

Lexicon of alcohol and drug terms



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Introduction

This lexicon aims to provide a set of definitions of terms concerning alcohol, tobacco, and other drugs, which will be useful to clinicians, administrators, researchers, and others interested in this field. Explanatory definitions, often including psychoactive effects, symptomatology, sequelae, and therapeutic indications, are given for each general class of psychoactive drugs and for some related classes. Main diagnostic categories in the field are defined, as are key concepts in scientific and/or popular use. Social as well as health aspects of drug use and problems related to use are covered.

The lexicon does *not* aim to provide comprehensive coverage of every term relating to alcohol and drug use. Among the areas that have been more or less excluded are the production and marketing (licit or illicit) of drugs, slang terms in general use or derived from users' argot, names of specific drugs, and technical terms from particular scientific disciplines. In general, terms from general medicine, psychiatry, or other disciplines which have no specific drug application are excluded but, in many cases, may be found in the companion publication *Lexicon of psychiatric and mental health terms*.¹ In its coverage of treatment modalities and prevention strategies, the lexicon—rather than striving for completeness—has aimed to define what is not self-explanatory. Terms current in languages other than English have been included only if they have found their way into usage in English-language publications.

The historical origins of terms are not generally covered in detail, although indication is often given of the current status of certain terms (favoured, deprecated, etc.) and of their relationship to other older or newer terms. A general indication is given of the historical position of key concepts, particularly those that have been given currency by use in World Health Organization publications.

In general, phrases—as opposed to single words—are placed alphabetically according to the form in which they are most likely to be sought, which means that some will be placed according to an adjective, some according to a noun. Cross-references have been provided where they are deemed to be helpful. If a term is not found, the user is advised to search for it under another component of the phrase. Moreover, it may be worth consulting cognate entries, in which related terms are often defined, explicitly or implicitly. The alphabetization of entries ignores spaces and punctuation; thus, "coca paste" follows "cocaine", and "alcohol, non-beverage" follows "alcoholic".

Wherever appropriate, the relevant diagnostic category codes of ICD-10² have been included, usually at the head of an entry but sometimes in the text of the

¹ *Lexicon of psychiatric and mental health terms*, 2nd ed. Geneva, World Health Organization, 1994.

² *International statistical classification of diseases and related health problems. Tenth revision. Vol. 1: Tabular list*. Geneva, World Health Organization, 1992.

definition. Drug names are spelt in accordance with international nonproprietary names (INN).¹

The use of **bold print** for certain words or phrases in the definitions is an indication that those terms are also defined in the lexicon.

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¹ *International nonproprietary names (INN) for pharmaceutical substances. No. 8.* Geneva, World Health Organization, 1992.

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Definitions of terms

absolute alcohol Ethanol containing not more than 1% by mass of water.
See also: alcohol.

abstinence Refraining from drug use or (particularly) from drinking **alcoholic beverages**, whether as a matter of principle or for other reasons.

Those who practise abstinence from alcohol are termed "abstainers", "total abstainers", or—in a more old-fashioned formulation—"teetotalers". The term "current abstainer", often used in population surveys, is usually defined as a person who has not drunk an alcoholic beverage in the preceding 12 months; this definition does not necessarily coincide with a respondent's self-description as an abstainer.

The term "abstinence" should not be confused with "abstinence syndrome," an older term for **withdrawal syndrome**.

See also: sobriety; temperance

abstinence, conditioned *See* withdrawal, conditioned.

abuse (drug, alcohol, chemical, substance, or psychoactive substance) A group of terms in wide use but of varying meaning. In DSM-III-R¹, "psychoactive substance abuse" is defined as "a maladaptive pattern of use indicated by . . . continued use despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by the use [or by] recurrent use in situations in which it is physically hazardous". It is a residual category, with **dependence** taking precedence when 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 not used in ICD-10 (except in the case of non-dependence-producing substances—see below); **harmful use** and **hazardous use** are the equivalent terms in WHO usage, although they usually relate only to effects on health and not to social consequences. "Abuse" is also discouraged by the Office of Substance Abuse Prevention in the USA, although terms such as "substance abuse" remain in wide use in North America to refer generally to problems of psychoactive substance use.

In other contexts, abuse has referred to non-medical or unsanctioned patterns of use, irrespective of consequences. Thus the definition published in 1969 by the WHO Expert Committee on Drug Dependence was "persistent or

¹ *Diagnostic and statistical manual of mental disorders*, 3rd ed. (revised). Washington, DC, American Psychiatric Association, 1987.

sporadic excessive drug use inconsistent with or unrelated to acceptable medical practice"¹ (see **misuse, drug or alcohol**).

abuse liability The propensity of a particular psychoactive substance to be susceptible to abuse, defined in terms of the relative probability that use of the substance will result in social, psychological, or physical problems for an individual or for society. Under international **drug control** treaties (see **conventions, international drug**) WHO is responsible for determining the abuse liability and **dependence potential**, as distinct from therapeutic usefulness, of **controlled substances**.

See also: abuse; dependence potential; harmful use

abuse of non-dependence-producing substances (F55) Defined in ICD-10 as repeated and inappropriate use of a substance which, though the substance has no **dependence potential**, is accompanied by harmful physical or psychological effects, or involves unnecessary contact with health professionals (or both). This category might more appropriately be termed "misuse of non-psychoactive substances" (compare **misuse, drug or alcohol**). In ICD-10, this diagnosis is included within the section "Behavioural syndromes associated with physiological disturbances and physical factors" (F50–F59).

A wide variety of prescription drugs, proprietary (**over-the-counter**) drugs, and herbal and folk remedies may be involved. The particularly important groups are

- (1) **psychotropic** drugs that do not produce dependence, such as **antidepressants** and **neuroleptics**;
- (2) laxatives (misuse of which is termed the "laxative habit");
- (3) **analgesics** that may be purchased without medical prescription, such as aspirin (acetylsalicylic acid) and paracetamol (acetaminophen);
- (4) **steroids** and other hormones;
- (5) vitamins; and
- (6) antacids.

These substances do not typically have pleasurable psychic effects, yet attempts to discourage or forbid their use are met with resistance. Despite the patient's strong motivation to take the substance, neither the **dependence syndrome** nor the **withdrawal syndrome** develops. These substances do not have dependence potential in the sense of intrinsic pharmacological effects, but are capable of inducing psychological dependence.

ACA, ACOA *See* child of an alcoholic.

acetaldehyde The principal breakdown product of ethanol. Acetaldehyde is formed by oxidation of ethanol, the reaction being catalysed principally by alcohol

¹ WHO Expert Committee on Drug Dependence. Sixteenth report. Geneva, World Health Organization, 1969 (WHO Technical Report Series, No. 407).

dehydrogenase. It is itself oxidized to acetate by aldehyde dehydrogenase. Acetaldehyde is a toxic substance, implicated in the **alcohol flush reaction** and in certain physical sequelae of alcohol consumption.

See also: alcohol-sensitizing drug; disulfiram

acute amnesia *See* blackout; intoxication, pathological

acute intoxication (F1x.0) *See* intoxication.

addiction, drug or alcohol 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.

Typically, **tolerance** is prominent and a **withdrawal syndrome** frequently occurs when substance use is interrupted. The life of the addict may be dominated by substance use to the virtual exclusion of all other activities and responsibilities. The term addiction also conveys the sense that such substance use has a detrimental effect on society, as well as on the individual; when applied to the use of alcohol, it is equivalent to **alcoholism**.

Addiction is a term of long-standing and variable usage. It is regarded by many as a discrete disease entity, a debilitating disorder rooted in the pharmacological effects of the drug, which is remorselessly progressive. From the 1920s to the 1960s attempts were made to differentiate between addiction and "habituation", a less severe form of psychological adaptation. In the 1960s the World Health Organization recommended that both terms be abandoned in favour of **dependence**, which can exist in various degrees of severity.

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

See also: dependence; dependence syndrome

addiction medicine In the USA in the late 1980s, this became the preferred term for the branch of medicine dealing with alcohol- and drug-related conditions. The term for a practitioner of addiction medicine is "addictionist".

See also: narcologist; narcology

administration, method of 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 surfaces, such as the gums, rectum, or genitalia.

See also: IDU; IVDU

adult child of an alcoholic *See* child of an alcoholic.

adverse drug reaction In the general medical and pharmacological fields, denotes a toxic physical or (less commonly) psychological reaction to a therapeutic agent.

The reaction may be predictable, or allergic or idiosyncratic (unpredictable). In the context of substance use, the term includes unpleasant psychological or physical reactions to drug taking.

See also: bad trip

affective disorder, residual, alcohol- or drug-related Alcohol- or drug-induced changes in affect that persist beyond the period during which a direct effect of the alcohol or drug might reasonably be assumed to be operating.

See also: psychotic disorder, residual and late onset, alcohol- or drug-induced

agonist A substance that acts at a neuronal receptor to produce effects similar to those of a reference drug; for example, **methadone** is a morphine-like agonist at the **opioid** receptors.

Al-Anon *See* 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. Ethanol (C₂H₅OH, ethyl alcohol) is one of this class of compounds, and is the main psychoactive ingredient in **alcoholic beverages**. By extension the term “alcohol” is also used to refer to alcoholic beverages.

Ethanol results from the fermentation of sugar by yeast. Under usual conditions, beverages produced by fermentation have an alcohol concentration of no more than 14%. In the production of spirits by distillation, ethanol is boiled out of the fermented mixture and re-collected as an almost pure condensate. Apart from its use for human consumption, ethanol is used as a fuel, as a solvent, and in chemical manufacturing (*see* **alcohol, non-beverage**).

Absolute alcohol (anhydrous ethanol) refers to ethanol containing not more than 1% by mass of water. In statistics on alcohol production or consumption, absolute alcohol refers to the alcohol content (as 100% ethanol) of alcoholic beverages.

Methanol (CH₃OH), also known as methyl alcohol and wood alcohol, is chemically the simplest of the alcohols. It is used as an industrial solvent and also as an adulterant to denature ethanol and make it unfit to drink (methylated spirits). Methanol is highly toxic; depending on the amount consumed, it may produce blurring of vision, blindness, coma, and death.

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).

Alcohol is a **sedative/hypnotic** with effects similar to those of **barbiturates**. Apart from social effects of use, alcohol **intoxication** may result in **poisoning** or even death; long-term heavy use may result in **dependence** or in a wide variety of physical and organic mental disorders.

Alcohol-related mental and behavioural disorders (F10) are classified as **psychoactive substance use disorders** in ICD-10 (F10–F19).

See also: alcohol-related brain damage; amnesic syndrome; cardiomyopathy; cirrhosis; delirium; fatty liver; fetal alcohol syndrome; gastritis; hepatitis; myopathy; neuropathy, peripheral; pellagra; pancreatitis; pseudo-Cushing syndrome; scurvy; thiamine deficiency syndrome; Wernicke encephalopathy

alcohol control

- (1) Most commonly, regulations restricting or otherwise controlling the production and sale of **alcoholic beverages**, often administered by specific government agencies (alcoholic beverage control, ABC).
- (2) In some scholarly discussions, the totality of government intervention in the alcoholic beverage market, without regard to purpose.
- (3) In general public health usage concerning risk factors, may refer to prevention and treatment policies concerning alcohol in general (although **alcohol policy** is less ambiguous in this context).

alcohol dependence *See* dependence.

alcohol dependence syndrome *See* dependence syndrome.

alcohol flush reaction Flushing of the face, neck, and shoulders after the ingestion of **alcohol**, often accompanied by nausea, dizziness, and palpitations. The alcohol flush reaction is seen in approximately 50% of some Mongoloid (Asian) groups and is caused by an inherited deficiency of the enzyme aldehyde dehydrogenase which catalyses the breakdown of **acetaldehyde**. The reaction also occurs when alcohol is taken by people receiving treatment with **alcohol-sensitizing drugs** such as **disulfiram** (Antabuse), which inhibit aldehyde dehydrogenase.

alcoholic An individual who suffers from **alcoholism**. Note that this *noun* has a different meaning from the *adjective* in **alcoholic beverage**.

alcoholic beverage Liquid that contains **alcohol** (ethanol) and is intended for drinking. Almost all alcoholic beverages are prepared by fermentation, followed—in the case of spirits—by distillation. Beer and ale are produced from fermented grain (malted barley, rice, millet, etc.) often with hops added. Wines are produced from fermented fruits or berries, particularly grapes. Other traditional fermentation products are mead (from honey), cider (from apples or other fruits), sake (from rice), pulque (from the maguey cactus), and chicha (from maize).

Spirits vary in the underlying grain or fruit raw material on which they are based: for instance, vodka is based on grain or potatoes, whisky on rye or corn, rum on sugar cane, and brandy on grapes or other fruit. Sherry, port, and other fortified wines are wines to which spirits have been added, usually to give an ethanol content of about 20%.

Alcohol can also be synthesized chemically, e.g. from petroleum, but this has rarely been used for alcoholic beverages.

Several thousand **congeners**—constituents of alcoholic beverages other than ethanol and water—have so far been identified, but ethanol is the main psychoactive ingredient in all common alcoholic beverages.

Alcoholic beverages have been used since ancient times in most traditional societies, except in Australasia, North America (north, roughly, of the Mexican border), and Oceania. Many traditional fermented drinks had a relatively low alcohol content and could not be stored for more than a few days.

Most governments seek to license or otherwise control (and tax) the production and sale of alcohol, although home production of various types of alcoholic beverage may be permitted. Alcoholic beverages produced illicitly, notably spirits, often have a distinct identity (e.g. “moonshine” or “white lightning” in the USA, “poteen” in Ireland, “samogon” in countries of the former Soviet Union) and may be contaminated with poisons (e.g. lead) from the production process.

alcoholic brain syndrome A general term for a range of disorders due to the effects of alcohol on the brain—acute **intoxication**, **pathological intoxication**, **withdrawal syndrome**, **delirium tremens**, **hallucinosis**, **amnesic syndrome**, **dementia**, **psychotic disorder**. More specific terms are preferred.

alcoholic cardiomyopathy (I42.6) A diffuse disorder of heart muscle seen in individuals with a history of **hazardous** consumption of **alcohol**, usually of at least 10 years' duration. Patients typically present with biventricular heart failure; common symptoms include shortness of breath on exertion and while recumbent (nocturnal dyspnoea), palpitations, ankle oedema, and abdominal distension due to ascites. Disturbance of the cardiac rhythm is usual: atrial fibrillation is the most frequent arrhythmia.

Alcoholic cardiomyopathy should be distinguished from **beri-beri** heart disease and from a form of “beer drinkers' cardiomyopathy” caused by cobalt poisoning.

Synonym: alcoholic heart muscle disease

alcoholic cirrhosis (K70.3) A severe form of alcoholic liver disease, characterized by necrosis and permanent architectural distortion of the liver due to fibrous tissue formation and regenerative nodules. This is a strictly histological definition, but diagnosis is often made on clinical grounds only.

