinated international drug control action. Essentially, the Convention seeks to limit the possession, use, trade, distribution, import, export, manufacture and production of drugs exclusively to the amounts needed for medical and scientific purposes. It also prohibits the practices of opium smoking, opium eating, coca leaf chewing, hashish (cannabis) smoking and the use of the cannabis plant for any non-medical purposes. Addition-

ally, the Convention contains some provisions dealing with the medical treatment and rehabilitation of drug addicts.

The Single Convention on Narcotic Drugs, 1961, was further strengthened by the 1972 Protocol which amended it.

The 1972 Protocol

This is a set of agreed-upon amendments to the 1961 Single Convention which came into force in August 1975. The Protocol underscores the necessity for increasing efforts to prevent illicit production of, traffic in and use of narcotics. It also highlights the need to provide treatment and rehabilitation services to drug abusers and stresses that education, treatment, after-care, rehabilitation and social reintegration should be considered as alternatives or in addition to imprisonment for abusers who have committed a drug offence. The amended Convention also emphasizes the need for cooperative and coordinated international action in dealing with the problems associated with drug abuse.

The Convention on Psychotropic Substances, 1971

Growing concern over the harmful effects of a number of psychotropic substances led to the adoption of the Convention on Psychotropic Substances in 1971. In particular, the Convention, which was developed in response to the diversification and expansion of the spectrum of drugs of abuse, introduced controls over a number of synthetic drugs (which included several amphetamine-type drugs, sedative/hypnotics and hallucinogens), according to their abuse potential on the one hand and their therapeutic value on the other. The Convention also contains special provisions relating to the abuse of these substances which aim at ensuring early identification, education, treatment, aftercare, rehabilitation and social reintegration of persons who have become addicted to any of the substances.

The United Nations Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988

In addition to comprehensive measures against drug trafficking, including provisions for the extradition of drug traffickers, confiscation of proceeds and controlled deliveries, and provisions against money laundering and the diversion of precursor chemicals, this Convention also provides for international commitment and cooperation in regard to the elimination or reduction of illicit demand for narcotic drugs and psychotropic substances.

Intoxication

According to the *WHO Lexicon of Alcohol and Drug Terms*, *intoxication* is defined as: a condition that follows the administration of a sufficient amount of a psychoactive substance and which results in disturbances in the level of consciousness, cognition, perception, judgement, affect, behaviour, or other psychophysiological functions and responses. The disturbances are related to the acute pharmacological effects of, and learned responses to, the substance and resolve with time, with complete recovery, except where tissue damage or other complications have arisen. The term is most commonly used with regard to alcohol use.

Intoxication is highly dependent on the type and dose of drug and is influenced by an individual's level of tolerance and other factors. Frequently, a drug is taken in order to achieve a desired degree of intoxication. The behavioural expression of a given level of intoxication is strongly influenced by cultural and personal expectations about the effects of the drug.

Complications may include trauma, inhalation of vomitus, delirium, coma, and convulsions, depending on the substance and method of administration. Death may also occur usually due to asphyxia or central suppression of respiration.

Other general terms for intoxication or intoxicated include: drunkenness, high, being stoned, under the influence, inebriation.

IV

An abbreviation for intravenous injection route, i.e. the injection of a substance into a vein in any part of the body. Regular injecting drug users may damage the veins on their arms and resort to injecting veins in other parts of their body.

See also: IDU, IM, Administration (method of).

Jakarta Declaration, The

A statement endorsed by delegates to the Fourth International Conference on Health Promotion in July 1997 which in effect updates the principles for international health promotion that were previously outlined in the Ottawa Charter. New features include the definition of health promotion as “enabling people to increase control over, and to improve, their health”, an emphasis on the need for governments to “invest in health promotion”, the need to work with and capitalize on the potential within the private sector to make progress, acknowledgment of the rapidly changing political and social environment within which

health public policy is being made in the late twentieth century, and an emphasis on the need for examining quality of life as well as the absence of illness.

See also: Ottawa Charter.

Kava

According to the *WHO Lexicon of Alcohol and Drug Terms*, kava is defined as: a drink prepared from the roots of the shrub *Piper methysticum*, widely used in the South Pacific both ceremonially and socially. The active principle is kawain, which, as kava is customarily used, produces mild euphoria and sedation. Heavy use can result in dependence and medical problems.

Khat

According to the *WHO Lexicon of Alcohol and Drug Terms*, khat is defined as: the leaves and buds of an East African plant, *Catha edulis*, which are chewed or brewed as a beverage. Used also in parts of the Eastern Mediterranean and North Africa, khat is a stimulant with effects similar to those of amphetamine. Heavy use can result in dependence and physical and mental problems resembling those produced by other stimulants.

Its principal uses are to suppress appetite and combat fatigue.

LAAM

From the chemical name levo-α-acetylmethadol, LAAM is a synthetic pure opioid agonist (related to methadone) of the morphine type. It was extensively investigated in the 1970s as a pharmacological alternative to methadone, its chief advantage being that it has a longer half-life and consequently patients can be dosed every 48 to 72 hours rather than every 24 hours as is required with methadone. The benefits which the longer action of LAAM provides over methadone include: better suppression of withdrawal beyond 24 hours; reduction in the need for 'take-away' doses with their added risk of diversion and deaths due to overdose by non-tolerant individuals; and reduced frequency of clinic attendance for dosing. The use of LAAM has been limited compared to methadone but interest in its use has increased in the late 1990s. The only disadvantages identified in clinical trials are for an initial side-effect of central nervous system arousal in some patients in the first 24 hours of use, and a risk of toxicity if therapeutic doses are given more frequently than every 48 hours. In general it appears to be a safe and effective drug for most patients.

See also: Methadone, Opiate, Opioid, Drug substitution.

Labelling

Product labelling in relation to prescribed and other legally available drugs can be an important medium for communicating information about avoiding hazardous patterns and practices. It has the twin advantages of giving most exposure of health and safety messages to the highest risk groups of users/ drinkers/smokers and of carrying authority, e.g. the government health warnings on tobacco packs.

The term labelling is also used in a sociological context to refer to the process whereby individuals are stigmatized by being labelled as, for example, drug users, criminals, or addicts.

Legalization

Removal of the prohibition over a previously illicit activity, e.g. non-medical trade or consumption of psychoactive substances. It does not necessarily imply the removal of all controls over such activity (e.g. restriction on sale to minors).

LSD (Lysergide)

LSD (D-lysergic acid diethylamide, lysergide) is a semi-synthetic drug derived from lysergic acid or from various alkaloids of the parasitic fungus ergot. It was discovered by Albert Hofmann in 1938 and its powerful hallucinogenic effects were observed in a 'workplace accident', and were subsequently confirmed. For a short period LSD was used in psychiatry as a registered medicine (Delyside), but it was soon withdrawn due to its many harmful side-effects.

Starting in the 1960s, a gradually growing market for LSD developed both in Europe and in North America, and peaked during the period of the hippy movement. LSD is found in the illicit market in three main forms: impregnated on paper (blotter paper, stamps); in small gelatinous blobs, or sheets; and in mini tablets (microdots), pills and capsules.

It is the most powerful known hallucinogen, the typical dose being in the range of 30-50 micrograms. While the potency of LSD doses ('trips') available in the market in the 1990s is generally considered to be lower than the doses which were available in the 1960s, there does appear to be considerable variation in potency. The drug is usually orally administered but is sometimes also injected. The effect has an onset time of between 30 to 60 minutes and the effects can last for 8 to 12 hours. The typical effects desirable to the abuser are altera-

tion of thought, mood and sensory perception, ‘mind expansion’ (as a key to quasi-religious transcendental experiences), feelings of empathy, and facilitation of communication. Altered perception, mood and thought are the most characteristic effects of LSD, with changes in visual effect often being the most significant effect. Colours, sound and touch are intensified.

Adverse effects of LSD (in addition to hallucinations) include anxiety, dizziness, disorientation, paranoia (bad trips), and an increased risk of injury due to perceptual and emotional effects. The physical effects are usually slight and may include dilated pupils, lowered body temperature, nausea, vomiting, profuse sweating and rapid heart rate. The drug is thought to precipitate emotional instability and post-hallucinogenic perceptual disturbances (‘flashbacks’) which may continue for days and even months. Rapid tolerance to the effects of LSD develops but disappears after cessation of use. Neither physical dependence nor withdrawal symptoms are seen after repeated use.

