

MINISTERIAL COUNCIL ON DRUG STRATEGY

NATIONAL DRUG STRATEGY

Aboriginal and Torres Strait Islander Peoples
Complementary Action Plan 2003–2009



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GLOSSARY

MAY 2006

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National Drug Strategy Unit

PO Box 9848
Canberra ACT 2601

Telephone: 02 6289 8507
Fax: 02 6289 7228

Email: nationaldrugstrategy@health.gov.au
Website: www.nationaldrugstrategy.gov.au

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The *National Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2006* and its accompanying documents were endorsed by the Ministerial Council on Drug Strategy (MCDS) on 1 August 2003. The action plan was prepared by the National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples with the help and support of Siggins Miller Consultants. The Intergovernmental Committee on Drugs, the Australian National Council on Drugs, Aboriginal and Torres Strait Islander people in every State and Territory, the National Aboriginal Community Controlled Health Organisation, and a broad range of other key stakeholders contributed to its drafting.

In March 2006, the MCDS approved the extension of the *National Aboriginal and Torres Strait Islander Peoples Complementary Action Plan from 2003-2006 to 2003-2009* to bring it into line with the *National Drug Strategy - Australia's Integrated Framework 2004-2009*.

The MCDS is the peak policy and decision-making body in relation to licit and illicit drugs in Australia. It brings together Commonwealth, State and Territory Ministers responsible for health and law enforcement to collectively determine national policies and programs to reduce drug-related harm. The MCDS ensures that the Australian approach to harmful drug use is nationally coordinated and integrated. Its collaborative approach is designed to achieve national consistency in policy principles, program development and service delivery.

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In light of the importance of adopting a common language for interpreting and applying this action plan, the terminology used in the plan has adopted nationally and internationally recognised definitions of terms in the alcohol and drug field. Many of the definitions have been drawn or adapted from three authoritative sources:

- the *National Drug Strategic Framework 1998-99 to 2002-03: Building Partnerships* (MCDS 1998);
- *Demand Reduction: A Glossary of Terms* (UN Office for Drug Control and Crime Prevention 2000); and
- the World Health Organization's *Lexicon of Alcohol and Drug Terms* (WHO 1994).

Aboriginal and Torres Strait Islander Community Controlled Substance Misuse Programs

Alcohol and drug services initiated by Aboriginal and Torres Strait Islander communities to deliver culturally appropriate alcohol and drug services to people within their communities. Board members are elected from the local aboriginal and Torres Strait Islander communities. These services are located across urban, rural and remote locations and provide a range of services including education, and prevention programs, early intervention strategies, treatment and residential rehabilitation.

Aboriginal community-controlled health service (ACCHS)

A comprehensive primary health care service initiated by local Aboriginal communities to deliver holistic and culturally appropriate care to people within their communities. Board members are elected from the local Aboriginal community. Aboriginal communities around Australia have been establishing such services since the early 1970s in response to a range of barriers inhibiting Aboriginal access to mainstream primary health care services, and as an expression of self-determination.

Abstinence

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

Abuse

A term in wide use but of varying meaning. In international drug control conventions 'abuse' refers to any consumption of a controlled substance, no matter how infrequent. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV, American Psychiatric Association 1994) 'psychoactive substance abuse' is defined as:

... a maladaptive pattern of substance use leading to clinically significant impairment or distress as manifested by one (or more) of the following within a 12 month period: (A) recurrent substance use resulting in failure to fulfil major role obligations at work, school, or home; (B) recurrent substance use in situations in which it is physically hazardous; (C) recurrent substance-related legal problems; (D) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

It is a residual category, with dependence taking precedence whenever applicable. 'Abuse' is sometimes used disapprovingly to refer to any use at all, particularly of illicit drugs. Because of its ambiguity, the term is used in the ICD-10 classification of *Mental and Behavioural Disorders; Clinical Descriptions and Diagnostic Guidelines* (WHO 1992) only for non-dependence producing substances. 'Harmful' and 'hazardous use' are the equivalent terms in WHO usage, although they usually relate only to effects on health and not to social consequences. The term 'abuse' is also discouraged by the Center for Substance Abuse Prevention in the United States, although the term 'substance abuse' remains in wide use and refers generally to problems of psychoactive substance use. 'Drug abuse' has also been criticised as circular when it is used without reference to specific problems arising from drug use. Recent economic cost studies use a definition where 'abuse' is defined as any use which involves social costs to the community in addition to the costs of the provision of the drug.