Alcoholic cirrhosis occurs mainly in the 40–60-year age group, after at least 10 years of **hazardous** drinking. Individuals show symptoms and signs of hepatic decompensation such as ascites, ankle oedema, jaundice, bruising, gastrointestinal haemorrhage from oesophageal varices, and confusion or stupor due to hepatic encephalopathy. About 30% of patients are “well compensated” at the time of diagnosis and report nonspecific complaints such as abdominal pain, bowel disturbance, weight loss, and muscle wasting and

weakness. Liver cancer is a late complication of cirrhosis in approximately 15% of cases.

Alcoholic cirrhosis is sometimes termed "portal cirrhosis" or "Laënnec cirrhosis", although neither of these terms necessarily implies an alcohol causation.

In non-tropical countries in which alcohol consumption is substantial, alcohol use is a dominant cause of cirrhosis. Because of under-recording of the alcohol connection, total cirrhosis mortality—rather than "cirrhosis with mention of alcoholism"—is often used as an indicator of alcohol problems.

See also: Jellinek formula

alcoholic dementia (F10.7) A term of variable usage, most commonly implying a chronic or progressive disorder occurring as a result of **harmful drinking**, characterized by impairment of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. Consciousness is not clouded. The cognitive impairments are commonly accompanied by deterioration in emotional control, social behaviour, or motivation. The existence of alcoholic dementia as a discrete syndrome is doubted by some, who ascribe the dementia to other causes.

alcoholic fatty liver (K70.0) Accumulation of fat in the liver following exposure to **hazardous** levels of **alcohol** intake, with consequent enlargement of liver cells and sometimes hepatomegaly, abnormal liver function, nonspecific abdominal pain, anorexia, and—less commonly—jaundice. Definitive diagnosis can be made only on histological examination of the liver.

Fatty liver may develop after only a few days' drinking, and the condition should therefore not be taken to indicate a dependence on alcohol. Abstinence results in regression of the histological abnormalities. The preferred term for the condition is "alcohol-induced fatty liver", although it is not in common usage.

alcoholic gastritis (K29.3) Inflammation of the mucosal lining of the stomach caused by alcohol. It occurs typically after an alcoholic binge (*see* **drinking, binge**) and is characterized by mucosal erosions, which may bleed. Symptoms include pain in the upper abdomen, and there may be gastric haemorrhage. Alcoholic gastritis is commonly accompanied by oesophagitis. In most cases the condition is self-limiting and resolves with abstinence.

alcoholic hallucinosis *See* hallucinosis; psychotic disorder, alcohol- or drug-induced.

alcoholic heart muscle disease *See* alcoholic cardiomyopathy.

alcoholic hepatitis (K70.1) A disorder of the liver characterized by liver cell necrosis and inflammation following chronic consumption of **hazardous** levels

of **alcohol**. It is a well documented precursor of **alcoholic cirrhosis**, particularly in those whose alcohol intake remains high.

Although the diagnosis is, strictly speaking, a histological one, it is often made on the basis of clinical and biochemical evidence, even if confirmation by biopsy is not possible. The diagnosis is suggested on clinical grounds by the presence of jaundice (which may be deep) and tender hepatomegaly, and sometimes ascites and haemorrhage.

alcoholic jealousy (F10.5) A type of chronic, **alcohol-induced psychotic disorder**, characterized by delusions that the marital or sexual partner is unfaithful. The delusion is typically accompanied by intense searching for evidence of infidelity and direct accusations that may lead to violent quarrels. It was formerly regarded as a distinct diagnostic entity, but this status is now controversial.

Synonyms: amorous paranoia; conjugal paranoia

alcoholic pancreatitis (K86.0) A disorder characterized by inflammation and necrosis of the pancreas, often accompanied by fibrosis and malfunction, related to the consumption of **hazardous** levels of **alcohol**.

Alcoholic pancreatitis may be acute or chronic. The acute form presents with upper abdominal pain, anorexia, and vomiting, and can be complicated by hypotension, renal failure, lung disease, and psychosis. The chronic form usually presents with recurrent or persistent abdominal pain, anorexia, and weight loss; there may be signs of pancreatic deficiency involving the exocrine functions of the pancreas (e.g. malabsorption, nutritional deficiency) or the endocrine functions (diabetes mellitus).

alcoholic paranoia (F10.5) A type of **alcohol-induced psychotic disorder** in which delusions of a self-referential or persecutory nature are prominent. **Alcoholic jealousy** is sometimes included as a form of alcoholic paranoia.

Alcoholics Anonymous See mutual-help group; twelve-step group.

alcohol-induced psychotic disorder See psychotic disorder, alcohol- or drug-induced.

alcoholism (F10.2) A term of long-standing use and variable meaning, generally taken to refer to chronic continual drinking or periodic consumption of **alcohol** which is characterized by impaired control over drinking, frequent episodes of **intoxication**, and preoccupation with alcohol and the use of alcohol despite adverse consequences.

The term alcoholism was originally coined in 1849 by Magnus Huss. Until the 1940s it referred primarily to the physical consequences of long-term heavy drinking (beta alcoholism in **Jellinek's typology**). A narrower concept is of alcoholism as a disease (see **alcoholism, disease concept of**) marked by **loss of**

control over drinking, caused by a pre-existing biological abnormality, and having a predictable progressive course. Later, the term was used by Jellinek and others to denote the consumption of alcohol leading to any type of harm (physical, psychological, or social; individual or societal). Jellinek subdivided alcoholism thus defined into a series of "species" designated by Greek letters (see **Jellinek's typology**).

The inexactness of the term led a 1979 WHO Expert Committee¹ to disfavour it, preferring the narrower formulation of alcohol **dependence syndrome** as one among a wide range of **alcohol-related problems**. Alcoholism is not included as a diagnostic entity in ICD-10 (see **dependence syndrome**).

Despite its ambiguous meaning, alcoholism is still widely employed as a diagnostic and descriptive term. For instance, in 1990 the American Society of Addiction Medicine defined alcoholism as "a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic: **impaired control** over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial." Other formulations have split alcoholism into various types, some regarded as diseases and some not (see **Jellinek's typology**). Distinctions are made between essential alcoholism and reactive alcoholism, where "essential" indicates that alcoholism is not secondary to or precipitated by some other condition; between primary and secondary alcoholism, to indicate the order of onset in cases of **dual diagnosis**; and between Type I and Type II alcoholism, the latter having a male-linked, strongly genetic component. In older usage, dipsomania (episodic drinking) and alcohol **addiction** referred to loss-of-control drinking; **inebriety** also had a broader reference to habitual intoxication and its harmful effects.

alcoholism, disease concept of The belief that **alcoholism** is a condition of primary biological causation and predictable natural history, conforming to accepted definitions of a disease. The lay perspective of **Alcoholics Anonymous** (1939)—that alcoholism, characterized by the individual's **loss of control** over drinking and thus over his or her life, was a "sickness"—was carried into the scholarly literature in the 1950s in the form of the disease concept of alcoholism. The concept was rooted in 19th-century medical and lay conceptions of inebriety as a disease. In 1977, a WHO Group of Investigators,² responding to the loose and varying usage of alcoholism, proposed substituting the term **alcohol dependence syndrome** in psychiatric nosology. By analogy

¹ *Problems related to alcohol consumption. Report of a WHO Expert Committee.* Geneva, World Health Organization, 1980 (WHO Technical Report Series, No. 650).

² Edwards G et al. *Alcohol-related disabilities.* Geneva, World Health Organization, 1977 (WHO Offset Publication, No. 32).

with drug **dependence**, **alcohol dependence** has found general acceptance in current nosologies.

alcoholization (French: *alcoholisation*) The frequent drinking of substantial amounts of **alcoholic beverages**, so as to maintain a high **blood alcohol level**. Also, the process of increasing the frequency of alcohol consumption. The term can be applied either to the individual drinker or to a society as a whole. "Alcoholisation" was originally used in the context of French drinking patterns, and implies that the drinking is normative in the sociocultural conditions, rather than reflecting individual psychopathology.

Synonym: inveterate drinking

See also: Jellinek's typology (delta alcoholism)

alcohol, non-beverage A general term for products containing **ethanol** but not intended for human consumption. Many industrial and consumer products contain ethanol, and are sometimes consumed as a substitute for **alcoholic beverages**; these include mouthwashes, methylated spirits, and rubbing alcohol (*see alcohol*).

A more inclusive term for products consumed in place of alcoholic beverages is "alcohol surrogates", which also includes non-ethanol products, such as ethylene glycol (antifreeze).

alcoholology The study and science of phenomena relating to **alcohol**. At present, not in general use in the English language.

alcohol policy The aggregate of measures designed to control the supply of and/or affect the demand for **alcoholic beverages** in a population (usually national), including education and treatment programmes, **alcohol control**, **harm reduction** strategies, etc. Implying the need for a coordination of governmental efforts from a public health and/or public order perspective, the term originated in the Scandinavian countries and has spread widely since the 1960s.

alcohol-related birth defects *See* fetal alcohol syndrome.

alcohol-related brain damage A generic term that encompasses chronic impairment of memory and of higher mental functions associated with the frontal lobe and limbic system. Thus, it incorporates both the **alcohol-induced amnesic syndrome** (F10.6) and the "frontal lobe syndrome" (included in F10.7). However, the term is often used when only one of these disorders is present.

Memory loss in the amnesic syndrome is typically of recent memory. Frontal lobe damage is manifested by defects in abstract thought, conceptualization, planning, and processing of complex material. Other cognitive functions are relatively well preserved, and consciousness is not clouded.

A distinction is made between alcohol-related brain damage and **alcoholic dementia**. In the latter condition there is a more global impairment of cognitive

function and usually evidence of other etiologies such as repeated head trauma.
See also: alcoholic dementia

alcohol-related convulsion *See* convulsion, alcohol- or drug-related.

alcohol-related disabilities All problems, illnesses and other consequences secondary to **alcohol** use, **intoxication**, or **dependence** that diminish an individual's capacity for physical, social, or economic activity.
See also: alcohol-related problem

alcohol-related problem Any of the range of adverse accompaniments of drinking **alcohol**. It is important to note that "related" does not necessarily imply causality.

Use of the term can relate either to an individual drinker or to society, and was endorsed by a 1979 WHO Expert Committee.¹ A 1977 WHO report had used **alcohol-related disability** as an equivalent term at the individual level.²

Alcohol problem is often used as an equivalent term (as distinct from "the alcohol problem", an old temperance formulation for alcohol as a political issue, and from the phrase "he has an alcohol problem", which implies that an individual's drinking pattern is in itself a problem).

See also: abuse (drug, alcohol, chemical, substance, or psychoactive substance); harmful use; misuse, drug or alcohol; problem drinking

alcohol-sensitizing drug A therapeutic agent prescribed to assist maintenance of abstinence from **alcohol** by producing unpleasant side-effects if alcohol is taken. Compounds currently in use inhibit aldehyde dehydrogenase, the enzyme that catalyses oxidation of **acetaldehyde**. The consequent accumulation of acetaldehyde causes a syndrome of facial flushing, nausea and vomiting, palpitations, and dizziness. Examples of alcohol-sensitizing drugs include **disulfiram** (Antabuse) and calcium carbamide.

alcoholisation *See* alcoholization.

amethystic agent A substance taken with the objective of reversing or mitigating the intoxicating effects of **alcohol**. Such compounds may act by inhibiting the effects of alcohol on the central nervous system or by accelerating the metabolism of alcohol by the liver. Effective drugs of this class are not currently available for therapeutic purposes.

¹ *Problems related to alcohol consumption. Report of a WHO Expert Committee.* Geneva, World Health Organization, 1980 (WHO Technical Report Series, No. 650).

² Edwards G et al. *Alcohol-related disabilities.* Geneva, World Health Organization, 1977 (WHO Offset Publication, No. 32).

amfetamine One of a class of sympathomimetic amines with powerful **stimulant** action on the central nervous system. The class includes amfetamine, dexamfetamine, and metamfetamine. Pharmacologically related drugs include methylphenidate, phenmetrazine, and amfepramone (diethylpropion). In street parlance, amfetamines are often referred to as "speed".

Symptoms and signs suggestive of **intoxication** with amfetamines or similarly acting sympathomimetics include tachycardia, pupillary dilatation, elevated blood pressure, hyperreflexia, sweating, chills, anorexia, nausea or vomiting, insomnia, and abnormal behaviour such as aggression, grandiosity, hypervigilance, agitation, and impaired judgement. In rare cases, **delirium** develops within 24 hours of use. Chronic use commonly induces personality and behaviour changes such as impulsivity, aggressivity, irritability, suspiciousness, and paranoid psychosis (*see* **amfetamine psychosis**). Cessation of intake after prolonged or heavy use may produce a withdrawal reaction, with depressed mood, fatigue, hyperphagia, sleep disturbance, and increased dreaming.

Currently, prescription of amfetamines and related substances is limited principally to the treatment of narcolepsy and attention-deficit hyperactivity disorder. Use of these agents as **anorectic agents** in the treatment of obesity is discouraged.

See also: psychotic disorder, alcohol- or drug-induced; stimulant

amfetamine psychosis A disorder characterized by paranoid delusions, frequently accompanied by auditory or tactile hallucinations, hyperactivity, and lability of mood, which develops during or shortly after repeated use of moderate or high doses of **amfetamines**. Typically, the individual's behaviour is hostile and irrational, and may result in unprovoked violence. In most cases there is no clouding of consciousness, but an acute **delirium** is occasionally seen after the ingestion of very high doses.

The disorder is included in category F1x.5, **psychotic disorder, alcohol- or drug-induced**, of ICD-10.

amnesia Loss or disturbance of memory (complete or partial, permanent or temporary), attributable to either organic or psychological causes. Anterograde amnesia is memory loss of varying duration for events and experiences subsequent to a causal incident, after consciousness has been regained. Retrograde amnesia is memory loss of varying duration for events and experiences preceding a causal incident.

amnesic syndrome, alcohol- or drug-induced (F1x.6) Chronic, prominent impairment of recent and remote memory associated with **alcohol** or drug use. Immediate recall is usually preserved and remote memory is less disturbed than recent memory. Disturbances of time sense and ordering of events are usually evident, as is impaired ability to learn new material. Confabulation may be marked but is not invariably present. Other cognitive functions are relatively

well preserved and amnesic defects are out of proportion to other disturbances. While ICD-10 uses the term "induced", other factors may be involved in the etiology of the syndrome.

Alcohol-induced Korsakov psychosis (or syndrome) is one example of the amnesic syndrome and is often associated with **Wernicke encephalopathy**. The combination is frequently referred to as the Wernicke–Korsakov syndrome.

amnesic disorder *See* amnesia.

amotivational syndrome A constellation of features said to be associated with substance use, 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. The existence of this condition is controversial. It has been reported principally in connection with **cannabis** use, and may simply reflect chronic cannabis **intoxication**. The symptoms may also reflect the user's personality, attitudes, or developmental stage.

amphetamine *See* amfetamine.

amyl nitrite One of the aliphatic nitrites, a volatile inhalant that is irritant to the respiratory mucosa and is also a strong vasodilator. It is used medically to relieve the pain of angina pectoris and biliary colic. It is used non-medically—as a "popper"—at or near the point of orgasm to enhance and prolong sexual pleasure.