See also: Hallucinogen.

Maintenance therapy

See: Detoxification, Drug substitution.

Marijuana

See: Cannabis.

MDA

Methylenedioxyamphetamine or MDA is a synthetic amphetamine-related substance with close similarity to ecstasy (MDMA). It was first synthesized in 1910 as an appetite suppressant drug candidate. However, due to its adverse mental effects, it has never been marketed as a licit drug. Its effects on human behaviour were studied in the 1960s, and it appeared on the illicit market in the United States in the early 1970s. In response, it was scheduled first in the United States, and subsequently internationally. The effects of MDA are similar, yet somewhat different from those of MDMA. It is more hallucinogenic than MDMA and its effects last almost twice as long (8-12 hours compared to the 3-5 hours duration of MDMA). It is often manufactured in clandestine laboratories as a replacement/substitute for MDMA and marketed in similar forms alone or in combination with other drugs.

See also: Amphetamine, Dance drug, Ecstasy, MDEA, MDMA.

MDEA

Methylenedioxyethylamphetamine or MDEA is a synthetic, amphetamine-related substance with close similarity to ecstasy (MDMA). It has never been produced for licit purposes. Also known as ‘Eve’, it gained prominence as an illicit dance drug in a number of countries. Sometimes, it has been manufactured in clandestine laboratories as an MDMA substitute, to circumvent controls, and sold in tablet form alone or in combination with other drugs. Its principle effects are similar to those of MDMA, but somewhat less attractive. As a reaction to the ecstasy epidemic in the United States and Europe, it has been scheduled internationally.

See also: Amphetamine, Dance drug, Ecstasy, MDA, MDMA.

MDMA

Methylenedioxymethamphetamine or MDMA, also known as ‘ecstasy’, is a synthetic amphetamine-related substance. First synthesized in 1914 as a potential appetite suppressant drug candidate, it never achieved the status of a registered medicine. It has been used experimentally in psychotherapy. It has gained popularity as a recreational drug first in the United States, later in Europe and now increasingly also in other parts of the world. It has been internationally scheduled.

Manufactured in clandestine laboratories, it is produced mainly in powder form or in tablets with a range of colours and motifs, and less frequently in capsule form. The typical dose is between 75 and 150 mg.

Ecstasy is a stimulant though different from the typical amphetamine stimulants. It has mild hallucinogenic effects. The users of the drug experience increased physical energy and emotional closeness to others (empathy), the senses being enhanced and mood lightening. It facilitates communication and increases sociability. Hence, the term ‘entactogene’ has been proposed for this type of drug.

Short-term effects of the drug are restlessness, anxiety, and pronounced visual and auditory hallucinations at larger doses. It also increases the blood pressure and heart rate, and may cause nausea and vomiting. Long-term regular use can lead to the same effects as with other synthetic stimulants, including a potential for neurotoxicity, brain damage as well as liver damage.

The acute toxicity of MDMA is relatively low; fatalities following ecstasy ingestion appear to be rare. Deaths reported, particularly following the ingestion of the drug in nightclubs and other dance venues, appear to be drug-related

impairment in physiological response to high ambient temperature (thermoregulation), combined with excessive dehydration.

See also: Amphetamine, Dance drug, Ecstasy, MDA, MDEA.

Methadone

According to the *WHO Lexicon of Alcohol and Drug Terms*, *methadone* is defined as: a synthetic opiate drug used in maintenance therapy for those dependent on opioids. It has a long half-life, and can be given orally once daily with supervision.

It is the most widely used treatment for opioid dependence in the developed world.

When given in an adequate dose to opioid dependent individuals, methadone tends to reduce desire to use heroin and other opiates, eliminates opioid withdrawal, and blocks the euphoric effects of the other opioid drugs. Whereas a person addicted to heroin may go through four or more cycles of drug use, intoxication and withdrawal over a 24-hour period, methadone, because of its long half-life (22-36 hours), provides a more even opioid effect. In addition, methadone has the advantage of being pharmaceutical quality, hygienically manufactured, orally administered and of known strength.

Orally administered maintenance doses of methadone were introduced as a drug-substitution treatment for opioid dependence in the United States in the 1960s. In the 1970s in the United States and elsewhere, the focus of methadone treatment changed to low dose, abstinence-oriented programmes. These were characterized by high rates of treatment drop-outs of clients who did not meet the stringent programme rules. With the advent of HIV infection in the 1980s, many countries moved away from abstinence-oriented methadone programmes to engaging and maintaining opioid users in methadone maintenance programmes with a primary goal being to reduce, if not eliminate, sharing of injecting equipment.

Findings of randomized controlled trials and observational studies suggest that methadone maintenance reduces heroin use, crime, injection-related risk behaviours and premature mortality among people dependent on opioids. Methadone is more effective when doses higher than 50 mg are employed and the goal is methadone maintenance rather than abstinence. Methadone maintenance treatment provides an opportunity for heroin users to improve their social functioning and reduce their involvement with the heroin using sub-culture.

See also: Drug substitution, Maintenance therapy, Opioid, LAAM.

Methamphetamine

See: Amphetamine, Stimulant.

Minimal intervention

Usually used as a synonym for brief intervention. However, some authorities suggest that minimal intervention as a term should be restricted to person-to-person interventions lasting between 30 minutes and 3 hours, i.e. somewhat longer than 'brief intervention'.

See also: Brief intervention, Early intervention, Prevention.

Misuse

According to the *WHO Lexicon of Alcohol and Drug Terms*, *misuse* is defined as: the use of a substance for a purpose not consistent with legal or medical guidelines, as in the non-medical use of prescription medications. The term is preferred by some to abuse in the belief that it is less judgmental.

It may also refer to high-risk use, e.g. excessive use of alcohol in situations where this is not illegal.

See also: Hazardous use, Abuse.

Morphine

See: Opioid, Analgesic.

Motivational interviewing

A counseling and assessment technique which essentially follows a non-confrontational approach to questioning people about difficult issues like alcohol and other drug use and assisting them to make positive decisions to reduce or stop their drug use altogether. The underlying philosophy is closely linked with the Stages of Change Model which posits the view that decision-making about behavioural change proceeds through defined stages termed pre-contemplation, contemplation, preparation, action and maintenance. Motivational interviewing comprises a set of techniques designed to move the drug user, smoker or drinker through these stages by assisting them to make an accurate appraisal of the benefits and drawbacks of their behaviour in a non-judgmental interview.

See also: Counseling and Psychotherapy.

Mutual-help group

A group in which participants support each other in recovering or maintaining recovery from alcohol or other drug dependence or problems, or from the effects of another's dependence, without professional therapy or guidance. Prominent groups in the alcohol and other drug field include Alcoholics Anonymous, Narcotics Anonymous, and Al-Anon (for members of alcoholics' families), which are among a wide range of twelve-step groups based on a non-denominational, spiritual approach. The approach of some of these groups allows for professional or semi-professional guidance. Some recovery homes or half-way houses in the alcohol field and therapeutic communities for those dependent on other drugs might also be seen as residential mutual-help groups.

'Self-help group' is a more commonly used term, but 'mutual-help group' more exactly expresses the emphasis on mutual aid and support.

Naloxone

Naloxone is a narcotic antagonist which reverses the respiratory, sedative and hypotensive effects of heroin overdose. It can be injected intramuscularly, intravenously or subcutaneously. A nasal spray preparation is now also available in some countries. It is an opioid receptor blocker that antagonizes the actions of opioid drugs. It reverses the features of opiate intoxication and is prescribed for the treatment of overdose with this group of drugs. It has a half-life of between 20 and 80 minutes, shorter than the half-life of heroin and much shorter than that for methadone, which means the opportunity for it to reduce the effects of opioids is time-limited. There is therefore a concern that persons treated with naloxone may again succumb to the respiratory depression effects of these other drugs once the effects of naloxone have worn off.

See also: Antagonist, Naltrexone.