See also: volatile substances

analgesic A substance that reduces pain and may or may not have psychoactive properties.

See also: opioid

analgesic abuse *See* abuse of non-dependence-producing substances.

angel dust *See* phencyclidine.

anorectic agent *See* appetite suppressant.

anorexiant *See* appetite suppressant.

Antabuse reaction *See* disulfiram; alcohol flush reaction.

antacid abuse *See* abuse of non-dependence-producing substances.

antagonist A substance that counteracts the effects of another agent. Pharmacologically, an antagonist interacts with a receptor to inhibit the action of agents

(**agonists**) that produce specific physiological or behavioural effects mediated by that receptor.

anti-anxiety drug *See* sedative/hypnotic.

anticonvulsant drug *See* anti-epileptic drug.

antidepressant 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 ICD-10, **abuse of non-dependence-producing substances**.

antidepressant abuse *See* abuse of non-dependence-producing substances.

anti-epileptic drug One of a group of therapeutic agents prescribed for the treatment of epileptic disorders. These agents are commonly prescribed for alcohol withdrawal fits, though there is no good evidence of their efficacy for either primary or secondary prophylaxis.

Synonym: anticonvulsant drug

antihistamine One of a group of therapeutic drugs used in the treatment of allergic disorders and sometimes, because of their sedating effects, to allay anxiety and induce sleep. Pharmacologically, antihistamines are classed as H1 receptor blockers. These drugs are occasionally used non-medically, particularly by adolescents, in whom they may cause sedation and disinhibition. A moderate degree of **tolerance** develops but no **dependence syndrome** or **withdrawal syndrome**. A second class of antihistamines, H2 receptor blockers, suppress gastric acid secretion and are used in the treatment of peptic ulcer and oesophageal reflux; they have no known **dependence potential**. Misuse of antihistamines is included in category F55 of ICD-10, **abuse of non-dependence-producing substances**.

See also: doping

anxiolytics Anti-anxiety drug. *See* sedative/hypnotic.

appetite suppressant An agent used to reduce hunger and diminish food intake in the treatment of obesity. Most such drugs are sympathomimetic amines, whose efficacy is limited by associated insomnia, **dependence** phenomena, and other

adverse effects. **Amfetamines** were formerly in medical use for their appetite suppressant effects.

Synonyms: anorectic agent; anorexiant

aversion therapy A treatment that suppresses undesirable behaviour by associating a painful or unpleasant experience with the behaviour. The term refers to any of several forms of treatment of alcohol or other drug **dependence** directed toward establishing a conditioned aversion to the sight, smell, taste, or thought of the misused substance. Generally the stimulus is a nauseant drug, such as emetine or apomorphine, administered just before an alcoholic drink, so that immediate vomiting occurs and absorption of the alcohol or other substance is avoided. Other stimuli involve an electric shock given in association with an alcoholic drink or with visual suggestions of drinking (bottles, advertisements), administration of a drug that causes brief paralysis of breathing, or verbal suggestion with or without hypnosis. A related technique is covert sensitization, in which the entire aversion procedure is carried out in the imagination.

bad trip 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 **amfetamines** and other psychomotor **stimulants**, anticholinergics, **antihistamines**, and **sedatives/hypnotics**.

BAL See blood alcohol level.

barbiturate One of a group of central nervous system depressants that chemically are substituted derivatives of barbituric acid; examples are amobarbital, pentobarbital, phenobarbital, and secobarbital. They are used as antiepileptics, anaesthetics, sedatives, hypnotics, and—less commonly—as anxiolytics or anti-anxiety drugs (see **sedative/hypnotic**). Acute and chronic use induces effects similar to those of **alcohol**.

Barbiturates have a narrow therapeutic-to-toxic dosage ratio and are often lethal in **overdose**. Because of their greater therapeutic ratio, 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 though the prescribed dose is never exceeded.

Barbiturates are associated with the full range of **substance use disorders** in category F13 of ICD-10. Specific symptomatology includes the following:

Barbiturate intoxication—impaired concentration, memory, and coordination (slurred speech, unsteady gait), lability of mood, garrulity, and loss of

control over sexual or aggressive impulses. In overdose, intoxication may be fatal.

Withdrawal syndrome—following persistent use, rapid reduction or total cessation of barbiturates leads to a range of symptoms: nausea, vomiting, weakness, sympathetic nervous system hyperactivity (sweating, rapid pulse, elevated blood pressure), insomnia, coarse tremor of the hands or tongue. Grand mal convulsions occur in a high percentage of chronic barbiturate users after abrupt withdrawal. **Delirium** usually appears within one week after cessation or significant reduction in dosage.

Dementia—also termed barbiturate-induced **residual psychotic disorder**; persistent impairment of multiple higher cortical functions, including memory, thought, orientation, comprehension, calculation, learning capacity, language, and judgement.

benzodiazepine One of a group of structurally related drugs used mainly as **sedatives/hypnotics**, muscle relaxants, and **anti-epileptics**, and once referred to by the now-deprecated term “minor tranquillizers”. These agents are believed to produce therapeutic effects by potentiating the action of gamma-aminobutyric acid (GABA), a major inhibitory neurotransmitter.

Benzodiazepines were introduced as safer alternatives to **barbiturates**. They do not suppress REM sleep to the same extent as barbiturates, but have a significant potential for physical and psychological **dependence** and **misuse**.

Short-acting benzodiazepines include halazepam and triazolam, both with rapid onset of action; alprazolam, flunitrazepam, nitrazepam, lorazepam, and temazepam, with intermediate onset; and oxazepam, with slow onset. Profound anterograde **amnesia** (“blackout”) and paranoia have been reported with triazolam, as well as rebound insomnia and anxiety. Many clinicians have encountered particularly difficult problems on discontinuing treatment with alprazolam.

Long-acting benzodiazepines include diazepam (with the fastest onset of action), clorazepate (also fast onset), chlordiazepoxide (intermediate onset), flurazepam (slow onset), and prazepam (slowest onset). The long-acting benzodiazepines may produce a cumulative disabling effect and are more likely than the short-acting agents to cause daytime sedation and motor impairment.

Even when benzodiazepines are taken in therapeutic doses, their abrupt discontinuation induces a **withdrawal syndrome** in up to 50% of people treated for 6 months or longer. Symptoms are more intense with shorter-acting preparations; with the long-acting benzodiazepines, withdrawal symptoms appear one or two weeks after discontinuation and last longer, but are less intense. As with other sedatives, a schedule of slow **detoxification** is necessary to avoid serious complications such as withdrawal seizures.

Some benzodiazepines have been used in combination with other psychoactive substances to accentuate euphoria, e.g. 40–80 mg of diazepam taken shortly before or immediately after a daily maintenance dose of **methadone**.

Benzodiazepines are frequently misused in conjunction with **alcohol** or in **opioid dependence** (*see multiple drug use*).

Fatal **overdose** is rare with any benzodiazepine unless it is taken concurrently with alcohol or other central nervous system depressants.

beriberi *See* thiamine deficiency syndrome.

betel nut Betel chewing is widely practised in some parts of Asia and the Pacific islands. Betel (or areca) nut, the large seed of an Asian palm tree *Areca catechu*, is wrapped in the leaf of the betel pepper tree, *Piper betle*, to which is added a pinch of burnt lime and flavourings. In contact with saliva, the mixture releases arecoline, an anticholinergic CNS **stimulant**, somewhat similar to **nicotine**. Betel chewing can produce **dependence**, and habitual use often results in health problems, particularly diseases of the mouth, including cancer. There have been few official efforts to control use.

binge drinking *See* drinking, binge.

biological marker A biological compound or attribute that provides evidence of the presence of, or vulnerability to, a specific disorder. In general, two types of marker are distinguished. A state marker identifies a current abnormality that most typically reflects a transient or reactive condition of the subject, such as the degree of activity of an underlying disorder or the recent use of a drug. A trait marker identifies a relatively stable and enduring attribute that reflects a continuing condition or, particularly in the case of a genetic marker, a predisposition to a specific disorder.

Most biological markers for **alcohol** and other drugs are state markers, and many simply reflect the recent history of consumption. A high **blood alcohol level**, for example, may identify a state of alcoholic intoxication, but it does not confirm alcohol dependence. Many, but not all, state markers for alcohol are in fact tests of hepatic damage (such as elevated plasma γ -glutamyltransferase). They are **diagnostic tests** of alterations in liver status secondary to chronic drinking, and not valid indicators of alcohol dependence. Other biological state markers for heavy alcohol consumption include desialotransferrin and acetaldehyde-protein adducts or antibodies to them.

See also: screening test

blackout Acute anterograde **amnesia**, not associated with loss of consciousness, resulting from the ingestion of **alcohol** or other substances; a period of memory loss during which there is little if any recall of activities. When this occurs in the course of chronic alcohol ingestion, it is sometimes referred to as the "alcoholic palimpsest".

blood alcohol level (BAL) (Y90, Y91) The concentration of **alcohol** (ethanol) present in blood. It is usually expressed as mass per unit volume, but different

countries may express it differently or use different units; examples include milligrams per 100 millilitres (mg/100 ml or, incorrectly, mg percent), milligrams per litre (mg/l), grams per 100 millilitres (g/100 ml), grams percent, and millimoles per litre. A concentration of 8 parts per thousand would be expressed in legal terminology in USA as .08%, in Scandinavia as 0.8 promille, and in Canada and elsewhere as 80 mg/100 ml. National differences also exist in the BAL set as the legal limit for driving under “per se” laws (*see drinking-driving*), with most limits in the range 50–100 mg/100 ml.

The BAL is often extrapolated from measurements made on breath or urine or other biological fluids in which the alcohol concentration bears a known relationship to that in the blood. The Widmark calculation is a technique for estimating BAL at a given time after alcohol ingestion by extrapolating from BALs at known times and assuming a fixed rate of alcohol elimination (zero order kinetics). In some jurisdictions this is considered a dubious assumption, and estimates of BALs at previous points in time are not accepted.

brief intervention A treatment strategy in which structured therapy 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. To date, brief intervention—sometimes known as minimal intervention—has been applied mainly to cessation of smoking and as therapy for **harmful use** of alcohol.

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.

See also: early intervention

bupirone A non-benzodiazepine **anxiolytic**. At present, it is regarded as having negligible **dependence potential**.

See also: sedative/hypnotic

caffeine A xanthine, which is a mild central nervous system stimulant, vasodilator, and diuretic. Caffeine is found in coffee, chocolate, cola and some other soft drinks, and tea, in some cases with other xanthines such as **theophylline** or theobromine. 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. The **substance use disorders** in ICD-10 include caffeine use disorder and caffeine dependence (classified in F15).

cannabis 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 reefers), bhang, ganja, or 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 definitions are based on the traditional Indian terms of ganja (=cannabis) and charas (=resin). A third Indian term, bhang, refers to the leaves. Cannabis oil (hashish oil, liquid cannabis, liquid hashish) is a concentrate of cannabis obtained by extraction, usually with a vegetable oil.

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 contains at least 60 cannabinoids, several of which are biologically active. The most active constituent is Δ^9 -tetrahydrocannabinol (THC), and THC and its metabolites can be detected in urine for several weeks after usage of cannabis (usually by smoking).

Cannabis **intoxication** produces a feeling of euphoria, lightness of the limbs, and often social withdrawal. 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, time sense (the individual typically has a sensation of slowed time), and signal detection. Other signs of intoxication may include excessive anxiety, suspiciousness or paranoid ideas in some and euphoria or apathy in others, impaired judgement, conjunctival injection, increased appetite, dry mouth, and tachycardia. Cannabis is sometimes consumed with **alcohol**, a combination that is additive in its psychomotor effects.

There are reports of cannabis use precipitating a relapse in schizophrenia. Acute anxiety and panic states and acute delusional states have been reported with cannabis intoxication; they usually remit within several days. Cannabinoids are sometimes used therapeutically for glaucoma and to counteract nausea in cancer chemotherapy.

Cannabinoid use disorders are included in the **psychoactive substance use disorders** in ICD-10 (classified in F12).

See also: amotivational syndrome

cardiomyopathy, alcoholic *See* alcoholic cardiomyopathy

child of an alcoholic (COA) An individual with at least one parent who is or was an alcoholic. Earlier discussions of the effects on the child of an alcoholic had focused on young or teenaged children. In the 1980s, being an adult child of an

alcoholic (ACA or ACOA) became a self-identification associated with a **mutual-help group** movement, operating under the auspices of **Al-Anon** and in separate groups and treatment programmes, mostly organized on **twelve-step group** principles. A growing popular literature characterizes the ACA as **co-alcoholic** or **codependent**, and posits an inclusive list of debilitating characteristics of the ACA in adult life. There is a tendency now to generalize the model to "adult children of dysfunctional families".

cirrhosis, alcoholic See alcoholic cirrhosis.

co-alcoholic See codependent.

cocaine An alkaloid obtained from **coca** leaves or synthesized from 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 produces **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, and combined opioid and cocaine users are likely to inject it intravenously. "Freebasing" refers to increasing the potency of cocaine by extracting pure cocaine alkaloid (the free base) and inhaling the heated vapours through a cigarette or water pipe. 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 use of organic solvents, consists of heating the cocaine salt with baking soda; this yields "crack".

"Crack" or "rock" is alkaloidal (free base) cocaine, an amorphous compound that may contain crystals of sodium chloride. It is beige in colour. "Crack" refers to the crackling sound made when the compound is heated. An intense "high" occurs 4–6 seconds after crack is inhaled; 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 judgment, and the user is thus likely to undertake irresponsible, illegal, or dangerous activities without 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 is compelled to repeat the process in order to regain the exhilaration and euphoria of the "high". **Overdose** appears to be more frequent with crack than with other forms of cocaine.

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 chronic abuser of cocaine. They include a panic-like **delirium**, hyperpyrexia, hypertension. (sometimes with subdural or subarachnoid haemorrhage), cardiac arrhythmias, myocardial infarction, cardiovascular collapse, seizures, status epilepticus, and death. Other neuropsychiatric sequelae include a psychotic syndrome with paranoid delusions, auditory and visual hallucinations, and ideas of reference. "Snow lights" is the term used to describe hallucinations or illusions resembling the twinkling of sunlight on snow crystals. Teratogenic effects have been described, including abnormalities of the urinary tract and limb deformities. Cocaine use disorders are among the **psychoactive substance use disorders** included in ICD-10 (classified in F14).

coca leaves The leaves of the coca bush *Erythroxylon coca*, 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.

coca paste (Spanish: *pasta de coca*) The product of the first step in the process of extracting **cocaine** from **coca leaves**. It contains 50–90% cocaine sulfate and toxic impurities such as kerosene and sulfuric acid. It is smoked in South America with **marijuana**, with tobacco, or alone. Coca paste mixed with marijuana and/or tobacco is known as *pitillo* in Bolivia and *bazuco* in Colombia.

codeine See opioid.

codependent A relative, close friend, or colleague of an alcohol- or drug-dependent person, whose actions are defined by the term as tending to perpetuate that person's dependence and thereby retard the process of recovery. In the early 1970s, the terms co-alcoholic and co-alcoholism came into use among those treating alcoholism in USA to characterize close relatives of the alcoholic (initially the wife in particular). With the shift in terminology from **alcoholism** to **alcohol dependence**, codependent and codependence came into use, also referring to relatives of those dependent on other drugs. Use of the term implies an attributed need for treatment or help, and some have proposed classifying codependence as a psychiatric disorder. The term is also now used figuratively to refer to the community or society acting as an **enabler** of alcohol or drug dependence.

See also: child of an alcoholic

cola nut The nut of an African tree of the Sterculiaceae family, containing **caffeine** and eaten socially in West Africa. A caffeine-bearing extract is widely used in mass-marketed carbonated cola drinks, some of which also contain an extract of **coca leaves** with the cocaine removed.

comorbidity See dual diagnosis; multiple drug use.

compulsion When applied to **psychoactive substance** use, the term refers to a powerful urge—attributed to internal feelings rather than external influences—to take the substance (or substances) in question. The substance user may recognize the urge as detrimental to well-being and may have a conscious intent to refrain. These feelings are less characteristic of alcohol and drug **dependence** than of the psychiatric syndrome of obsessive-compulsive disorder.

See also: control, impaired; craving

conditioned withdrawal See withdrawal, conditioned.

congener In strict usage, this term applies to the alcohols (other than ethanol), aldehydes, and esters that are found in **alcoholic beverages** and contribute to the special aroma and taste of these drinks. However, "congener" is also used more loosely to mean any constituent of an alcoholic drink that imparts an aroma, taste, colour, or other characteristic such as "body" to such a drink. Tannins and colorants are some of the compounds that have been so termed.

control, impaired Diminished ability of an individual to control his or her use of a **psychoactive substance** in terms of onset, level, or termination. "Impaired capacity to control" is a criterion for the **dependence syndrome** in ICD-10. Impaired control is distinguished from **loss of control** in that the latter implies that the phenomenon prevails at all times and in all circumstances.

control, loss of An inability to modulate the amount and frequency of **psychoactive substance** use; the inability to cease ingesting substances such as **alcohol** and **cocaine** once their initial effect has been experienced. In recent discussions of the **dependence syndrome**, the term "loss of control" has been replaced by **impaired control**.

See also: inability to abstain

controlled drinking See drinking, controlled.

controlled substances **Psychoactive substances** and their precursors whose distribution is forbidden by law or limited to medical and pharmaceutical channels. The substances actually subject to this control differ somewhat between countries. The term is often used to refer to psychoactive drugs and precursors covered by **international drug conventions** (the 1961 Single Convention on Narcotic Drugs, amended by a 1972 Protocol; the 1971 Convention on Psychotropic Substances; the 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances). At both international and national levels (as in the 1970 United States Controlled Substances Act),

controlled drugs are commonly classified according to a hierarchy of schedules, reflecting different degrees of restriction of availability.

conventions, international drug International treaties concerned with the control of production and distribution of **psychoactive drugs**. Early treaties (General Brussels Act, 1889–90, and St Germain-en-Laye Convention of 1912) controlled liquor traffic in Africa in the colonial era. The first treaty dealing with currently **controlled substances** was the Hague Convention of 1912; its provisions and those of succeeding agreements were consolidated in the Single Convention on Narcotic Drugs (1961; amended by a 1972 Protocol). To this have been added the 1971 Convention on Psychotropic Substances and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

convulsion, alcohol- or drug-related A seizure-like event occurring during withdrawal from or **intoxication** by **alcohol** or another drug. It is characterized by loss of consciousness and muscular rigidity (accompanied by temporary cessation of respiration), followed by non-purposive jerking of the limbs and trunk. The term is sometimes also used to include convulsions related to alcohol- or drug-induced brain damage. Convulsions due to idiopathic epilepsy or structural brain damage following trauma or infection in individuals with **psychoactive substance use disorders** are excluded from this definition.¹
Synonyms: alcohol- or drug-related fits or seizures; "rum fits"

crack *See* cocaine.

craving Very strong desire for a **psychoactive substance** or for the intoxicating effects of that substance. Craving is a term in popular use for the mechanism presumed to underlie **impaired control**: it is thought by some to develop, at least partly, as a result of conditioned associations that evoke **conditioned withdrawal** responses. Craving may also be induced by the provocation of any physiological arousal state resembling an alcohol or drug **withdrawal syndrome**.
See also: compulsion; control, impaired; dependence syndrome; withdrawal, conditioned

cross-dependence 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 and thereby maintain the physically dependent state. Note that "**dependence**" is normally used here in the narrower psychopharmacological sense associated with suppression of withdrawal symptoms.

¹ See F1x.31 and F1x.41 in *The ICD-10 Classification of Mental and Behavioural Disorders. Clinical descriptions and diagnostic guidelines*. Geneva, World Health Organization, 1992.

A consequence of the phenomenon of cross-dependence 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**.

See also: cross-tolerance; detoxification

cross-tolerance The development of **tolerance** to a substance, to which the individual has not previously been exposed, as a result of acute or chronic intake of another substance. The two substances usually, but not invariably, have similar pharmacological effects. Cross-tolerance is apparent when a dose of the novel substance fails to produce the expected effect.

See also: cross-dependence; detoxification

decriminalization The repeal of laws or regulations that define a behaviour, product, or condition as criminal. The term is used in connection with both **illicit drugs** and the crime of public drunkenness (*see* **inebriate**). It is sometimes also applied to a reduction in the seriousness of a crime or of the penalties the crime attracts, as when possession of **marijuana** is downgraded from a crime that warrants arrest and a jail term to an infraction to be punished with a warning or fine. Thus decriminalization is often distinguished from **legalization**, which involves the complete repeal of any definition as a crime, often coupled with a governmental effort to control or influence the market for the affected behaviour or product.

See also: alcohol control; drug control

delirium An acute organic cerebral syndrome characterized by concurrent disturbances of consciousness, attention, perception, orientation, thinking, memory, psychomotor behaviour, emotion, and the sleep-wake cycle. Duration is variable, from a few hours to a few weeks, and the degree of severity ranges from mild to very severe. An alcohol-induced **withdrawal syndrome** with delirium is known as **delirium tremens**.

delirium tremens (F10.4) Withdrawal syndrome with **delirium**; an acute psychotic state occurring during the withdrawal phase in alcohol-dependent individuals and characterized by confusion, disorientation, paranoid ideation, delusions, illusions, hallucinations (typically visual or tactile, less commonly auditory, olfactory, or vestibular), restlessness, distractibility, tremor (which is sometimes gross), sweating, tachycardia, and hypertension. It is usually preceded by signs of simple alcohol withdrawal.

Onset of delirium tremens is usually 48 hours or more after cessation or reduction of alcohol consumption, but it may present up to one week from this time. It should be distinguished from **alcoholic hallucinosis**, which is not always a withdrawal phenomenon. The condition is known colloquially as "the DTs" or "the horrors."

demand reduction A general term used to describe policies or programmes directed at reducing the consumer demand for **psychoactive drugs**. It is applied primarily to **illicit drugs**, particularly with reference to educational, treatment, and rehabilitation strategies, as opposed to law enforcement strategies that aim to interdict the production and distribution of drugs (**supply reduction**). Compare **harm reduction**.

dementia, alcoholic See alcoholic dementia.

dependence (F1x.2) As a general term, the state of needing or depending on something or someone for support or to function or survive. As applied to **alcohol** and other drugs, the term implies a need for repeated doses of the drug to feel good or to avoid feeling bad. In DSM-III-R, dependence is defined as "a cluster of cognitive, behavioral and physiologic symptoms that indicate a person has impaired control of psychoactive substance use and continues use of the substance despite adverse consequences". It is roughly equivalent to the **dependence syndrome** of ICD-10. In the ICD-10 context, the term dependence could refer generally to any of the elements in the syndrome. The term is often used interchangeably with **addiction** and **alcoholism**.

In 1964 a WHO Expert Committee introduced "dependence" to replace addiction and **habituation**.¹ The term can be used generally with reference to the whole range of psychoactive drugs (drug dependence, chemical dependence, substance use dependence), or with specific reference to a particular drug or class of drugs (e.g. alcohol dependence, opioid dependence). While ICD-10 describes dependence in terms applicable across drug classes, there are differences in the characteristic dependence symptoms for different drugs.

In unqualified form, dependence refers to both physical and psychological elements. Psychological or psychic dependence refers to the experience of **impaired control** over drinking or drug use (see **craving, compulsion**), while physiological or physical dependence refers to **tolerance** and **withdrawal** symptoms (see also **neuroadaptation**). In biologically-oriented discussion, dependence is often used to refer only to physical dependence.

Dependence or physical dependence is also used in the psychopharmacological context in a still narrower sense, referring solely to the development of withdrawal symptoms on cessation of drug use. In this restricted sense, **cross-dependence** is seen as complementary to **cross-tolerance**, with both referring only to physical symptomatology (**neuroadaptation**).

dependence potential The propensity of a substance, as a consequence of its pharmacological effects on physiological or psychological functions, to give rise to **dependence** on that substance. Dependence potential is determined by

¹ WHO Expert Committee on Addiction-Producing Drugs. Thirteenth report of the WHO Expert Committee. Geneva, World Health Organization, 1964 (WHO Technical Report Series, No. 273).

those intrinsic pharmacological properties that can be measured in animal and human drug testing procedures.

See also: abuse liability

dependence syndrome (F1x.2) A cluster of behavioural, cognitive, and physiological phenomena that may develop after repeated substance use. Typically, these phenomena include a strong desire to take the drug, **impaired control** over its use, persistent use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased **tolerance**, and a physical **withdrawal** reaction when drug use is discontinued. In ICD-10, the diagnosis of dependence syndrome is made if three or more of six specified criteria were experienced within a year.

The dependence syndrome may relate to a specific substance (e.g. tobacco, **alcohol**, or **diazepam**), a class of substances (e.g. **opioids**), or a wider range of pharmacologically different substances.

See also: addiction; alcoholism; dependence; substance use disorders

depressant Any agent that suppresses, inhibits, or decreases some aspects of central nervous system (CNS) activity. The main classes of CNS depressants are the **sedatives/hypnotics**, **opioids**, and **neuroleptics**. Examples of depressant drugs are **alcohol**, **barbiturates**, anaesthetics, **benzodiazepines**, **opiates** and their synthetic analogues. **Anticonvulsants** are sometimes included in the depressant group because of their inhibitory action on abnormal neural activity.

Disorders related to depressant use are classified as **psychoactive-substance use disorders** in ICD-10 in categories F10 (for alcohol), F11 (for opioids), and F13 (for sedatives or hypnotics).

See also: alcohol; benzodiazepine; neuroleptic; opioid; sedative/hypnotic

designer drug A novel chemical substance with psychoactive properties, synthesized specifically for sale on the illicit market and to circumvent 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.

detoxification

- (1) The process by which an individual is withdrawn from the effects of a **psychoactive substance**.
- (2) As a clinical procedure, the withdrawal process carried out in a safe and effective manner, such that withdrawal symptoms are minimized. The facility in which this takes place may be variously termed a detoxification centre, detox centre, or sobering-up station.

Typically, the individual is clinically intoxicated or already in **withdrawal** at the outset of detoxification. Detoxification may or may not 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 from intoxication or from the physical withdrawal syndrome is complete. The term "self-detoxification" is sometimes used to denote unassisted recovery from a bout of intoxication or withdrawal symptoms.

diacetylmorphine, diamorphine Alternative generic names for **heroin**.

See also: opioid

diagnostic instrument In general medical usage, any machine or instrument, and—by extension—any clinical procedure or interview schedule used for the determination of an individual's medical condition or the nature of his or her illness. With respect to substance use and other behavioural disorders, the term refers principally to lists of questions oriented to diagnosis, including structured interview schedules that can be administered by trained lay interviewers. The Composite International Diagnostic Interview (CIDI) and the Diagnostic Interview Schedule (DIS) are examples of such schedules, which allow diagnosis of **psychoactive substance use disorders** as well as a range of other mental disorders.

See also: screening instrument

diagnostic test A procedure or instrument used in conjunction with observation of behaviour patterns, history, and clinical examination to help in establishing the presence, nature, and source of, or vulnerability to, a disorder, or to measure some specified characteristic of an individual or group.

Physical specimens tested vary according to the nature of the investigation: examples include urine (e.g. for the presence of drugs), blood (e.g. for **blood alcohol level**), semen (e.g. for motility of spermatozoa), faeces (e.g. for the presence of parasites), amniotic fluid (e.g. for the presence of a heritable disorder in the fetus), and tissues (e.g. for the presence and activity of neoplastic cells). The methods of testing also vary and include biochemical, immunological, neurophysiological, and histological examinations. Diagnostic imaging techniques include X-ray, computed tomography (CAT scan), positron emission tomography (PET), and magnetic resonance imaging (MRI).

Psychological investigations may involve intelligence tests, personality tests, projective tests (such as the Rorschach ink blot test), and neuro-psychological batteries of tests to assess the type, location, and degree of any brain dysfunction and its behavioural expressions.

See also: biological marker; screening test

diazepam A common **benzodiazepine**.

dipsomania *See* alcoholism.

disability, alcohol- or drug-related Any problem, illness, or other consequence of **harmful use, acute intoxication, or dependence** that inhibits an individual's capacity to act normally in the context of social or economic activities. Examples include the decline in social functioning or physical activity that accompanies **alcoholic cirrhosis**, drug-related HIV infection, or alcohol-related traumatic injury.

See also: alcohol-related problem; drug-related problem

disinhibition A state of release from internal constraints on an individual's behaviour. Disinhibition may result from the administration of a **psychoactive drug**.

The belief that a psychoactive drug, especially **alcohol**, gives rise pharmacologically to uninhibited behaviour, is often expressed in the 19th century physiological formulation of the shutting off of inhibitions located in "the higher centres of the mind". Almost any adjective, from "malign" to "expressive", can be used to describe the behaviour attributed to the disinhibitory effect. The term "disinhibition theory" is used to distinguish this belief from the more recent perspective that pharmacological effects are heavily mediated by cultural and personal expectations and by context.

Disinhibition is also used by neurophysiologists and neuropharmacologists to refer to the removal of an inhibitory influence on a neuron or circuit, as distinct from direct stimulation of the neuron or circuit. For example, **opioid** drugs depress the activity of dopaminergic neurons that normally exert a tonic inhibitory effect on the secretion of prolactin by pituitary gland cells. Thus, the opioids "disinhibit" secretion of prolactin and indirectly cause a rise in serum prolactin level.

disorder, psychoactive substance use A generic term used to denote mental, physical, and behavioural conditions of clinical relevance and associated with the use of psychoactive substances. Compare with **alcohol-related problem** and **drug-related problem**, which are terms that also include conditions and events not of clinical interest.