Naltrexone

A drug that antagonizes the effects of opioid drugs. Its effects are similar to those of naloxone, but it is more potent and has longer duration of action. It is used in various ways in the treatment of opioid dependence and also alcohol dependence. The most widely adopted use is to prescribe at a dose which will block the psychoactive effects of all opioid drugs. The idea is that while the drug needs to be taken daily to maintain this blockade, it will minimize the chance of impulsive decisions to relapse. Naltrexone has also been used more controversially for a treatment known as Rapid Opioid Detoxification in which higher doses are used under a general anaesthetic for the purpose of

speeding up the withdrawal process. Deaths have been recorded with this approach and it has many critics as well as a few proponents.

See also: Antagonist, Naloxone, Drug substitution.

Narcotic drug

According to the *WHO Lexicon of Alcohol and Drug Terms*, *narcotic drug* is defined as: a chemical agent that can induce stupor, coma, or insensibility to pain. The term usually refers to opiates or opioids, which are called narcotic analgesics. In common parlance and legal usage it is often used imprecisely to mean illicit drugs, irrespective of their pharmacology. For example, narcotics control legislation in Canada, the United States and several other countries includes cocaine and cannabis as well as opioids.

It is also a term adopted by the Single Convention on Narcotic Drugs, 1961.

See also: Opioid, Heroin, Cannabis, Opium.

Narcotics Anonymous (NA)

See: Mutual-help group, Twelve-step group.

Needle exchange

Provision to reduce the transmission of infectious diseases by the repeated use and sharing of needles in order to reduce the transmission of blood-borne viruses. It was first developed in response to the advent of HIV/AIDS and quickly spread to many countries in which injecting drug use was experienced as a problem. The concept involves the provision of clean needles in exchange for used needles which are then safely disposed of. In practice, an 'exchange' is not always required and clean injecting equipment is provided on demand, sometimes for a small payment.

See also: Harm reduction, AIDS.

Needle-sharing

The use by two or more people of the same needle and syringe for the injection of drugs. A major route for the transmission of blood-borne viruses

such as HIV, hepatitis B and hepatitis C among injecting drug users. Also used imprecisely as a term to refer to the shared use of any injecting equipment (e.g. spoons, water containers, filters).

See also: Hazardous use, IDU, IV, Harm reduction, AIDS.

Neuroadaptation

Adaptation by the central nervous system to repeated administration of psychoactive drugs resulting in increased tolerance and sometimes a withdrawal syndrome following cessation of drug use. Neuroadaptation may exist in varying degrees determined mainly by frequency and quantity of use but also by individual differences relating to the metabolism of particular drugs. The effects of neuroadaptation can be strongly influenced by cognitive processes and conditioned responses to cues associated with drug use. The term was used within a WHO Memorandum (Edwards et al., 1982) for one of the major processes underlying the drug dependence syndrome.

See also: Dependence syndrome, Addiction, Tolerance, Withdrawal.

Nicotine

According to the *WHO Lexicon of Alcohol and Drug Terms*, *nicotine* is defined as: an alkaloid, which is the major psychoactive substance in tobacco. It has both stimulant and, subjectively, relaxing effects. It produces an alerting effect in some individuals, an increased capacity to focus attention. In others, it reduces anxiety and irritability.

Nicotine is used in the form of inhaled tobacco smoke, 'smokeless tobacco' (such as chewing tobacco), snuff, nicotine gum, or as an adhesive patch worn on the skin.

Tobacco products contain many constituents besides nicotine. Sustained use of tobacco products may result in lung, head, or neck cancers, heart disease, chronic bronchitis, emphysema, and other physical disorders.

See also: Passive smoking, Tobacco.

Nitrous oxide

A gas that has numerous uses in medical and dental settings, principally as an anaesthetic. Inhaling the gas for non-medical purposes has existed for nearly 200 years. When used for non-medical purposes, high concentrations of

the gas are typically inhaled for brief periods, between one and four breaths. It can be inhaled from balloons which have been filled from a large cylinder, or directly from the small bulbs used as a propellant for whipped cream dispensers. Effects peak 15 to 30 seconds after inhalation and the 'high' feeling lasts for 2 to 3 minutes, and subjectively completely dissipates by 5 minutes. There appear to be long-term effects of chronic nitrous oxide use, including nerve damage and vitamin B12 deficiencies. Extended inhalation of the drug impairs psychomotor functioning, cognition, learning and memory. Research has suggested that even when inhaled for brief periods, it can produce brief impairment in psychomotor performance, learning and memory, although the long-term significance of these findings is unclear.

See also: Inhalation.

Non-governmental organization (NGO)

A service agency which is independent of government and operates in a broad social field. As most of them are non-profit organizations, NGOs can be funded by governments, public institutions and/or private donations. Often, such agencies have a mix of paid staff and voluntary workers and they have traditionally provided services in sectors where it would not be possible to provide funding for fully paid staff.

Occasional use

A preferred term for drug use which is both non-dependent and less than weekly. It is preferred to the term 'recreational use' as this implies all such use is for pleasure as opposed to controlling a negative emotional state.

See also: Regular use, Recreational use.

Opiate

According to the *WHO Lexicon of Alcohol and Drug Terms*, *opiate* is defined as: *one of a group of alkaloids derived from the opium poppy (Papaver somniferum) with the ability to induce analgesia, euphoria, and, in higher doses, stupor, coma, and respiratory depression. The term opiate excludes synthetic opioids such as heroin and methadone.*

See also: Opioid, Opium, Heroin.

Opioid

According to the *WHO Lexicon of Alcohol and Drug Terms*, *opioid* is defined as: the generic term applied to alkaloids from the opium poppy (*Papaver somniferum*), their synthetic analogues, and compounds synthesized in the body, which interact with the same specific receptors in the brain, have the capacity to relieve pain, and produce a sense of well-being (euphoria). The opium alkaloids and their synthetic analogues also cause stupor, coma, and respiratory depression in high doses.

Opium alkaloids and their semi-synthetic derivatives include morphine, diacetylmorphine (diamorphine, heroin), hydromorphone, codeine, and oxycodone. Synthetic opioids include levorphanol, propoxyphene, fentanyl, methadone, pethidine (meperidine) and the agonist-antagonist pentazocine. Naturally occurring compounds in the brain with opioid actions include the endorphins and enkephalins.

The most commonly used opioids (such as morphine, heroin, hydromorphone, methadone, and pethidine) bind preferentially to the m-receptors; they produce analgesia, mood changes (such as euphoria, which may change to apathy or dysphoria), respiratory depression, drowsiness, psychomotor retardation, slurred speech, impaired concentration or memory, and impaired judgement.

Over time, opioids induce tolerance and neuroadaptive changes that are responsible for rebound hyperexcitability when the drug is withdrawn. The withdrawal syndrome includes craving, anxiety, dysphoria, yawning, sweating, runny eyes and nose, insomnia, nausea or vomiting, diarrhoea, cramps, muscle aches, and fever.

See also: Narcotic drug, Opiate, Opium.

Opium

The crude mixture obtained by the air drying of the juice which oozes from incisions made in the ripened seedpod capsule of the opium poppy, *Papaver somniferum*. It contains a number of important alkaloids such as morphine, codeine, and papaverine. For medical purposes, this raw opium is dried further at 60 degrees, powdered and assayed to confirm that it contains at least 10 per cent of morphine by weight. For non-medical use, either by smoking or eating, the raw opium is boiled in water for several hours, strained to remove insoluble materials, then evaporated into a sticky paste referred to as prepared opium. When prepared opium is smoked in a pipe, combustion is incomplete and about half the starting material is left stuck to the walls of the pipe as a

black, dry, granular residue known as dross opium. For medical use, opium is the starting material from which morphine, codeine and other alkaloids are extracted and purified. Heroin is a semi-synthetic modification of opium. The growing and transportation of the poppy as well as the manufacture of drugs from the juice are controlled by international laws in addition to domestic laws in most countries. A considerable amount of opium is still used in some regions of Asia. There is evidence that where programmes have tried to eradicate opium use, this has been replaced by more readily injectable opioids such as heroin resulting in increased transmission of HIV and hepatitis. While opium use in industrialized countries remains rare, there is some evidence of its use by migrants from traditional opium using countries. In some countries it has been suggested that opium use by non-traditional users has increased in recent times.

See also: Narcotic drug, Opioid, Opiate.