The full ICD-10 term is "mental and behavioural disorders due to psychoactive substance use", covered by codes F10–F19; the third character in the code specifies the class of substances involved. The disorders include acute **intoxication, harmful use, dependence syndrome, withdrawal syndrome**, (with and without **delirium**), **psychotic disorders**, and **amnesic syndrome**.

disulfiram (Antabuse) The prototypic **alcohol-sensitizing drug**, prescribed to assist in maintaining abstinence from alcohol. Disulfiram inhibits aldehyde dehydrogenase activity and, in the presence of alcohol, causes accumulation of **acetaldehyde** and an aversive facial flushing reaction, accompanied by nausea, dizziness, and palpitations. These effects are sometimes termed "the Antabuse reaction".

diversion programme A programme of treatment or re-education 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 a general crime not defined in terms of drugs or alcohol. In strict legal usage of the term, individuals are assigned to diversion programmes in lieu of prosecution, which is usually held in abeyance pending successful completion of the diversion programme. "Diversion" is also used more broadly for any pattern of referral from the court at any stage of processing, including as a sentence or condition of probation.

doping Defined by the International Olympic Committee and the International Amateur Athletic Federation as the use or distribution of substances that could artificially improve an athlete's physical or mental condition, and thus his or her athletic performance. The substances that have been used in this way are numerous and include various **steroids, stimulants, beta blockers, antihistamines, and opioids**. Official **screening tests** for doping substances have been carried out at the Olympic Games since 1968 and are now a regular practice in a range of professional and amateur sports in many countries.

Outside the context of drugs, "dope" refers to any thick liquid or pasty preparation. By the late 19th century, one meaning of "doping" was the administration of psychoactive substances to racehorses to affect their performance, and "dopey" came to describe a person whose senses were apparently dulled, as by drugs. In slang usage, "dope" has long been used to refer to any psychoactive substance, and in North America in recent decades particularly to **cannabis**.

drinking Ingestion of a beverage; specifically, in the present context, of an **alcoholic beverage**.

drinking-driving The generally favoured term for the criminal action of driving a vehicle with a **blood alcohol level** over a specified limit. The legislation that criminalizes this action is called a "*per se*" law; reflecting the supplementation of older legislation by *per se* laws, the term "drinking-driving" includes, but is not limited to, drunk driving, driving under the influence (DUI), and driving while intoxicated (DWI). In recent years, drinking-driving laws have been commonly extended to apply to "drugged driving", generally forbidding driving with any trace of specified drugs in the bloodstream.

Synonym: drink-driving (particularly in Australasia)

drinking, binge A pattern of heavy drinking that occurs in an extended period set aside for the purpose. In population surveys, the period is usually defined as more than one day of drinking at a time. The terms "bout drinking" and "spree drinking" are also used for the activity, and "drinking bout" for the occasion. A binge drinker or bout drinker is one who drinks predominantly in this fashion, often with intervening periods of abstinence.

Synonyms: bout drinking; spree drinking

See also: Jellinek's typology (epsilon alcoholism)

drinking, controlled Drinking that is moderated to avoid **intoxication** or **hazardous use**. The term is applied especially when there is a reason to question the ability to drink in a controlled fashion at all times, as in the case of individuals who have exhibited signs of **alcohol dependence** or **harmful drinking**.

When applied to the use of other psychoactive substance, the analogous term "controlled drug use" refers to the maintenance of regular, non-compulsive substance use that does not interfere with ordinary functioning, and to methods of use that minimize untoward drug effects. *Compare* **impaired control**.

See also: drinking, moderate

drinking, escape Drinking motivated by the desire or need to escape an unpleasant mood or situation. Cognate terms are: personal-effects reasons (vs. social); use of alcohol for coping; negative-affect drinking.

drinking, excessive Currently a non-preferred term for a pattern of drinking considered to exceed some standard of **moderate drinking** or acceptability. **Hazardous drinking** is a rough equivalent in current use. The Eighth Revision of the International Classification of Diseases distinguished two types of excessive drinking: episodic and habitual, where excessive drinking was apparently equivalent to **intoxication**. Episodic excessive drinking includes relatively brief bouts of excessive consumption of alcohol occurring at least a few times a year. These bouts may last for several days or weeks (see **binge drinking**). Habitual excessive drinking includes regular consumption of quantities of alcohol large enough to be detrimental to the individual's health or social functioning.

See also: drinking, heavy; harmful use

drinking, harmful *See* harmful use.

drinking, hazardous *See* hazardous use.

drinking, heavy A pattern of drinking that exceeds some standard of **moderate drinking** or—more equivocally—**social drinking**. Heavy drinking is often defined in terms of exceeding a certain daily volume (e.g. three drinks a day) or quantity per occasion (e.g. five drinks on an occasion, at least once a week).

See also: drinking, excessive; standard drink

drinking, inveterate *See* alcoholization.

drinking, moderate An inexact term for a pattern of drinking that is by implication contrasted with **heavy drinking**. It denotes drinking that is moderate in

amount and does not cause problems. Sometimes, moderate drinking is also contrasted with light drinking.

See also: drinking, controlled; drinking, excessive; drinking, heavy; drinking, social

drinking, problem Drinking that results in problems, individual or collective, health or social. Earlier usages included drinking in response to a life problem. The term has been used since the mid-1960s in a more general sense that avoids commitment or reference to the **disease concept of alcoholism**. In some usages, problem drinking is assimilated to the **alcoholism** concept as an earlier or less serious stage. A problem drinker is a person whose drinking has resulted in health or social problems.

Formulations that avoid the labelling inherent in the term include "drinking-related problems" and "drinking problems" (*see alcohol-related problems*). The term "problematic drinking" has been used by some to cover the related concept of drinking that has the potential to cause problems (roughly equivalent to **hazardous use** of alcohol), while "the drink problem" is a term that dates from the temperance era and—like "the liquor question"—referred to **alcohol policy** as a whole.

drinking, social

- (1) Literally, drinking in company, as opposed to solitary drinking.
- (2) Often used loosely to mean a drinking pattern that is not **problem drinking**.
- (3) More prescriptively, the use of **alcoholic beverages** in compliance with social custom, primarily in the company of others, and then only for socially acceptable reasons and in socially acceptable ways. (Also known as "integrated drinking".)

Social drinking is not necessarily **moderate drinking**. In certain South American societies, for example, individuals engage in communally approved "fiesta" drinking, often to the point of **intoxication**. (*Compare moderate drinking, recreational use.*)

Synonyms (sense 2): responsible drinking; sensible drinking

drug A term of varied usage. In medicine, it refers to any substance with the potential to prevent or cure disease or enhance physical or mental welfare, and in pharmacology to any chemical agent that alters the biochemical or physiological processes of tissues or organisms. Hence, a drug is a substance that is, or could be, listed in a pharmacopoeia. In common usage, the term often refers specifically to **psychoactive drugs**, and often, even more specifically, to **illicit drugs**, of which there is **non-medical use** in addition to any medical use. Professional formulations (e.g. "alcohol and other drugs") often seek to make the point that **caffeine**, tobacco, **alcohol**, and other substances in common non-medical use are also drugs in the sense of being taken at least in part for their psychoactive effects.

drug abuse See abuse (drug, alcohol, chemical, substance, or psychoactive substance).

drug control The regulation, by a system of laws and agencies, of the production, distribution, sale, and use of specific **psychoactive drugs (controlled substances)** locally, nationally, or internationally (see **conventions, international drug**). Alternatively, equivalent to **drug policy** (compare **alcohol policy**).

drug policy

- (1) In the context of **psychoactive drugs**, the aggregate of policies designed to affect the supply and/or the demand for **illicit drugs**, locally or nationally, including education, treatment, control, and other programmes and policies. In this context, "drug policy" often does not include **pharmaceutical policy** (except with regard to diversion to **non-medical use**), or tobacco or **alcohol policy**.
- (2) In the context of WHO's Action Programme on Essential Drugs, "national drug policy" refers to a national **pharmaceutical policy** concerning the marketing, availability, and therapeutic use of medicines. WHO recommends that every country should have such a policy, formulated in the context of a national health policy. The WHO List of Essential Drugs is an effort to assist developing countries to develop a pharmaceutical policy attuned to allocating scarce funds for pharmaceuticals on the basis of health needs rather than market considerations.¹

drug-related problem Any of the range of adverse accompaniments of drug use, particularly **illicit drug** use. "Related" does not necessarily imply causality.

The term was coined by analogy with **alcohol-related problem** but is less used, since it is drug use itself, rather than the consequences, that tends to be defined as the problem; it can be used to refer to problems at an individual or societal level. In international **drug control**, drug-related problems are taken into account in setting a level of control for a **controlled substance** through a WHO assessment of the drug's **dependence potential** and **abuse liability**. "Drug problems" is a possible cognate term, but can be confused with "the drug problem", meaning illicit drugs as a policy issue.

drug testing The analysis of body fluids (such as blood, urine, or saliva) or hair or other tissue for the presence of one or more psychoactive substances.

Drug testing is employed to monitor abstinence from psychoactive substances in individuals pursuing drug rehabilitation programmes, to monitor surreptitious drug use among patients on **maintenance therapy**, and where

¹ *The use of essential drugs. Model List of Essential Drugs (seventh list). Fifth report of the WHO Expert Committee. Geneva, World Health Organization, 1992 (WHO Technical Report Series, No. 825).*

employment is conditional on abstinence from such substances. *See* **blood alcohol level** for testing specifically for alcohol.

drug use *See* use (alcohol or drug).

drug use, controlled *See* drinking, controlled.

drunkenness *See* intoxication.

dual diagnosis A general term referring to comorbidity or the co-occurrence in the same individual of a **psychoactive substance use disorder** and another psychiatric disorder. Such an individual is sometimes known as a mentally ill chemical abuser (MICA). Less commonly, the term refers to the co-occurrence of two psychiatric disorders not involving psychoactive substance use. The term has also been applied to the co-occurrence of two diagnosable substance use disorders (*see* **multiple drug use**). Use of this term carries no implications of the nature of the association between the two conditions or of any etiological relationship between them.

Synonym: comorbidity

dysfunctional use Substance use that is leading to impaired psychological or social functioning, for example loss of employment or marital problems. *Compare* **abuse, harmful use, hazardous use, problem drinking**.

early intervention 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

employee assistance programme (EAP) An employment-based programme that allows for treatment of an **alcohol-** or **drug-related problem** or other mental disorder detected on the basis of work performance or by drug screening. 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. Normally, an EAP referral occurs as a diversion from discharge or another sanction for a first and sometimes subsequent offence.

The term originated in the USA, but is now more widely used.

enabler Any person or social group whose actions or policies intentionally or unintentionally facilitate the continuing misuse of **alcohol** or other substance.
See also: codependent

encephalopathy An inexact term referring to organic brain disorder of any degree. Some authors use the term in a more restricted sense to refer to chronic brain disease with irreversible pathological changes; others use it to describe an acute **delirium**. Still others use it for early signs of brain tissue dysfunction that are too subtle to warrant a definitive diagnosis. Alcoholic encephalopathy (G31.2) indicates that the damage to brain tissue damage is caused by or associated with **alcohol** use.
See also: alcoholic brain syndrome

endorphin *See* opioid, endogenous.

enkephalin *See* opioid, endogenous.

escape drinking *See* drinking, escape.

ethanol *See* alcohol.

excessive drinking *See* drinking, excessive.

experimental use Usually, the first few instances of using a particular drug (sometimes including tobacco or **alcohol**). The term sometimes refers to extremely infrequent or non-persistent use.

fatty liver, alcoholic *See* alcoholic fatty liver.

fetal alcohol syndrome (FAS) (Q86.0) (*See also* P04, O35.) A pattern of retarded growth and development, both mental and physical, with cranial, facial, limb, and cardiovascular defects, found in some children of mothers whose alcohol consumption during pregnancy can be classed as hazardous. The commonest abnormalities are: prenatal and postnatal growth deficiency, microcephaly, developmental delay or mental retardation, short palpebral fissures, a short upturned nose with sunken nasal bridge and a thin upper lip, abnormal palmar creases, and cardiac (especially septal) defects. Many other more subtle abnormalities have also been attributed to the effects of alcohol on the fetus (fetal alcohol effects, FAE), but there is controversy regarding the level of maternal consumption that produces such effects.

flashbacks (F1x.70)¹ Post-hallucinogen perception disorder, a spontaneous recurrence of the visual distortions, physical symptoms, loss of ego boundaries, or intense emotions that occurred when the individual ingested hallucinogens in the past. Flashbacks are episodic, of short duration (seconds to hours), and may duplicate exactly the symptoms of previous hallucinogen episodes. They may be precipitated by fatigue, alcohol intake, or marijuana intoxication. Post-hallucinogenic flashbacks are relatively common, and have also been reported for coca paste smokers.

gastritis, alcoholic See alcoholic gastritis.

gateway drug An illicit or licit drug, use of which is regarded as opening the way to the use of another drug, usually one viewed as more problematic.

genetic marker See biological marker.

glue sniffing See volatile substances.

habit-forming Literally, having characteristics that encourage customary or regular use. The term also includes use of a drug in a way that implies that the drug has substantial dependence potential; "habit-forming" however, is more colloquial and sounds less threatening, and is therefore used, for instance, on pharmaceutical warning labels.

See also: habituation

habituation Becoming accustomed to any behaviour or condition, including psychoactive substance use. In the context of drugs, the term has overtones of dependence. In 1957, a WHO Expert Committee distinguished drug habituation from drug addiction on the basis of the absence of physical dependence, desire rather than compulsion to take the drug, and little or no tendency to increase the dose (see tolerance).² In 1964 another WHO Expert Committee replaced both terms with drug dependence.³

halfway house Often, a place of residence that acts as an intermediate stage between an inpatient 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

¹ This five-character category is not included in ICD-10 but may be found in: *The ICD-10 Classification of Mental and Behavioural Disorders. Clinical descriptions and diagnostic guidelines*. Geneva, World Health Organization, 1992.

² *Expert Committee on Addiction-Producing Drugs. Seventh report of The Expert Committee*. Geneva, World Health Organization, 1957 (WHO Technical Report Series, No. 116).

³ *WHO Expert Committee on Addiction-Producing Drugs. Thirteenth report of the WHO Expert Committee*. Geneva, World Health Organization, 1964 (WHO Technical Report Series, No. 273).

therapeutic community). There are also halfway houses for individuals with psychiatric disorders or leaving prison.

Synonym: recovery home

hallucinogen A chemical agent that induces alterations in perception, thinking, and feeling which resemble those of the functional psychoses without producing the gross impairment of memory and orientation characteristic of the organic syndromes. Examples include lysergide (lysergic acid diethylamide, LSD), dimethyltryptamine (DMT), **psilocybin**, **mescaline**, tenamfetamine (3,4-methylenedioxyamfetamine, MDA), 3,4-methylenedioxymethamfetamine (MDMA or ecstasy), and **phencyclidine** (PCP).