Ottawa Charter

A ‘charter for action’ to achieve “Health for all by the Year 2000” agreed by the First International Conference on Health Promotion at its meeting in Ottawa, Canada. It is described as a “response to growing expectations for new public health movements around the world”. It defines health promotion as the promotion of well being not just the eradication of illness. Prerequisites for health are stated as including “peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity”. The programme for action covers the need for ‘healthy public policy’, for the creation of environments supportive of health and calls for an international commitment for action through the strengthening of community action, the development of personal skills and the reorientation of health services towards health promotion.

See also: Jakarta Declaration, The.

Outcome evaluation

See: Impact evaluation.

Outreach

A community-based activity with the overall aim of facilitating improvement in health and reduction of drug-related risk or harm for individuals and

groups not effectively reached by existing services or through traditional health education channels. Outreach can be ‘detached’, ‘peripatetic’, or ‘domiciliary’. Detached outreach takes place outside of an agency or organizational setting in public places such as the streets, public transport stations, nightclubs, hotels and cafes. Peripatetic outreach focuses on organizations (e.g. half-way houses, needle exchanges, youth clubs, schools and prisons) rather than individuals. Domiciliary outreach takes place in people’s homes. Peer (or indigenous) outreach projects use current and former members of the target group (such as injecting drug users) as volunteers and paid staff.

Overdose

According to the *WHO Lexicon of Alcohol and Drug Terms*, *overdose* is defined as: the use of any drug in such an amount that acute adverse physical or mental effects are produced. Deliberate overdose is a common means of suicide and attempted suicide.

Deliberate overdose is more commonly associated with prescribed medication. Overdose may produce transient or lasting effects, or death; the lethal dose of a particular drug varies with the individual and with circumstances.

Fatal overdoses from heroin have increased significantly in many countries in the mid and late 1990s. Death usually occurs as a consequence of central nervous system suppression of respiratory function. This action is frequently associated with the combined use of other central nervous system depressants, notably alcohol and benzodiazepines.

See also: Intoxication, Poisoning, Toxicity.

Paraphernalia

Paraphernalia designates the equipment used in the manufacture or administration of particular drugs. In some countries legislative provisions make it a specific offence to trade in or possess such equipment (e.g. water pipes).

See also: Implement.

Passive smoking

The inhalation of tobacco or cannabis smoke other than by active smoking is referred to as ‘passive’ or ‘involuntary’ smoking and such smoke is referred to as environmental tobacco smoke. The two sources of environmental smoke are the sidestream smoke passing directly to the air from the burning of tobacco

between puffs, and secondly, the smoke exhaled by smokers. Sidestream smoke is the predominant component of environmental smoke and it contains much higher concentrations of nicotine, ammonia, benzene, carbon monoxide and various carcinogens than does inhaled smoke. There is now a considerable body of research evidence that passive smoking poses a significant risk to health. As such, in a growing number of countries, laws have been enacted which prohibit smoking in public places, workplaces, and entertainment areas such as restaurants.

See also: Nicotine, Tobacco.

Peer (indigenous) outreach

See: Outreach.

Peer education

The use of same age or same background educators to convey educational messages to a target group. Examples include the selection of peer group leaders in schools to be trained to deliver anti-drug messages to their friends and the use of current drug users to educate others about how to stop, cut down or use drugs more safely. Different methods have been employed for the selection of ‘peers’ but mostly rely on the judgements of members of the relevant peer group. Peer educators work by endorsing ‘healthy’ norms, beliefs and behaviours within their own peer group or ‘community’, and challenging those which are ‘unhealthy’.

See also: Peer influence, Prevention/education.

Peer influence

When applied to drug abuse, peer influence can be described as one of a set of external social environmental pressures which influence experimentation or continuation with drug consumption. Peer influence includes cognitive factors, such as the perception of the peers’ behaviour (modelling) and the perceived drug use norms of the peer group, as well as situational factors such as direct peer pressure and the importance of socializing and conformity in groups. Thus peer influence is a much broader and less unidirectional concept than ‘peer pressure’, which is one type of peer influence.

See also: Peer support, Peer pressure.

Peer pressure

When applied to drug abuse of adolescents or young adults, it is the notion that peers put pressure on individuals to conform to group norms which may include the illegal taking of drugs. The individual who is the focus of the presumed pressure is seen to be easily influenced and passive in the face of the active pressure. The concept has contributed to the development of primary prevention strategies which have emphasized skills training in refusing offers of drugs.

See also: Peer influence, Peer support.

Peer support

At one level, one of the components of a peer outreach relationship where the outreach worker provides some form of assistance to a peer. The assistance is usually ongoing rather than a single discrete episode. Examples include support provided by peer carers of people living with AIDS who may be unwell. The term 'peer support group' is used to describe collectives or self-organizations of members of a community for the purpose of representing their shared interests at a socio-political level. Examples include the 'Junkiebonden' in the Netherlands and other drug abuse groups which are found in many countries.

See also: Peer influence, Peer pressure.

Performance enhancing drugs

A range of drugs used for their capacity to improve physical and/or mental abilities, e.g. the use of steroids by athletes or the use of amphetamines for long distance driving. Some substances which are banned by international sporting agencies include such widely available substances as caffeine if detected in significant quantities.

See also: Steroid.

Petrol/Gasoline

See: Volatile substance.

Peyote

Hallucinogenic buttons from several types of cactus (*Lophophora williamsii*, *Anhalonium lewinii*). Peyote is a native of the Chihuahan Desert,

specifically, portions of the Rio Grande Valley in southern Texas, and south as far as the state of San Luis Potosi in Mexico. The psychoactive ingredient of peyote is mescaline. It is the cactus peyote ('mescal buttons') which is most commonly encountered in illegal drug trafficking.

See also: Hallucinogen.

Pharmaceutical drug

In the present context, a pharmaceutical drug (pharmaceutical) is a substance or various preparations therefrom manufactured by the pharmaceutical industry, or prepared in a pharmacy for medical purposes. Pharmaceutical drugs may also be used in the prevention, diagnosis and treatment of various diseases and disorders. Their legitimacy as official medicines derives from registration or from the national pharmacopoeias and formularies. They may be procured without any particular restrictions, e.g. without medical prescription ('over the counter drugs'), or upon a physician's prescription ('prescription drugs'). Certain pharmaceutical drugs, e.g. opiate pain-killers, or some anti-cancer drugs, are under stricter regulatory controls and may only be dispensed and used in a specialized clinic or upon a triplicate prescription. The pharmaceutical substances listed in the 1961 and 1971 drug control Conventions should, as a principle, be available for use upon a physician's advice and prescription. However, considerable variation continues to exist among individual countries in this respect.

Phencyclidine (PCP)

According to the *WHO Lexicon of Alcohol and Drug Terms*, *phencyclidine* (PCP) is defined as: a psychoactive drug with central nervous system depressant, stimulant, analgesic, and hallucinogenic effects. It was introduced into clinical medicine as a dissociative anaesthetic, but its use was abandoned because of the frequent occurrence of an acute syndrome consisting of disorientation, agitation, and delirium. PCP is relatively cheap and easy to synthesize and has been in use as an illicit drug since the 1970s. Related agents that produce similar effects include dexoxadrol and ketamine.

In illicit use, PCP may be taken orally, intravenously, or by sniffing, but it is usually smoked. Effects begin within 5 minutes and peak at about 30 minutes. At first, the user feels euphoria, body warmth, tingling, floating sensations, and a feeling of calm isolation. Auditory and visual hallucinations may appear, as well as altered body image, distorted perceptions of space and

time, delusions, and disorganization of thought. Accompanying neurological and physiological symptoms are dose-related and include hypertension, grimacing, profuse sweating, hypothermia, coma, enlarged non-reactive pupils, diminished responsiveness to pain, muscle rigidity, seizures and a wide range of subjective effects.

Effects usually last for 4-6 hours, although residual effects may take several days or longer to clear. During the immediate recovery period there may be self-destructive or violent behaviour. PCP delirium, PCP delusional disorder, and PCP mood disorder have been observed. As is the case with the hallucinogens, it is not known whether such disorders are specific drug effects or a manifestation of pre-existing vulnerability.

Pilot study

A small-scale trial of a set of research and/or intervention procedures designed to test the adequacy of proposed procedures and measures prior to commencement of the full study.

See also: Formative evaluation.

Poisoning

Acute adverse reaction to a substance which may result in temporary or permanent damage to tissues and/or bodily functions.

See also: Toxicity, Overdose.

Poly drug use

The use of more than one psychoactive drug either simultaneously or at different times. The term is often used to distinguish persons with a more varied pattern of drug use from those who use one kind of drug exclusively. It usually is associated with the use of several illegal drugs. However, in the research literature it may simply refer to combined use of common legal drugs such as alcohol and tobacco. It is important to carefully define the precise use of this term in research and technical reports on drug abuse in terms of which drugs and drug types are being referred to, whether the use is simultaneous or alternating and whether there is a strongly preferred drug when available. When severely dependent heroin users are unable to maintain their supply of heroin, they may resort to the use of other central nervous system depressant drugs such

as alcohol to minimize the experience of opiate withdrawal. In the DSM-IV, ‘polysubstance dependence’ refers to the repeated use of at least three groups of substances (not including caffeine and nicotine) but with no single substance predominating.

Poppy

See: Opium.

Poppy straw

All parts of the opium poppy plant other than the seeds after it has been cut and dried.

See also: Opium.

Potentiation

Potentiation of drug effects may occur when more than one drug is used at the same time. It is believed that in some instances the joint drug actions are not merely additive in effect, but may produce a particularly intense and/or unique action; also termed a synergistic effect; for example, the use of heroin after drinking alcohol which greatly increases the risk of a fatal overdose over that for either drug taken in isolation. Particular combinations of drugs (e.g. cocaine and heroin, alcohol and nicotine) are frequently taken in order to experience a particular kind of intoxication.

Precursor

According to the *Commentary on the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Vienna, 1988*, a *precursor* is a chemical substance that in the manufacturing process becomes incorporated in full or in part into the molecule of a narcotic drug or psychotropic substance. In any given manufacturing process, a precursor is specific and critical to the preparation of the end-product, but other precursors may be used to obtain the same end-product by other methods. The term ‘immediate precursor’ is usually applied to a precursor which is only one reaction step away from the end-product.

Prevalence

A measure of the extent of a particular condition or illness usually expressed in terms of the numbers of cases per 10,000 people in a given population. The prevalence of drug use can usually only be imperfectly estimated in the general population from such means as household surveys and hospital and arrest records. This is especially the case for illegal drug use when levels of use are low and require very large samples to estimate prevalence accurately. There have also been suggestions that it is more difficult to contact users of illicit drugs by means of traditional door-to-door or telephone surveys. It is easier to monitor levels of use and problems in special high-risk populations such as prisoners and street children.

See also: Incidence, Epidemiology.

Prevention

Prevention is defined broadly as an intervention designed to change the social and environmental determinants of drug and alcohol abuse, including discouraging the initiation of drug use and preventing the progression to more frequent or regular use among at-risk populations. Prevention activities may be broad-based efforts directed at the mainstream population(s), such as mass media general public information and education campaigns, community-focused initiatives and school-based programmes directed at youth or students at large. Prevention interventions may also target vulnerable and at-risk populations, including street children, out-of-school youth, children of drug abusers, offenders within the community or in prison, and so on.

Essentially, prevention addresses the following main components:

Creating awareness and informing/educating about drugs and the adverse health and social effects of drug use and abuse, and promoting anti-drug norms and pro-social behaviour against drug use;

Enabling individuals and groups to acquire personal and social life skills to develop anti-drug attitudes and avoid engaging in drug-using behaviour;

Promoting supportive environments and alternative healthier, more productive and fulfilling behaviours and lifestyles, free of drug use.

See also: Prevention/education.

Prevention/education

A demand reduction strategy which covers many types of educational activities which are often designed to warn potential users of the risks of drug use and to thereby deter drug use. A number of media and methods are employed in drug education depending on the underlying philosophy and target population, e.g. school children, health professionals or the general public. In some countries, drug education programmes have been designed for existing drug users, with a view to giving advice regarding avoiding particularly high-risk activities, e.g. for heroin overdose or transmission of blood-borne viruses.

See also: Prevention, Demand reduction.

Price elasticity

Price elasticity of demand is a measure of the responsiveness of the quantity demanded of a good or service to changes in its price. Economists measure price elasticity of demand by comparing relative changes in quantity demanded and price, holding all other determining factors constant. With a few notable exceptions (e.g. expensive perfumes and fur coats), nearly all products and drugs have negative price elasticities. This means that an increase in price will lead to a decrease in quantity demanded, with a decrease in price having the opposite effect. If a percentage decrease in price is the same as the resulting percentage increase in quantity demanded, the price elasticity is said to be unitary, that is it has a value of -1.0 . In these circumstances an increase or decrease in price will lead to no change in total expenditure on the product.

Process evaluation

An evaluation to determine the degree to which programme procedures were followed according to a written programme plan: How much of the intervention was provided to whom, when, and by whom? A process evaluation can also be called a quality assurance review.

Programmed teaching

Teaching on a topic such as drugs and their related problems for which time is explicitly set aside for a defined course of study on that topic. This may include courses over a period of time designed to provide information on a

range of drug issues, on more active and participatory educational methods for groups or classes and also periods of individual study which requires the student to collate and comment on information about drugs.

See also: Prevention/education.

Prohibition

Historically, the term designates the period of national interdiction of alcohol sales in the United States, namely 1919-1933. By reference to that period and to the failure of the alcohol interdiction policy, the term is now sometimes used to describe the present international control policy by challengers of such policy, which aims in fact at limiting drug-related activities to medical and scientific purposes.

Prohibition, partial

An approach in drug control in which drug-related activities (e.g. manufacture, cultivation, possession of drugs) remain prohibited and subject to criminal sanctions when they are of a commercial nature (depending on the quantity of the drugs), whereas prohibition and penal sanctions are removed in case of activities aimed at personal use.

Protective factor

A factor that will reduce the probability of an event occurring which is perceived as being undesirable. This term is often used to indicate the characteristics of individuals or their environment which reduce the likelihood of experimentation with illegal drugs. For example, there is some evidence from research in developed countries that each of the following are, statistically at least, 'protective' in relation to illicit drug use: being female; of high socio-economic status; being employed, having high academic attainment; practising a religion; and being a non-smoker.

Psychedelic

See: Hallucinogen, LSD, Psychoactive substance.

Psychoactive substance

According to the *WHO Lexicon of Alcohol and Drug Terms*, *psychoactive substance* is defined as: a substance that, when ingested, alters mental processes, i.e. thinking or emotion. This term and its equivalent, *psychotropic drug*, are the most neutral and descriptive terms for the whole class of substances, licit and illicit, of interest to drug policy. ‘Psychoactive’ does not necessarily imply dependence-producing. In common parlance, the term is often left unstated, as in ‘drug use’ or ‘substance abuse’.

See also: Psychotropic drug.

Psychological dependence

A term for a largely discredited concept but which is still used in some quarters. It refers to dependence upon a drug in the absence of the development of either tolerance or withdrawal symptoms. Most modern uses of the term ‘dependence’ avoid a strict distinction between ‘psychological’ and ‘physical’ dependence. If this phenomenon exists at all, it is likely to be a characteristic of the user and not a property of the drug.

See also: Dependence, Dependence syndrome.

Psychotropic drug

In the context of international drug control, ‘psychotropic substance’ refers to a substance controlled by the 1971 Convention on Psychotropic Substances.

According to the *WHO Lexicon of Alcohol and Drug Terms*, *psychotropic* is in its most general sense a term with the same meaning as ‘psychoactive’, i.e. affecting the mind or mental processes. Strictly speaking, a psychotropic drug is any chemical agent whose primary or significant effects are on the central nervous system. Some writers apply the term to drugs whose primary use is in the treatment of mental disorders—anxiolytic sedatives, antidepressants, antimanic agents, and neuroleptics. Others use the term to refer to substances with a high abuse liability because of their effects on mood, consciousness, or both—stimulants, hallucinogens, opioids and sedatives/hypnotics (including alcohol).

See also: International drug control treaties.

Rapid assessment

A variety of methods for rapid or focused data collection which since the early 1980s have grown out of a sense of urgency for social science input in disease control programmes. Both the UNDCP and WHO have developed guidelines for conducting such assessments. Rapid assessment methods can be used as an evaluation tool or in order to generate baseline data. Methods include knowledge, attitude and behaviour surveys; community diagnosis; rapid rural analysis used in agriculture; rapid epidemiological assessments; and those rapid assessment procedures which use ethnographic methods. Rapid assessment methods may involve either quantitative or qualitative methods, but often involve both.