Most hallucinogens are taken orally; DMT, however, is sniffed or smoked. Use is typically episodic; chronic, frequent use is extremely rare. Effects are noted within 20–30 minutes of ingestion and consist of pupillary dilatation, blood pressure elevation, tachycardia, tremor, hyperreflexia, and the psychedelic phase (consisting of euphoria or mixed mood changes, visual illusions and altered perceptions, a blurring of boundaries between self and non-self, and often a feeling of unity with the cosmos). Rapid fluctuations between euphoria and dysphoria are common. After 4–5 hours, that phase may be replaced with ideas of reference, feelings of increased awareness of the inner self, and a sense of magical control.

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

- (1) **bad trips**;
- (2) post-hallucinogen perception disorder or **flashbacks**;
- (3) 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;
- (4) 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.

Hallucinogens have been used for insight therapy in psychotherapy, but this has been restricted or even banned by legislation.

See also: hallucinogenic plant

hallucinogenic plant Any one of a wide variety of plant materials, containing **hallucinogens**, which are used traditionally by indigenous peoples for a variety of purposes: euphoria, sociability, relief of distress, as a medicine, or to induce visions (see **mescaline**; **peyote**). Some plants (*Lophophora williamsii*, *Trichocereus pachamoi*, *Banisteriosis caapi*, and others) are used, particularly by Central and South American Indians, within a ritual context to produce hallucinations. It has been reported that these plants are becoming fashionable among urbanized and educated experimenters, who may mix one or other of

them with **alcohol**, **cocaine**, **marijuana**, or other psychoactive substance and may experience severe reactions.

hallucinosi (F1x.52)¹ A disorder consisting of persistent or recurrent hallucinations, usually visual or auditory, that occur in clear consciousness and that the individual may or may not recognize as unreal. Delusional elaboration of the hallucinations may occur, but delusions do not dominate the clinical picture.
See also: psychotic disorder, alcohol- or drug-induced

hallucinosi, alcoholic *See* hallucinosi; psychotic disorder, alcohol-induced.

hangover A post-intoxication state comprising the immediate after-effects of drinking **alcoholic beverages** in excess. Non-ethanol components of alcoholic beverages may be involved in the etiology. Physical features may include fatigue, headache, thirst, vertigo, gastric disorder, nausea, vomiting, insomnia, fine tremors of the hands, and raised or lowered blood pressure. Psychological symptoms include acute anxiety, guilt, depression, irritability, and extreme sensitivity. The amount of alcohol needed to produce hangover varies with the mental and physical condition of the individual, although generally the higher the **blood alcohol level** during the period of intoxication, the more intense the subsequent symptoms. The symptoms vary also with social attitude. Hangover usually lasts not more than 36 hours after all traces of alcohol have left the system.

Some of the symptoms of hangover are similar to those of the alcohol **withdrawal syndrome**, but the term "hangover" is usually reserved for the after-effects of a single drinking episode and does not necessarily imply any other alcohol use disorder.

harm reduction In the context of **alcohol** or other drugs, describes policies or programmes that focus directly on reducing the harm resulting from the use of alcohol or drugs. The term is used particularly of policies or programmes that aim to reduce the harm without necessarily affecting the underlying drug use; examples includes needle/syringe exchanges to counteract **needle-sharing** among heroin users, and self-inflating airbags in automobiles to reduce injury in accidents, especially as a result of **drinking-driving**. Harm reduction strategies thus cover a wider range than the dichotomy of **supply reduction** and **demand reduction**.

Synonym: harm minimization

harmful drinking *See* harmful use.

¹ This five-character category is not included in ICD-10 but may be found in: *The ICD-10 Classification of Mental and Behavioural Disorders. Clinical descriptions and diagnostic guidelines*. Geneva, World Health Organization, 1992.

harmful use (F1x.1) A pattern of psychoactive substance use that is causing damage to health. 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 commonly, but not invariably, has adverse social consequences; social consequences in themselves, however, are not sufficient to justify a diagnosis of harmful use.

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

See also: hazardous use

hashish *See* cannabis.

hazardous drinking *See* hazardous use.

hazardous use A pattern of substance use that increases the risk of harmful consequences for the user. Some would limit the consequences to physical and mental health (as in **harmful use**); some would also include social consequences. 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 used currently by WHO but is not a diagnostic term in ICD-10.

heavy drinking *See* drinking, heavy.

hepatitis, alcoholic *See* alcoholic hepatitis.

heroin *See* opioid.

hypnotic *See* sedative/hypnotic.

idiopathic intoxication *See* intoxication, pathological.

idiosyncratic reaction Individual, unpredictable, and non-dose-dependent response to any substance: drowsiness or euphoria, flushing, carpopedal spasms (pseudotetanus), apnoea, etc.

IDU Injecting drug user or use. Injections may be intramuscular, subcutaneous, intravenous (**IV**), etc.

See also: administration, method of

illicit drug A **psychoactive substance**, the production, sale, or use of which is prohibited. Strictly speaking, it is not the drug that is illicit, but its production, sale, or use in particular circumstances in a given jurisdiction (*see* **controlled substances**). "Illicit drug market", a more exact term, refers to the production, distribution, and sale of any drug outside legally sanctioned channels.

impaired control *See* control, impaired.

inability to abstain A form of **impaired control** over the use of a substance, such that there is an inability or unwillingness to refrain from substance use. As used in Jellinek's 1960 formulation, this is one of two forms of **loss of control**, the other being inability to stop once started.
See also: alcoholism; Jellinek's typology

inebriate *See* inebriety.

inebriety The state of being intoxicated. The term usually implies a habitual pattern of drunkenness, and was sometimes used where "**alcoholism**" or "**alcohol dependence**" would now be used, implying a disease condition. Together with **inebriate** (a person displaying inebriety), inebriety was standard terminology in the late 19th century for habitual **intoxication**, and remained in use until the 1940s. The concept remains current in a legal context, as in the terms "chronic inebriate" or "public inebriate", equivalent to (chronic) drunkenness offender, a person (recurrently) convicted of the crime of being drunk in a public place.

inhalant *See* volatile substance.

international drug conventions *See* conventions, international drug.

intoxication A condition that follows the administration of a **psychoactive substance** and results in disturbances in the level of consciousness, cognition, perception, judgment, affect, or 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; its equivalent in everyday speech is "drunkenness". Alcohol intoxication is manifested by such signs as facial flushing, slurred speech, unsteady gait, euphoria, increased activity, volubility, disorderly conduct, slowed reactions, impaired judgement and motor incoordination, insensibility, or stupefaction.

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.

Acute intoxication is the term in ICD-10 for intoxication of clinical significance (F1x.0). Complications may include trauma, inhalation of vomitus, delirium, coma, and convulsions, depending on the substance and **method of administration**.

Habitual intoxication (habitual drunkenness), applied primarily to alcohol, refers to a regular or recurrent pattern of drinking to intoxication. Such a pattern has sometimes been treated as a criminal offence, separately from the individual instances of intoxication.

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

See also: inebriety; street drinker

intoxication, pathological (F10.07) A syndrome characterized by extreme excitement with aggressive and violent features and, frequently, ideas of persecution, after consumption of disproportionately little **alcohol**. It lasts for several hours and terminates with the patient falling asleep. There is usually complete **amnesia** for the episode. A controversial entity primarily used in a forensic context.

See also: intoxication

Synonym: idiopathic intoxication

IV Intravenous (drug use).

IVDU Intravenous drug user. Included within IDU, injecting drug user.

See also: administration, method of

jealousy, alcoholic *See* alcoholic jealousy.

Jellinek formula A method of estimating the number of **alcoholics** in a population, originally proposed by E. M. Jellinek around 1940 and fully published in 1951.¹ In its final form, the formula was $A = (PD/K)R$, where A is the number of alcoholics; D is the number of reported deaths from cirrhosis in a given year; P , K , and R are assumed to be constants, reflecting respectively the proportion of cirrhosis deaths due to alcoholism, the percentage of alcoholics with complications dying of cirrhosis in a given year, and the ratio of all alcoholics to alcoholics with complications. Although both the assumption that P , K , and R are constants and the conceptual basis of the formula attracted increasingly heavy criticism, and, by 1959, Jellinek himself recommended abandoning it, for lack of alternatives, the formula remained in wide use into the 1970s.

Jellinek's typology Jellinek's classification of **alcoholism**, as outlined in *The disease concept of alcoholism* (1960).²

alpha alcoholism—characterized by psychological **dependence**, with no progression to physiological dependence; also called **problem drinking**, **escape drinking**.

¹ WHO Expert Committee on Mental Health. *Report on the First Session of the Alcoholism Subcommittee*. Geneva, World Health Organization, 1951 (WHO Technical Report Series, No. 42); Annex 2, Jellinek estimation formula.

² Jellinek EM. *The disease concept of alcoholism*. New Haven, CT, Hillhouse, 1960.

beta alcoholism—characterized by physical complications involving one or more organ systems, with a general undermining of health and shortened life span.

gamma alcoholism—characterized by increasing **tolerance**, **loss of control**, and precipitation of a **withdrawal syndrome** on cessation of alcohol intake; also called "Anglo-Saxon" alcoholism.

delta alcoholism—characterized by increasing **tolerance**, withdrawal symptoms, and **inability to abstain**, but not **loss of control** of the amount of intake on any occasion. (See **alcoholization**.)

epsilon alcoholism—paroxysmal or periodic drinking, **binge drinking**; sometimes referred to as **dipsomania**.

kava 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 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.

kola nut See cola nut.

Korsakov syndrome (Korsakov psychosis) See amnesic syndrome.

legalization Legal actions that make legal what was previously a criminalized behaviour, product, or condition.

See also: decriminalization

licit drug A drug that is legally available by medical prescription in the jurisdiction in question, or, sometimes, a drug legally available without medical prescription.

See also: illicit drug

lognormal distribution Refers to the theory, first propounded by Sully Ledermann in the 1950s, that **alcohol** consumption is distributed among the drinkers in a population according to a lognormal curve varying between populations on only one parameter, so that a large proportion of alcohol consumption is by a small proportion of drinkers. Although Ledermann's particular formulation is now discredited, it is considered generally true that, in societies where alcohol is available freely on the market, drinkers are distributed along a spectrum of levels of alcohol consumption in a unimodal curve skewed to the left (referred to as the unimodal distribution of consumption, which also characterizes

consumption of most consumables). The focus on the distribution of consumption in the population became associated with renewed attention to **alcohol control** measures to reduce levels of alcohol problems in a population; hence, this public-health oriented perspective is sometimes termed the distribution-of-consumption theory.

loss of control *See* control, loss of.

LSD *See* hallucinogen.

maintenance therapy 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 maintenance therapy 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. Maintenance therapy is often accompanied by psychological and other treatment.

Examples of maintenance therapy are the use of **methadone** for the treatment of **heroin** dependence and nicotine gum to replace smoking tobacco. Maintenance therapy can last from several weeks to 20 or more years. It is sometimes distinguished from tapering-off therapy (*see* **detoxification**).

marijuana (marihuana) *See* cannabis.

marker *See* biological marker.

meperidine *See* pethidine.

mescaline Hallucinogenic substance found in the **peyote** cactus in the southwestern United States and northern Mexico.

See also: hallucinogen; hallucinogenic plant

methadone 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.

See also: maintenance therapy; opioid

methanol *See* alcohol.

method of administration *See* administration, method of.

misuse, drug or alcohol 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 judgemental.
See also: hazardous use

moderate drinking *See* drinking, moderate.

morphine *See* opioid.

multiple drug use (French: *polytoxicomanie*) The use of more than one drug or type of drug by an individual, often at the same time or sequentially, and usually with the intention of enhancing, potentiating, or counteracting the effects of another drug.

The term is also used more loosely, to include the unconnected use of two or more drugs by the same person. It carries the connotation of illicit use, though **alcohol**, **nicotine**, and **caffeine** are the substances most frequently used in combination with others in industrialized societies.

Multiple drug use disorder (F19) is one of the "Mental and behavioural disorders due to psychoactive substance use" in ICD-10, diagnosed only when two or more substances are known to be involved and it is impossible to assess which substance is contributing most to the disorder. The category is also used when the exact identity of some or even all of the substances being used is uncertain or unknown, since many multiple drug users often do not know themselves what they are taking.

The French term "polytoxicomanie" conveys a meaning similar to that of multiple drug use, except that **dependence** on one or more of the drugs taken is assumed.

Synonym: polydrug use (abuse)

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. Mutual-help groups in the alcohol field date back to the American Washingtonians of the 1840s, and include such Europe-based groups as Blue Cross, Gold Cross, Hudolin groups, and Links. The approach of some of these groups allows for professional or semiprofessional guidance. Some **recovery homes** or **halfway houses** in the alcohol field and **therapeutic communities** for those dependent on other drugs might be seen as residential mutual-help groups.

"**Self-help group**" is a more common term, but "mutual-help group" more exactly expresses the emphasis on mutual aid and support.

myopathy, alcohol- or drug-related (G72.0, G72.1) A disorder of skeletal muscle related to the use of **alcohol** or other drugs. The disorder can be acute (when it

is termed acute rhabdomyolysis), with extensive necrosis of muscles, which are tender and swollen, and may be complicated by myoglobinuria and renal failure. The chronic form presents with insidious weakness and wasting of the proximal muscles.

naloxone 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.
See also: antagonist

narcologist A psychiatrist who specializes in the treatment of addiction to **alcohol** or other drugs. The term is used particularly in the countries of the former Soviet Union.

narcology The study and science of phenomena relating to **psychoactive substances** as well as a medical speciality dealing with such problems.
See also: addiction medicine; alcoholology; narcologist

narcotic A chemical agent that induces 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, USA, and certain other countries includes **cocaine** and **cannabis** as well as opioids (*see also* **conventions, international drug**). Because of this variation in usage, the term is best replaced by one with a more specific meaning (e.g. opioid).

Narcotics Anonymous *See* mutual-help group.

narrowing of the drinking (drug use) repertoire The tendency of substance use to become progressively stereotyped around a self-imposed routine of custom and ritual, characterized by reduced variability of dosage and type of substance taken, and of time, place, and manner of self-administration. This is included in some descriptions of the **dependence syndrome** but is not a criterion in ICD-10.

needle-sharing The use of syringes or other injecting instruments (e.g. droppers) by more than one person, particularly as a **method of administration** of drugs. This confers the risk of transmission of viruses (such as human immunodeficiency virus and hepatitis B) and bacteria (e.g. *Staphylococcus aureus*).

Many interventions such as **methadone** maintenance and needle/syringe exchanges are designed partly or wholly to eliminate needle-sharing.

neuroadaptation The neuronal changes associated with both **tolerance** and the appearance of a **withdrawal syndrome**. It is possible for an individual to

exhibit neuroadaptation without showing the cognitive or behavioural manifestations of **dependence**. For example, surgical patients given **opiate** substances to relieve pain may sometimes experience withdrawal symptoms but may not recognize them as such or have any desire to continue taking drugs.

neuroleptic One of a class of drugs used for the treatment of acute and chronic psychoses. Also known as major **tranquillizers** and antipsychotics. Neuroleptics include the phenothiazines (e.g. chlorpromazine, thioridazine, fluphenazine) and the butyrophenones (e.g. haloperidol). Neuroleptics have low abuse potential (see **abuse of non-dependence-producing substances**).

neuropathy, peripheral Disorder and functional disturbance of the peripheral nerves. This may be manifest as numbness of the extremities, paraesthesia ("pins and needles" sensations), weakness of the limbs, or wasting of the muscles and loss of deep tendon reflexes.