See also: Epidemiological monitoring.

Recovery

According to the *WHO Lexicon of Alcohol and Drug Terms*, *recovery* is defined as: the maintenance of abstinence from alcohol and/or other drug use by any means. The term is particularly associated with mutual-help groups. In Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and other twelve-step groups, recovery refers to the process of attaining and maintaining abstinence. Since 'recovery' is viewed as a lifelong process, AA or NA members always regard themselves as 'recovering'.

See also: Treatment, Rehabilitation.

Recreational use

According to the *WHO Lexicon of Alcohol and Drug Terms*, *recreational use* is defined as: the use of a drug, usually an illicit drug, in sociable or relaxing circumstances, by implication without dependence or other problems.

The term should not be used to distinguish occasional from habitual or dependent drug use since all these patterns of drug use may at times be sociable and relaxing.

See also: Occasional use.

Regular use

Use of a particular drug at a predetermined minimum frequency. For research purposes in developed countries, this is often set at least once per week.

However, in many communities where pay-day or cultural festivals and public holidays occur less frequently, 'regular use' may be best understood as use which is at least monthly or fortnightly.

See also: Occasional use.

Regulation

The rules governing all aspects of drug control promulgated pursuant to legislation. Violation of these rules may attract criminal or non-criminal penalties, such as fines and license suspension, depending on the seriousness and the intentional nature of the violation.

Rehabilitation

According to the *WHO Lexicon of Alcohol and Drug Terms*, *rehabilitation* is defined as: in the field of substance use, the process by which an individual with a drug-related problem achieves an optimal state of health, psychological functioning, and social well-being.

Rehabilitation typically follows an initial phase of treatment in which detoxification and, if required, other medical and psychiatric treatment occurs. It encompasses a variety of approaches including group therapy, specific behaviour therapies to prevent relapse, involvement with a mutual-help group, residence in a therapeutic community or half-way house, vocational training, and work experience. There is an expectation of social reintegration into the wider community.

See also: Recovery, Treatment.

Relapse

According to the *WHO Lexicon of Alcohol and Drug Terms*, *relapse* is defined as: a return to drinking or other drug use after a period of abstinence, often accompanied by reinstatement of dependence symptoms. Some writers distinguish between relapse and lapse ('slip'), with the latter denoting an isolated occasion of alcohol or drug use.

The rapidity with which signs of dependence return is thought to be a key indicator of the degree of drug dependence (Edwards et al., 1982).

See also: Relapse prevention.

Relapse prevention

According to the *WHO Lexicon of Alcohol and Drug Terms*, *relapse prevention* is defined as: a set of therapeutic procedures employed in cases of alcohol or other drug problems to help individuals avoid or cope with lapses or relapses to uncontrolled substance use. The procedures may be used with treatment based on either moderation or abstinence, and in conjunction with other therapeutic approaches. Patients are taught coping strategies that can be used to avoid situations considered dangerous precipitants of relapse, and shown, through mental rehearsal and other techniques, how to minimize substance use once a relapse has occurred.

See also: Relapse.

Remission

A disease is said to be in remission if symptoms cease for a while, even if the underlying condition has not been cured. For those who view drug dependence as a disease, ‘addicts’ are said to be in remission if they have achieved a period of abstinence.

See also: Recovery.

Residential treatment

Treatment programmes which require participants to live in a hostel, home or hospital unit. These programmes generally strive to provide a positive drug-free environment in which residents are expected to participate in a full-time programme of counselling, and group work developing social and other life skills.

See also: Half-way house, Therapeutic community, Treatment.

Risk reduction

Risk reduction describes policies or programmes that focus on reducing the risk of harm from alcohol or other drug use. Risk reduction strategies have some practical advantages in that risky behaviours are usually more immediate and easier to objectively measure than harms, particularly those harms which have a low prevalence. For example, it may be more practical to measure reduced sharing of needles and other injecting equipment than indices of harm such as the incidence of HIV.

See also: Safer use, Harm reduction.

Risky behaviour

In relation to drug use, this refers to behaviours which place persons at risk of some drug-related harm. Although most often used in relation to behaviours, such as sharing needles or other injecting equipment (spoon, water, tourniquet, etc.) which place drug injectors at risk of transmission of blood-borne viruses such as HIV or hepatitis C, the term can be applied to any drug and to any risk of harm to livelihood, relationships, legal sanctions, or health.

See also: Hazardous use, Harmful use.

Run

The repeated administration of a drug, usually a stimulant, in the absence of sleep.

See also: Cocaine, Stimulant, Amphetamine.

Safer use

Most drugs may be used in a way in which risk of adverse consequences is reduced by means of a combination of safer preparation, low dose, safer route of administration and in safer settings. For example, the risk of adverse consequences from using heroin, or the extent to which a drug use episode is life threatening, is greatly determined by whether injecting equipment is shared; whether a new batch of heroin is tested first in a small dose in case it is unusually pure; or whether it is used concomitantly with other central nervous system depressants such as benzodiazepines and alcohol. In most cases it is possible to identify drug-using practices which reduce, though usually not eliminate, the risk of serious adverse consequences.

See also: Risk reduction, Harm reduction.

Sedative/Hypnotic

According to the *WHO Lexicon of Alcohol and Drug Terms*, *sedative/hypnotic* is defined as: any of a group of central nervous system depressants with the capacity of relieving anxiety and inducing calmness and sleep. Several such drugs also induce amnesia and muscle relaxation and/or have anticonvulsant properties. Major classes of sedatives/hypnotics include alcohol, barbiturates and chloral hydrate. Some authorities use the term sedatives/hypnotics only for a

subclass of these drugs used to calm acutely distressed persons or to induce sleep, and distinguish them from (minor) tranquilizers used for the treatment of anxiety, e.g. benzodiazepines.

Barbiturates have a narrow therapeutic-to-toxic dosage ratio and are lethal in overdose. Their abuse liability is high; physical dependence, including tolerance, develops rapidly. Because of such dangers, none of the sedatives/hypnotics should be used for prolonged periods for the treatment of insomnia.

All sedatives/hypnotics may impair concentration, memory and coordination. Other frequent effects include hangover, slurred speech, incoordination, unsteady gait, drowsiness, dry mouth, and lability of mood.

Withdrawal reactions can be severe and may occur after only a few weeks of moderate use of a sedative/hypnotic or anxiolytic drug. Symptoms of withdrawal include anxiety, irritability, insomnia (often with nightmares), nausea or vomiting, tachycardia, sweating, orthostatic hypotension, hallucinatory misperceptions, muscle cramps, tremors and myoclonic twitches, hyperreflexia, and grand mal seizures that may progress to fatal status epilepticus. A withdrawal delirium may develop, usually within one week of cessation or significant reduction in dosage.

Long-term sedative/hypnotic abuse is likely to produce impairments in memory, verbal and nonverbal learning, speed, and coordination that last long after detoxification.

Self-help group

See: Mutual-help group.

Self-medication

Self-administration of a drug in order to treat an illness, relieve pain or alleviate a negative emotional state. A common example is the use of illegally obtained tranquilizers to assist sleep and/or anxiety states. If the medication has been prescribed for this purpose, users may be said to self-medicate if they are able to administer the drug themselves and determine dosage and frequency of use.

Single Convention on Narcotic Drugs, 1961

See: International drug control treaties.

Snowballing

A method of recruitment of illicit drug users either for research purposes or for peer-based prevention initiatives. The method involves the use of a small number of illicit drug users who are recruited to make contact with a number of other drug users of their acquaintance. In some instances the first set of users (the ‘start points’) would also have been trained to conduct the research interview or deliver the intervention.

See also: Epidemiological monitoring.

Social network

An interconnected group of people who interact with each other and who may or may not be related. Social networks are formed along lines of common interest, be they familial ties or more functional or pragmatic purposes, such as obtaining and using drugs.

Social norms

The implicit or explicit rules and expectations which guide social behaviour in a certain community or social milieu.

Solvent

See also: Volatile substance.

Steroid

According to the *WHO Lexicon of Alcohol and Drug Terms*, *steroid* is defined as: one of a group of naturally occurring or synthetic hormones which are complex lipids based on the cholesterol molecule and which affect chemical processes in the body, growth and sexual and other physiological functions. They include adrenal cortical, testicular, and ovarian hormones and their derivatives.

Medically, anabolic steroids have been given to males for hormone replacement when the testes fail to produce adequate amounts of testosterone, in some bone marrow disorders, and in the treatment of endometriosis in women. However, in recent years in many areas of medicine, more effective compounds have been developed and anabolic steroids are now rarely used in medical practice.

In the context of drug use and drug problems, anabolic steroids are of principal concern. These compounds are related to male sex hormones; they increase muscle mass; and in women, cause masculinization. Anabolic steroids are misused by athletes with the aim of increasing strength and performance. They are also used by body-builders and others who wish to alter their physical appearance. Misuse of adrenal cortical steroids is rare.

There are both physical and psychological side effects associated with anabolic steroid use. Physical effects include acne, testicular shrinkage, decreased sperm count, enlarged clitoris, deepening of the voice, development of liver tumours, and increased risk of heart disease. Psychological side effects include abrupt mood changes, increased hostility and aggressiveness, and anxiety disorders.

See also: Performance enhancing drug.

Stimulant

According to the *WHO Lexicon of Alcohol and Drug Terms*, *stimulant* is defined as: in reference to the central nervous system, any agent that activates, enhances, or increases neural activity; also called psychostimulant. Included are the amphetamines, cocaine, caffeine, nicotine, and some synthetic appetite suppressants. Other drugs have stimulant actions which are not their primary effect but which may be manifest in high doses or after chronic use. These drugs include antidepressants, anticholinergics, and certain opioids.

Stimulants have numerous physiological effects, including altered heart rate, dilation of pupils, elevated blood pressure, sweating, chills, nausea and vomiting. They may also induce increased alertness, agitation, and impaired judgement. Chronic misuse commonly induces personality and behaviour changes such as impulsivity, aggressivity, irritability, and suspiciousness. A full-blown delusional psychosis may occur. Cessation of intake after prolonged or heavy use may produce a withdrawal syndrome, with depressed mood, fatigue, sleep disturbance, and increased dreaming.

See also: Nicotine, Caffeine, Amphetamine, Cocaine.

Sub-cutaneous route of administration

Literally ‘under the skin’. Some psychoactive substances may be injected sub-cutaneously and absorbed into the blood stream through the surrounding tissues. The effects are less pronounced and experienced over a longer time period.

See also: IM, IDU, IV.

Substance

See: Psychoactive.

Substance abuse

See: Abuse.

Substance use disorder

A generic term used in international systems (DSM-IV and ICD-10) for classifying diseases for various conditions and illnesses associated with the use of any psychoactive drug. It includes both problematic and dependent drug use.

Supply

A quantity of a product that is ‘in the market’ and available for purchase (noun). To furnish or provide a thing or things (in this case an illicit drug or drugs) which are needed or wanted, i.e. for which there is a demand (verb).

See also: Supply reduction.

Supply reduction

A broad term used for a range of activities designed to stop the production, manufacture and distribution of illicit drugs. Production can be curtailed through crop eradication or through large programmes of alternative development. Production (illicit manufacture) is attacked directly through the suppression of illicit laboratories and/or the control of precursor chemicals, while distribution is reduced through police and customs, and in some countries by military operations. Supply control is a term often used to cover police and customs activities.

See also: Demand reduction, Harm reduction, Supply.

Syringe exchange

See: Needle exchange.

Target groups

Groups or categories of people who are selected for special attention by a programme or policy, e.g. indigenous peoples, single mothers, persons aged 14 to 19.

Targeted programme

A programme designed to reach particular high-risk groups in society, such as unemployed youth, street children, and prisoners.

The 1972 Protocol

See: International drug control treaties.

Therapeutic community

A structured environment in which individuals with drug-related problems live while undergoing rehabilitation. Such communities are often specifically designed for drug-dependent people; they operate under strict rules, are run mainly by people who have recovered from dependence, and are often geographically isolated. Therapeutic communities are also used for management of patients with psychotic disorders and anti-social personalities. Therapeutic communities are characterized by a combination of ‘reality testing’ (through confrontation of the individual’s drug problem) and support for recovery from staff and peers. They are usually closely aligned with mutual-help groups such as Narcotics Anonymous.

See also: Residential treatment, Treatment.

Tobacco

Any preparation of the dried leaves of *Nicotiana tabacum*, a plant of the nightshade family which is now cultivated in many countries. The main psychoactive ingredient is nicotine. Along with alcohol, tobacco is one of the most widely used recreational drugs. While usually smoked in the form of cigarettes or cigars, it may also be chewed, eaten and sniffed to achieve its mild stimulant effects. It has a high dependence liability, especially when smoked, and occasional use is relatively rare. Prolonged use of tobacco, especially when

smoked, is responsible for many premature deaths mainly from heart disease and lung cancer. Exposure to other people's cigarette smoke has been conclusively linked with an increased risk of lung cancer ('passive smoking'). In addition to nicotine, tobacco smoke contains a number of substances which are hazardous to health, principally tar and carbon monoxide. Residues of a number of chemicals, including pesticides, can be found in processed tobacco though it is thought that its contribution to ill health is less than that of tar, nicotine and carbon monoxide.

See also: Passive smoking, Nicotine.

Tolerance

A term for the well-established phenomenon of reduced drug effects following repeated drug administrations. Tolerance develops fastest with more frequent episodes of use and with larger amounts per occasion. It is useful to distinguish between metabolic tolerance and functional tolerance. Metabolic tolerance arises usually as a consequence of an induction of liver enzymes which result in the faster metabolism of a given drug dose, thereby reducing the level and duration of blood-drug levels. Functional tolerance refers to diminished effects of a given blood-drug level. This is thought to occur both by virtue of neuroadaptation, as well as by the user learning to anticipate and accommodate intoxicating effects.

See also: Cross-tolerance, Neuroadaptation.

Toxicity

The extent to which a substance has the potential to cause toxic or poisonous effects. Nearly all drugs and many other substances (e.g. some common foods) have toxicity at some level of intake.

See also: Poisoning, Overdose.

Trafficking

The trade or dealing in some illicit commodity or goods, in this case a drug. Can include importation and exportation of drugs or possession of drugs for the purpose of sale or supply to others. In law, trafficking offences typically receive harsher penalties than those associated with drug possession for individual use. The distinction between trafficking and more minor offences may

be made according to the amount of drug deemed in law to be a trafficable quantity or to other factors such as testimony of the accused or others, or the possession of money or paraphernalia deemed to be involved in the sale or supply of drugs. In practice, many users also engage in small-scale drug selling transactions.

Training the trainers

A pyramid strategy for the wide dissemination of information and skills whereby a small group of already skilled educators are trained in the delivery of a particular training programme with the expectation that this will then be delivered to a larger target group. Professional education and training is an example where it can be more cost-effective to use existing trainers for this purpose than to have, for example, specialist drug educators delivering all drug education to all relevant professional groups that come into contact with drug users.

See also: Prevention/education.

Tranquillizer

According to the *WHO Lexicon of Alcohol and Drug Terms*, *tranquillizer* is defined as: a calming agent; a general term for several classes of drugs employed in the symptomatic management of various mental disorders. The term can be used to differentiate between these drugs and the sedatives/hypnotics: the tranquillizers have a quieting or dampening effect on psychomotor processes without—except at high doses—interference with consciousness and thinking.

See also: Benzodiazepine.

Treatment

According to WHO (WHO Expert Committee on Drug Dependence, Technical Report Series, 30th Report), the term ‘treatment’ refers to “the process that begins when psychoactive substance abusers come into contact with a health provider or any other community service and may continue through a succession of specific interventions until the highest attainable level of health and well-being is reached”. More specifically, treatment may be defined “. . . as a comprehensive approach to the identification, assistance, . . . (and). . . health

care . . . with regard to persons presenting problems caused by the use of any psychoactive substance”.

Essentially, by providing persons, who are experiencing problems caused by their use of psychoactive substances, with a range of treatment services and opportunities which maximize their physical, mental and social abilities, these persons can be assisted to attain the ultimate goal of freedom from drug dependence and to achieve full social reintegration. Treatment services and opportunities can include detoxification, substitution/maintenance therapy and/or psychosocial therapies and counselling.