Peripheral neuropathy may be accompanied by disturbance of the autonomic nervous system, resulting in postural hypotension.

Poor nutrition, particularly vitamin B deficiency, accompanying **hazardous** consumption of **alcohol**, is a common cause of peripheral neuropathy. Other drugs, including the **opioids**, may—rarely—cause this syndrome.

Synonym: polyneuropathy

niacin deficiency See pellagra.

nicotine An alkaloid, which is the major psychoactive substance in tobacco. It has both **stimulant** and relaxing effects. It produces an alerting effect on the electroencephalogram and, 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, or nicotine gum. Each puff of inhaled tobacco smoke contains nicotine that is rapidly absorbed through the lungs and delivered to the brain within seconds. Considerable **tolerance** and **dependence** develop to nicotine. Because of its rapid metabolism, brain levels of nicotine fall rapidly and the smoker experiences **craving** for a further cigarette 30–45 minutes after finishing the last one.

In the nicotine user who has become physically dependent, a **withdrawal syndrome** develops within a few hours of the last dose: craving for a smoke, irritability, anxiety, anger, impaired concentration, increased appetite, decreased heart rate, and sometimes headaches and sleep disturbances. Craving peaks at 24 hours and then declines over a period of several weeks, although it may be evoked by stimuli associated with previous smoking habits.

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.

Nicotine dependence (F17.2) is classed as a tobacco use disorder under the **psychoactive substance use disorders** in ICD-10.

nodding A semi-stuporous state experienced by **heroin** and high-dose **methadone** users after the euphoric effects accompanying use have subsided; characterized by head bobbing, bowed head, and drooping eyelids.

Synonym: nodding out

non-beverage alcohol See alcohol, non-beverage.

non-medical use Use of a prescription drug, whether obtained by prescription or otherwise, other than in the manner or for the time period prescribed, or by a person for whom the drug was not prescribed. The term sometimes also covers the use of **illicit drugs**.

opiate 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**.

See also: opioid

opioid 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**. Endogenously occurring compounds with opioid actions include the **endorphins** and **enkephalins** (see **opioid**, **endogenous**).

The most commonly used opioids (such as morphine, heroin, hydromorphone, methadone, and pethidine) bind preferentially to the μ -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, morphine and its analogues induce **tolerance** and neuro-adaptive changes that are responsible for rebound hyperexcitability when the drug is withdrawn. The **withdrawal syndrome** includes **craving**, anxiety, dysphoria, yawning, sweating, piloerection (waves of gooseflesh), lacrimation, rhinorrhoea, insomnia, nausea or vomiting, diarrhoea, cramps, muscle aches, and fever. With short-acting drugs such as morphine or heroin, withdrawal

symptoms may appear within 8–12 hours of the last dose of the drug, reach a peak at 48–72 hours, and clear after 7–10 days. With longer-acting drugs such as methadone, onset of withdrawal symptoms may not occur until 1–3 days after the last dose; symptoms peak between the third and eighth day and may persist for several weeks, but are generally milder than those that follow morphine or heroin withdrawal after equivalent doses.

There are numerous physical sequelae of opioid use (principally as a result of the usual, intravenous, **method of administration**). They include hepatitis B, hepatitis C, human immunodeficiency virus infection, septicaemia, endocarditis, pneumonia and lung abscess, thrombophlebitis, and rhabdomyolysis. Psychological and social impairment, often reflecting the illicit nature of non-medical use of these drugs, is prominent.

opioid, endogenous Any one of the naturally occurring brain neuropeptides, which include at least two major groups, the **enkephalins** and the **endorphins**. Both can interact with **opiate**-binding sites (receptors) and may thus modulate the perception of pain; endorphins, in addition, appear to modulate mood and responses to stressful stimuli.

See also: opioid

over-the-counter (OTC) *See* pharmaceutical drug.

overdose 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. In absolute numbers, overdoses of **licit drugs** are usually more common than those of **illicit drugs**. Overdose may produce transient or lasting effects, or death; the lethal dose of a particular drug varies with the individual and with circumstances.

See also: intoxication; poisoning

pancreatitis, alcoholic *See* alcoholic pancreatitis.

paranoia, alcoholic *See* alcoholic paranoia.

paranoia, amorous *See* alcoholic jealousy.

paranoia, conjugal *See* alcoholic jealousy.

passive smoking The involuntary inhalation of smoke, usually tobacco smoke, from another person's smoking. Coined in the 1970s in connection with studies of the effects of such inhalation, the term helped to draw attention to the detrimental effects of smoking on people in the smoker's immediate environment.

Synonym: environmental tobacco smoke (ETS) exposure

pathological intoxication See intoxication, pathological.

PCP See phencyclidine.

pellagra (E52) A nutritional deficiency syndrome caused by lack of niacin (vitamin B₆, nicotinic acid) or the essential amino acid tryptophan (which can be converted to niacin) and characterized by confusion, depression, a symmetrical dermatitis affecting light-exposed parts of the body, and gastrointestinal symptoms, especially diarrhoea.

Pellagra is endemic among the poor in countries where unprocessed maize is the dietary staple. In other countries, it appears mainly in habitual heavy drinkers (alcoholic pellagra). Gastrointestinal symptoms may include nausea, vomiting, and abdominal distension. The mental symptoms are variable and may simulate any type of mental disorder, but depression is probably the most common psychiatric presentation. Disorientation, hallucinations, and **delirium** may develop, and some patients progress to dementia. Replacement therapy with niacin is effective in reversing most symptoms, although severe mental changes of long duration may not respond completely.

pentazocine A synthetic **opioid** which can induce an acute psychosis characterized by nightmares, depersonalization, and visual hallucinations. Because it has both **agonist** and **antagonist** characteristics, pentazocine can precipitate a narcotic **withdrawal syndrome**.

peripheral neuropathy See neuropathy, peripheral.

pethidine A synthetic **opioid**. Although the actions of pethidine are similar to those of other opioids, use of the drug is further characterized by a high incidence of dysphoria and irritability, and sometimes myoclonic twitches, seizures, and **delirium** following prolonged use.

Synonym: meperidine

peyote Hallucinogenic buttons from several types of cactus (*Lophophora williamsii*, *Anhalonium lewinii*). The psychoactive ingredient of peyote is **mescaline**.

See also: hallucinogen

pharmaceutical drugs Drugs available from pharmaceutical sources, i.e. manufactured by the pharmaceutical industry or made up by a pharmacist. Industry terminology categorizes drugs as ethical drugs, available only on prescription, and **over-the-counter** or proprietary drugs, advertised to the consumer and sold without prescription. The list of drugs requiring prescription varies considerably from country to country; most psychoactive pharmaceuticals are available only by prescription in industrialized countries. **Caffeine**, **antihistamines**, codeine (an **opiate**), and **alcohol** are the most common psychoactive constituents of over-the-counter drugs in such societies.

Synonym: pharmaceuticals

pharmaceutical policy The system of regulations intended to affect the availability of and demand for **pharmaceutical drugs**. Synonymous with **drug policy** (definition 2) in the context of WHO's Action Programme on Essential Drugs; termed "medicines policy" in Scandinavian countries. Policy on **psychoactive drugs** is normally an important component, reflecting the large proportion of all prescriptions which are for such drugs.

phencyclidine (PCP) 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. It appears to be of value in treatment of stroke. 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, and 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, nystagmus, ataxia, dysarthria, grimacing, profuse sweating, hyperreflexia, diminished responsiveness to pain, muscle rigidity, hyperpyrexia, hyperacusis, and seizures.

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. In ICD-10, PCP-related disorders are classed with hallucinogens (F16).

poisoning, alcohol or drug (T40, T51, X61, X62, X65, X66) A state of major disturbance of consciousness level, vital functions, and behaviour following the administration in excessive dosage (deliberately or accidentally) of a **psychoactive substance**. (See **overdose**; **intoxication**).

In the field of toxicology, the term poisoning is used more broadly to denote a state resulting from the administration of excessive amounts of any pharmacological agent, psychoactive or not.

polydrug use (abuse) See multiple drug use.

polyneuropathy See neuropathy, peripheral.

polytoxicomanie See multiple drug use.

problem, alcohol-related See alcohol-related problem.

problem, drinking See drinking, problem.

problem, drug-related See drug-related problem.

prohibition Policy under which the cultivation, manufacture, and/or sale (and sometimes the use) of a **psychoactive drug** are forbidden (although pharmaceutical sales are usually permitted). The term applies particularly to alcohol, notably (as Prohibition) in relation to the period of national interdiction of alcohol sales in the USA, 1919–1933, and in various other countries between the two World Wars.

Prohibition is also used to refer to religious proscriptions of drug use, particularly in Islamic countries.

See also: controlled substances; illicit drug; temperance

protracted withdrawal See withdrawal, protracted

pseudo-Cushing syndrome, alcohol-induced (E24.4) An endocrine disorder, induced by **alcohol**, in which there is excessive production of corticosteroids by the adrenal glands. It is manifested by a bloated and reddened face (similar to that of true Cushing syndrome), obesity, and hypertension, and distinguished from true Cushing syndrome by the more ready suppression of cortisol levels by administration of dexamethasone, and by resolution of the biochemical abnormalities after cessation of alcohol use.

psilocybin One of the naturally occurring **hallucinogens** found in over 75 species of mushrooms of the genera *Psilocybe*, *Panaeolus*, and *Conocybe*, which grow throughout much of the world. Psilocybin is the major hallucinogenic constituent of the mushrooms and psilocin is present in small amounts. After ingestion, however, psilocybin is converted to psilocin by the enzyme alkaline phosphatase; psilocin is about 1.4 times as potent as psilocybin.

See also: hallucinogen

psychedelic See hallucinogen; psychoactive drug.

psychoactive drug or substance A substance that, when ingested, affects mental processes, e.g. cognition or affect. 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, and in common parlance, the term is often left unstated, as in "drug use" or "substance abuse". (*See also drug.*)

A cultural–political debate over whether general descriptive terms would give a favourable or unfavourable cast to the experience of mind-changing was conducted in many European and English-speaking countries in the 1960s and

1970s with regard to **LSD** and similar drugs. The terms "psychotomimetic" and "**hallucinogen**" (the latter became the accepted name for this class of drugs) conveyed an unfavourable connotation, while "psychedelic" and "psycholytic" gave a more favourable cast. "Psychedelic", in particular, was also used with the same broad scope as "psychoactive" (The *Journal of psychedelic drugs* eventually changed to "psychoactive" in its title in 1981.)

See also: psychotropic

psychoactive substance use disorders A shortened version of the term used in ICD-10—Mental and behavioural disorders associated with psychoactive substance use. The term encompasses acute **intoxication** (F1x.0), **harmful use** (F1x.1), **dependence syndrome** (F1x.2), withdrawal state (F1x.3), withdrawal state with **delirium** (F1x.4), **psychotic disorder** (F1x.5) and **amnesic syndrome** (F1x.6). For a particular substance these conditions may be grouped together as, for example, alcohol use disorders, cannabis use disorders, stimulant use disorders.

Psychoactive substance use disorders are defined as being of clinical relevance; the term "psychoactive substance use problems" is a broader one, which includes conditions and events not necessarily of clinical relevance.

See also: alcohol-related problem; drug-related problem

psychopharmaceutical A pharmaceutical that is a **psychoactive drug**.

psychotic disorder, alcohol- or drug-induced (F1x.5) A cluster of psychotic phenomena that occur during or following substance abuse but not as a result of acute **intoxication** alone and not as part of a **withdrawal syndrome**. The disorder is characterized by hallucinations (typically auditory, but often in more than one sensory modality), perceptual distortions, delusions (often of a paranoid or persecutory nature), psychomotor disturbances (excitement or stupor), and abnormal affect (such as intense fear, psychotic depression, or ecstasy). The sensorium is usually clear although some degree of clouding of consciousness may be present. Such entities as **alcoholic hallucinosis**, **amphetamine psychosis** and persistent alcohol- or drug-induced psychotic state are included within this category.

"Alcoholic psychosis" has been used loosely in a mental hospital context to mean any mental disorder (including alcohol dependence) related to **alcohol** use.

In ICD-10, substance use psychotic disorders are distinguished from **residual and late-onset psychotic disorders**.

psychotic disorder, residual and late-onset, alcohol- or drug-induced (F1x.7)

Alcohol- or drug-induced changes in cognition, affect, personality, or behaviour that persist beyond the period during which a direct drug-related effect might reasonably be assumed to be operating. The term is included in ICD-10 to

cover what would more properly be called "mental and behavioural disorders, residual and late-onset, alcohol- or drug-induced."

In ICD-10, this category (F1x.7) includes **alcoholic dementia** not otherwise specified, chronic **alcoholic brain syndrome**, dementia and other milder forms of persisting cognitive impairment, **flashbacks**, post-hallucinogen perception disorder, residual affective disorder, and residual disorder of personality and behaviour.

psychotropic In its most general sense, a term with the same meaning as "psycho-active", 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**, **sedatives/hypnotics** (including **alcohol**), etc.

In the context of international **drug control**, "psychotropic substances" refers to substances controlled by the 1971 Convention on Psychotropic Substances (*see conventions, international drug*).

recovery Maintenance of abstinence from **alcohol** and/or other drug use by any means. The term is particularly associated with **mutual-help groups**, and in **Alcoholics Anonymous** (AA) and other **twelve-step groups** refers to the process of attaining and maintaining **sobriety**. Since recovery is viewed as a lifelong process, an AA member is always viewed internally as a "recovering" alcoholic, although "recovered" alcoholic may be used as a description to the outside world.

recovery home *See* halfway house.

recreational use Use of a drug, usually an **illicit drug**, in sociable or relaxing circumstances, by implication without **dependence** or other problems. The term is disfavoured by those seeking to define all illicit drug use as a problem. *Compare* **social drinking**.

rehabilitation In the field of substance use, the process by which an individual with a substance use disorder achieves an optimal state of health, psychological functioning, and social well-being.