Additionally, treatment aims at reducing the dependence on psychoactive substances, as well as reducing the negative health and social consequences caused by, or associated with the use of such substances.

Twelve-step group

According to the *WHO Lexicon of Alcohol and Drug Terms*, *twelve-step group* is defined as: a mutual-help group organized around the twelve-step programme of Alcoholics Anonymous (AA) or a close adaptation of that programme. AA's programme of twelve steps involves admitting one is powerless over one's drinking and over one's life because of drinking, turning one's life over to a 'higher power', making a moral inventory and amends for past wrongs, and offering to help other alcoholics. A recovering alcoholic 'on the programme' must never drink again, although this objective is accomplished one day at a time. AA is organized in terms of 'twelve traditions', which enjoin anonymity, an apolitical stance, and a non-hierarchical organizational structure. Other twelve-step groups vary in their adherence to the twelve traditions.

There are now numerous organizations of twelve-step groups, each focussed on one of a wide range of behavioural, personality, and relationship problems. Others operating in the drug field include Cocaine Anonymous, Drugs Anonymous, Narcotics Anonymous, Nicotine or Smokers Anonymous, and Pill Addicts Anonymous. For families of alcoholics or addicts, there are Al-Anon, Alateen, and CoDependents Anonymous.

See also: Mutual-help group.

United Nations Convention against the illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988

See: International drug control treaties.

Urinalysis

Analysis of urine samples to detect the presence of substances a person may have ingested, or for other medical or diagnostic purposes. Different drugs can be detected in the urine for different time periods. Heroin and amphetamines can only be detected in the urine at most within a few days of last ingestion, while cannabis can be detected up to several weeks after last ingestion in persons who have been long-term heavy users. In recent years, the analysis of saliva, blood, sweat and hair strands has also become available for the detection of past drug use.

See also: Drug testing.

Vocational training

Training in a particular field of potential employment (e.g. computer skills) with the aim of helping clients to improve their chances of employment and/or a better income.

Volatile substance

According to the *WHO Lexicon of Alcohol and Drug Terms*, *volatile substance* is defined as: a substance that vaporizes at ambient temperatures. Volatile substances that are inhaled for psychoactive effects (also called inhalants) include the organic solvents present in many domestic and industrial products (such as glue, aerosol, paints, industrial solvents, lacquer thinners, gasoline or petrol, and cleaning fluids) and the aliphatic nitrites such as amyl nitrite. Some substances are directly toxic to the liver, kidney, or heart, and some produce peripheral neuropathy or progressive brain degeneration. The most frequent users of these substances are young adolescents and street children.

The user typically soaks a rag with an inhalant and places it over the mouth and nose, or puts the inhalant in a paper or plastic bag which is then put over the face (inducing anoxia as well as intoxication). Signs of intoxication include belligerence, lethargy, psychomotor impairment, euphoria, impaired judgement, dizziness, nystagmus, blurred vision, slurred speech, tremors, unsteady gait, muscle weakness, stupor, or coma. Complications of longer term use may include blood disorders, brain and kidney damage.

See also: Inhalation.

Voluntary organization

An agency whose human resources largely or wholly consist of staff who are not paid but provide their labour or services for free. These have tended to be agencies outside the government sector.

See also: Non-governmental organization (NGO).

Welfare net

A general term to describe the constellation of social welfare, economic supports, public health and housing services which are available in a certain country, jurisdiction, or locality which aim to protect people from poor health and economic and social destitution. Usually seen as comprising health and welfare benefits, such as health care and unemployment benefit schemes, as well as government and non-government health and welfare agencies. Often used in the context of people who may have 'fallen through the welfare net' in the sense that they have not been 'caught' by the existing government services and schemes.

Withdrawal

A term used to refer to either the individual symptoms of, or the overall state (or syndrome), which may result when a person ceases use of a particular psychoactive drug upon which they have become dependent or after a period of repeated exposure. The level of central nervous system arousal and the accompanying mood state is usually directly opposite to the direct action of the drug. Thus withdrawal from central nervous system depressants typically involves increased anxiety and heightened arousal level (increased heart rate, blood pressure and perspiration). Withdrawal from central nervous system stimulants involves reduced arousal, lethargy and depression. Withdrawal states and symptoms exist in degrees as a direct consequence of the frequency, intensity and recency of drug use. Withdrawal or 'rebound' phenomena have been demonstrated after relatively brief periods of heavy drug use for a wide range of drug types and are not experienced exclusively by severely dependent individuals. Withdrawal states are thought to occur principally as a consequence of a process of neuroadaptation, however, it is also well documented that intense desires for a drug are sometimes accompanied by signs and symptoms suggestive of withdrawal symptoms. The withdrawal syndrome has cognitive and behavioural elements as well as those which are purely physiological.

The duration of withdrawal symptoms varies according mainly to drug type and extent of prior use. For some commonly used drugs such as alcohol, withdrawal syndromes are most severe between 24 and 72 hours after ceasing use but less severe withdrawal-like phenomena may be experienced for weeks or even months after withdrawal.

See also: Withdrawal, conditioned; withdrawal, protracted; Withdrawal, syndrome; Neuroadaptation; Dependence syndrome.

Withdrawal syndrome

According to the *WHO Lexicon of Alcohol and Drug Terms*, *withdrawal syndrome* is defined as: a group of symptoms of variable severity which occur on cessation or reduction of drug use after a prolonged period of use and/or in high doses. The syndrome may be accompanied by signs of both psychological and physiological disturbance.

A withdrawal syndrome is one of the indicators of a dependence syndrome. It is also the defining characteristic of the narrower psycho-pharmacological meaning of dependence.

The onset and course of the withdrawal syndrome are time-limited and are related to the type of substance and dose being taken immediately before cessation or reduction of use. Typically, the features of a withdrawal syndrome are the opposite of those of acute intoxication.

The alcohol withdrawal syndrome is characterized by tremor, sweating, anxiety, agitation, depression, nausea, and malaise. It occurs 6-48 hours after cessation of alcohol consumption and, when uncomplicated, abates after 2-5 days. It may be complicated by grand mal seizures and may progress to delirium (known as delirium tremens).

Sedative withdrawal syndromes have many features in common with alcohol withdrawal, but may also include muscle aches and twitches, perceptual distortions, and distortions of body image.

Opioid withdrawal is accompanied by rhinorrhoea (running nose), lacrimation (excessive tear formation), aching muscles, chills, gooseflesh, and, after 24-48 hours, muscle and abdominal cramps. Drug-seeking behaviour is prominent and continues after the physical symptoms have abated.

Stimulant withdrawal is less well-defined than syndromes of withdrawal from central nervous system depressant substances; depression is prominent and is accompanied by malaise, inertia, and irritability.

See also: Withdrawal, conditioned; Withdrawal, protracted; Withdrawal; Neuroadaptation; Dependence syndrome.

Withdrawal, conditioned

A syndrome of withdrawal-like signs and symptoms sometimes experienced by dependent individuals when they are abstinent and exposed to stimuli previously associated with alcohol or drug use. According to classical conditioning theory, environmental stimuli temporarily linked to unconditioned withdrawal reactions become conditioned stimuli capable of eliciting the same withdrawal-like symptoms. In another version of conditioning theory, an innate compensatory response to the effects of a substance (acute tolerance) becomes conditionally linked to the stimuli associated with substance use. If the stimuli are presented without actual administration of the substance, the conditioned response is elicited as a withdrawal-like compensatory reaction.

See also: Withdrawal, syndrome; Withdrawal, protracted; Withdrawal; Neuroadaptation; Dependence syndrome.

Withdrawal, protracted

According to the WHO Lexicon of Alcohol and Drug Terms, withdrawal, protracted is defined as: the occurrence of symptoms of a withdrawal syndrome, usually minor but nonetheless discomforting, for several weeks or months after the acute physical withdrawal syndrome has abated.

This is an ill-defined condition that has been described in alcohol-dependent, sedative-dependent, and opioid-dependent individuals. Psychic symptoms such as anxiety, agitation, irritability, and depression are more prominent than physical symptoms. Symptoms may be precipitated or exacerbated by the sight of alcohol or the drug of dependence, or by return to the environment previously associated with alcohol or other drug use.

See also: Withdrawal, conditioned; Withdrawal, syndrome; Withdrawal; Neuroadaptation; Dependence syndrome.

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