Rehabilitation follows the initial phase of treatment (which may involve **detoxification** and medical and psychiatric treatment). 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.

reinstatement Reversion to a pre-existing level of substance use and **dependence** in an individual who has resumed use following a period of **abstinence**. As described, not only does the individual return to the previous pattern of regular or intensive substance use, but there is also a rapid reinstatement of other dependence elements, such as **impaired control**, **tolerance**, and withdrawal symptoms. The term is used primarily in the phrase "rapid reinstatement", which features in some descriptions of the alcohol dependence syndrome but is not included as a criterion in ICD-10.

relapse 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.
See also: relapse prevention

relapse prevention A set of therapeutic procedures employed in case 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 slip has occurred.

remission, spontaneous Cessation of **alcohol** or drug misuse, **dependence**, or problems without benefit of therapy or a **mutual-help group**; also called natural remission. Epidemiological data suggest that many remissions occur without therapy or mutual-help group membership. Some prefer the term "natural recovery", to avoid the disease connotations of the word remission.

rush An immediate, intense, pleasurable effect that follows intravenous injection of certain drugs (e.g. **heroin**, **morphine**, **amfetamine**, **cocaine**, propoxyphene).

salience (of substance-seeking behaviour) The degree of prominence of substance-seeking or substance use in the user's thoughts or actions, e.g. giving a higher priority to obtaining and using substances than to other activities. The concept is included in the criteria for **dependence** in ICD-10 and DSM-III-R although without use of the term "salience".

screening test An evaluative instrument or procedure, either biological or psychological, whose main purpose is to discover, within a given population, as many individuals as possible who currently have a condition or disorder or who are at risk of developing one at some point in the future. Screening tests are often not diagnostic in the strict sense of the term, although a positive screening test will

typically be followed by one or more definitive tests to confirm or reject the diagnosis suggested by the screening test.

A test with high *sensitivity* is able to identify the majority of genuine cases of the condition under consideration. For example, sensitivity of 90% means that the test will identify as positive 90 out of 100 people known to have the condition (and will miss the other 10, who are termed "false negatives").

Specificity, on the other hand, refers to a test's ability to exclude false cases; that is, the greater its specificity, the less likely the test is to give positive results for individuals who do not, in fact, have the disease in question ("false positives").

The term "screening instrument" is also in widespread use, typically referring to a questionnaire or brief interview schedule. Examples of screening instruments for alcohol-use disorders include Alcohol Use Disorders Identification Test (AUDIT), Michigan Alcoholism Screening Test (MAST), Munich Alcoholism Test (MALT), the Cut-down, Annoyed, Guilty, Eye-opener (CAGE) test, and the Le-Gô grid.

See also: biological marker; diagnostic test

scurvy A nutritional deficiency syndrome caused by lack of ascorbic acid (vitamin C) and characterized by bleeding, tender gums, haemorrhages in the skin and muscles, and pain and tenderness of muscles and joints. It occurs principally in malnourished individuals who eat little fruit or green vegetables. In developed countries, scurvy is now mainly seen in the **alcoholic** population.

sedative/hypnotic 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 the **benzodiazepines** and the **barbiturates**. Also included are **alcohol**, **bupirone**, chloral hydrate, acetylcarbromal, glutethimide, methyprylon, ethchlorvynol, ethinamate, meprobamate, and methaqualone. 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) **tranquillizers** used for the treatment of anxiety.

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. Chloral hydrate, acetylcarbromal, glutethimide, methyprylon, ethchlorvynol, and ethinamate also have a high liability for physical dependence and misuse and are also highly lethal in overdose. Because of such dangers, none of the sedatives/hypnotics should be used chronically for the treatment of insomnia.

All sedatives/hypnotics may impair concentration, memory, and coordination; other frequent effects are **hangover**, slurred speech, incoordination, unsteady gait, drowsiness, dry mouth, decreased gastrointestinal motility, and lability of mood. A paradoxical reaction of excitement or rage may be produced

occasionally. The time before onset of sleep is reduced but REM sleep is suppressed. Withdrawal of the drug concerned may produce a rebound of REM sleep and deterioration of sleep patterns. In consequence, patients treated over a long period can become psychologically and physically dependent on the drug even if they never exceed the prescribed dose.

Withdrawal reactions can be severe and may occur after no more than several 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 and, in some, result in a permanent **amnesic disorder**. Mental and behavioural disorders due to use of other sedatives or hypnotics (F13) are distinguished from those due to use of alcohol (F10) in ICD-10.

self-help group A term that refers to two kinds of therapeutic groups, but is most commonly used for what is more properly called a **mutual-help group**. It also refers to groups that teach cognitive behavioural and other techniques of self-management.

serotonin uptake inhibitor A drug that inhibits neuronal re-uptake of serotonin, and consequently prolongs its action. Drugs of this class have been reported to be capable of reducing **alcohol** consumption. Certain **antidepressants** inhibit both the uptake of serotonin and that of noradrenaline (norepinephrine).

Skid Row (Skid Road) A district of a town, particularly in North America, with inexpensive lodgings, often including single-room-occupancy hotels, and a clustering of charity and welfare services, bars, and liquor stores, inhabited in part by destitute chronic heavy drinkers (hence the term "skid-row alcoholic" for such drinkers), and now also other drug users. The original Skid Road was in Seattle, WA.

See also: inebriate

smokeless tobacco *See* nicotine.

sobriety

- (1) Continued **abstinence** from **alcohol** and psychoactive drug use (*see recovery*).
- (2) As often used in **Alcoholics Anonymous** and other **mutual-help groups**, refers also to the individual's achievement and maintenance of control over

and equilibrium in his or her life in general. Synonyms for sober, particularly referring also to illicit drugs, include "clean" and "straight".

- (3) Now less frequently, moderation or habitual moderation in drinking patterns, as in the earlier meaning of **temperance**.

social drinking (social use) *See* drinking, social.

solvents *See* volatile substances.

speed *See* amfetamines.

speedball A combination of a **stimulant** and an **opioid**, e.g. **cocaine** and **heroin**, **amfetamine** and **heroin**.

standard drink A volume of beverage **alcohol** (e.g. a glass of wine, a can of beer, or a mixed drink containing distilled spirits) that contains approximately the same amounts (in grams) of ethanol regardless of the type of beverage. The term is often used to educate alcohol users about the similar effects associated with consuming different **alcoholic beverages** served in standard-sized glasses or containers (e.g. the effects of one glass of beer are equal to those of one glass of wine). In the UK, the term "unit" is employed, where one unit of an alcoholic beverage contains approximately 8–9 grams of ethanol; in North American literature, "a drink" contains about 12 grams of ethanol. In other countries, the amounts of alcohol chosen to approximate a standard drink may be greater or less, depending on local customs and beverage packaging.

steroid abuse *See* abuse of non-dependence-producing substances.

steroid 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.

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. Misuse of adrenal cortical steroids is rare.

See also: abuse of non-dependence-producing substances; doping

stimulant In reference to the central nervous system, any agent that activates, enhances, or increases neural activity; also called psychostimulant. Included are the **amfetamines**, **cocaine**, **caffeine** and other xanthines, **nicotine**, and synthetic **appetite suppressants** such as phenmetrazine or methylphenidate. Other drugs have stimulant actions which are not their primary effect but which

may be manifest in high doses or after chronic use; they include **antidepressants**, anticholinergics, and certain **opioids**.

Stimulants can give rise to symptoms suggestive of **intoxication**, including tachycardia, pupillary dilatation, elevated blood pressure, hyperreflexia, sweating, chills, nausea or vomiting, and abnormal behaviour such as fighting, grandiosity, hypervigilance, 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.

In ICD-10, mental and behavioural disorders due to use of stimulants are subdivided into those due to the use of cocaine (F14) and those due to the use of other stimulants, including caffeine (F15). Prominent among them are **amphetamine psychosis** and cocaine psychosis.

See also: psychotic disorder, alcohol- or drug-induced

street drinker or drug user An individual who drinks or uses drugs in the street or other outdoor public place; the terms imply that this is a habitual pattern of behaviour and that the individual concerned is destitute. The terms "street person" and "street people" often imply use of alcohol or other drugs in public.

A variety of colloquial and legal terms exists for those who are destitute, marginalized, and publicly drinking, using other drugs, or intoxicated, e.g. **Skid Row alcoholic**, **vagrant alcoholic**, **homeless alcoholic**, **chronic drunkenness offender** (*see inebriety*), **public intoxication offender**; in French, the term *clochard* is used.

substance *See* psychoactive drug.

substance abuse *See* abuse (drug, alcohol, chemical, substance, or psychoactive substance).

substance use disorders A group of conditions related to alcohol or other drug use. In ICD-10, section F10–F19, "Mental and behavioural disorders due to psychoactive substance use", contains a wide variety of disorders of different severity and clinical form, all having in common the use of one or more **psychoactive substances**, which may or may not have been medically prescribed. The substances specified are **alcohol**, **opioids**, **cannabinoids**, **sedatives** or **hypnotics**, **cocaine**, other **stimulants** including **caffeine**, **hallucinogens**, **tobacco**, and **volatile solvents**.

The clinical states that may occur, though not necessarily with *all* psychoactive substances, include acute **intoxication**, **harmful use**, **dependence syndrome**, **withdrawal syndrome** (state), withdrawal state with **delirium**, **psychotic disorder**, late-onset psychotic disorder, and **amnesic syndrome**.

Abuse of non-dependence-producing substances (e.g. laxatives or **steroids**) is included in category F55 of ICD-10, "Behavioural syndromes associated with physiological disturbances and physical factors".

supply reduction A general term used to refer to policies or programmes aiming to interdict the production and distribution of drugs, particularly law enforcement strategies for reducing the supply of **illicit drugs**.

See also: demand reduction; harm reduction

tabagisme A French term that refers to the condition of the smoker who is severely dependent on nicotine and, in consequence, manifests severe withdrawal symptoms. Equivalent to tobacco **dependence syndrome**.

See also: nicotine

teetotaller *See* abstinence.

temperance A term of varying usage concerning **alcohol** and other drugs; originally meaning a commitment to moderation in personal drinking habits (e.g. by abstaining from drinking spirits), but after the 1840s usually meaning a personal commitment to total **abstinence** (the temperance pledge). After the 1850s it often implied a commitment to local, national, or global **alcohol control**, usually with the aim of eventual **prohibition** of the sale of **alcoholic beverages** (hence prohibitionist). In line with the broad concerns of such temperance societies as the Women's Christian Temperance Union (WCTU), temperance sometimes referred also to a broader range of behaviours, including abstinence from tobacco and other drug use.

"New temperance" or "neo-temperance" has been used since the 1980s to characterize individuals and groups committed to greater **alcohol control** or a more coherent **alcohol policy**, or the shift in public sentiment reflected in many countries in a decline in alcohol consumption. "Neo-prohibitionist" is used more pejoratively for the same referents.

THC Tetrahydrocannabinol. *See* cannabis.

theophylline A dimethylxanthine that occurs in tea leaves. It is a diuretic and central nervous stimulant, with a potency slightly less than that of **caffeine**.

therapeutic community A structured environment in which individuals with **psychoactive substance use disorders** live in order to achieve **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 a dependence, and are often geographically isolated. 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: half-way house

thiamine deficiency syndrome (E51) The classic thiamine deficiency syndrome is **beriberi**, rarely seen except in areas where polished white rice is the dietary staple. In most societies, however, thiamine deficiency is largely associated with excessive **alcohol** use. One manifestation is **Wernicke encephalopathy** (E51.2); another is **peripheral neuropathy**, and the two may occur together.

tobacco Any preparation of the leaves of *Nicotiana tabacum*, an American plant of the nightshade family. The main psychoactive ingredient is **nicotine**.

See also: nicotine; passive smoking

tobacco use disorders (F17) One of the "Mental and behavioural disorders due to psychoactive substance use" of ICD-10. *See* **nicotine**.

tolerance A decrease in response to a drug dose that occurs with continued use. Increased doses of **alcohol** or other drugs are required to achieve the effects originally produced by lower doses. Both physiological and psychosocial factors may contribute to the development of tolerance, which may be physical, behavioural, or psychological. With respect to physiological factors, both metabolic and/or functional tolerance may develop. By increasing the rate of metabolism of the substance, the body may be able to eliminate the substance more readily. Functional tolerance is defined as a decrease in sensitivity of the central nervous system to the substance. Behavioural tolerance is a change in the effect of a drug as a result of learning or alteration of environmental constraints. Acute tolerance is a rapid, temporary accommodation to the effect of a substance following a single dose. Reverse tolerance, also known as sensitization, refers to a condition in which the response to a substance increases with repeated use.

Tolerance is one of the criteria for the **dependence syndrome**.

toxicomanie A French term for **drug addiction**.

tranquillizer 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 damping effect on psychomotor processes without—except at high doses—interference with consciousness and thinking.

The term tranquillizer now refers mainly to any drug used for the treatment of anxiety disorders, for which "minor tranquillizer" is a synonym. The latter term was introduced to distinguish these drugs from "major tranquillizers" (**neuroleptics**) used for the treatment of psychotic disorders. However, the term "minor tranquillizer" has been incorrectly assumed to

indicate an absence of significant harmful effects. Because of the **dependence potential** of these drugs, the term is best avoided.

twelve-step group A **mutual-help group** organized around the twelve-step programme of **Alcoholics Anonymous** (AA) or a close adaption 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 some hundreds of organizations of twelve-step groups, each focused 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.

Treatment institutions with a strong AA emphasis are often loosely described as "twelve-step programmes."

unsanctioned use Use of a substance that is not approved by a society or by a group within that society. The term implies that disapproval is accepted as a fact in its own right, without the need to determine or justify the basis of the disapproval. *Compare* **dysfunctional use** and **misuse**, drug or alcohol.

urinalysis, drug Analysis of urine samples for psychoactive substances.
See also: drug testing

use (alcohol or drug) Self-administration of a psychoactive substance.

vitamin C deficiency *See* scurvy.

volatile substances Substances that vaporize 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, 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 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, assaultiveness, lethargy, psychomotor impairment, euphoria, impaired judgement, dizziness, nystagmus, blurred vision or diplopia, slurred speech, tremors, unsteady gait, hyperreflexia, muscle weakness, stupor, or coma.

Wernicke encephalopathy (E51.2) An acute, life-threatening, neurological syndrome consisting of confusion, apathy, dullness, a dreamy delirium, palsies of the ocular muscles and of gaze, nystagmus and disturbances in equilibrium, and ataxia. Its most common cause in industrialized countries is **thiamine deficiency** associated with **alcoholism**. If not treated immediately with thiamine, the patient is likely to die or progress to an **amnesic syndrome**.

Widmark calculation See blood alcohol level.

withdrawal, conditioned A syndrome of withdrawal-like signs and symptoms sometimes experience by abstinent alcohol- or opiate-dependent individuals who are 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**) become 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.

Synonym: conditioned abstinence

withdrawal, protracted 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 **opiod-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 (F1x.3) A group of symptoms of variable clustering and degree of severity which occur on cessation or reduction of use of a psychoactive substance that has been taken repeatedly, usually for a prolonged period and/or in high doses. The syndrome may be accompanied by signs of physiological disturbance.

A withdrawal syndrome is one of the indicators of a **dependence syndrome**. It is also the defining characteristic of the narrower psychopharmacological 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 (the “crash”) is less well defined than syndromes of withdrawal from central nervous system depressant substances; depression is prominent and is accompanied by malaise, inertia, and instability.

See also: hangover

Synonyms: abstinence syndrome; withdrawal reaction; withdrawal state

wood alcohol Methanol. *See* alcohol.

zoopsia Seeing animals (e.g. snakes, insects), typically as part of **delirium tremens** or other substance-induced confusional or hallucinatory states.