Age of initiation

The age of first use of a drug or substance.

AIDS (Acquired Immunodeficiency Syndrome)

A syndrome defined by the development of serious opportunistic infections, neoplasms or other life threatening manifestations resulting from progressive HIV induced immunosuppression.

Alternative pharmacotherapies

Substitution treatments for opioids, other than methadone maintenance treatment. Some of these treatments are also being used for alcohol dependence.

Australian Drug Information Network

A measure identified under the National Illicit Drug Strategy that disseminates information on drug use and drug-related harm to the general community, including parents, schools, universities, health professionals and health care facilities.

Australian National Council on Drugs

One of the advisory bodies supporting the Ministerial Council on Drug Strategy. It consists of people with relevant expertise from the government, non-government and community sectors and ensures that the voice of non-government organisations and individuals working in the drug field reaches all levels of government and influences policy development. It has broad representation from volunteer and community organisations and law-enforcement, education, health and social welfare interests.

Best practice

On the evidence available, the best intervention to produce improved outcomes for an identified issue.

Benzodiazepines

One of a group of drugs used mainly as sedatives and muscle relaxants and for epilepsy.

Blood-borne virus

A virus that can be transmitted from an infected person to another person by blood-to-blood contact, including through the sharing of injecting equipment.

Brief intervention

A treatment strategy in which structured therapy of a limited number of sessions (usually one to four) of short duration (typically 5-30 minutes) is offered with the aim of helping an individual cease or reduce the use of a psychoactive substance or (less commonly) to deal with other life issues (WHO 1994). It is designed, in particular, for general practitioners and other primary health care workers. Some evidence suggests that brief interventions are most effective if long-term appointments are made at, for example, one month and six months after first contact. To date, brief intervention has been applied mainly to cessation of smoking and as therapy for harmful use of alcohol, especially for those in the early problem stage. There is evidence that brief interventions can be effective for smokers and drinkers who are not severely dependent. Some clinical researchers recommend that brief interventions should be developed for severely dependent people who would not otherwise be involved in more intense treatment approaches. Brief interventions are often accompanied by, or may only comprise, the provision of a self-help booklet, sometimes referred to as 'bibliotherapy'. The rationale for brief intervention is that, even if the percentage of individuals who alter their substance use after a single intervention is small, the public health impact of large numbers of primary health care workers systematically providing these interventions is considerable. Brief intervention is often linked to systematic screening for hazardous and harmful substance use, particularly of alcohol and tobacco. The term 'minimal intervention' is usually used as a synonym for brief intervention, though there has been a trend to restrict its use to sessions of assessment and advice lasting no longer than five minutes.

Cannabis

A generic term used to denote the several psychoactive preparations of the marijuana (hemp) plant, *Cannabis sativa*. Preparations include marijuana leaf, hashish (derived from the resin of the flowering heads of the plant) and hashish oil. Cannabis intoxication produces a feeling of euphoria, lightness of limbs and usually increased sociability. It impairs performance of complex skilled activities, and impairs recall, attention span, reaction time, learning ability, motor coordination, depth perception, peripheral vision and sense of time. When consumed with alcohol, the combination is addictive in its effects on mind and body. Intoxication is reported to precipitate anxiety, panic states, delusional states and relapses in schizophrenia. Cannabis has a number of street names, including dope, grass, pot, ganja, gunja, yarndi, smoke, green and skunkweed.

Community empowerment

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

Community Partnerships Initiative

A measure identified under the National Illicit Drug Strategy that aims to establish a national model of best practice in community-based prevention of illicit drug use by young people.

Comorbidity

See *dual diagnosis*.

Controlled substances

Psychoactive substances and their precursors that are subject to controls on their manufacture, sale and distribution.

Culturally responsive strategies

Strategies that take into account the practices and beliefs of a particular population group, so that the relevant initiatives are acceptable, accessible, persuasive and meaningful.

Decriminalisation

Removal of penal controls and criminal sanctions in relation to an activity. Nonetheless, the activity remains prohibited and subject to non-penal regulations and sanctions (e.g. administrative sanctions such as the removal of driving licence). Under the 'prohibition with civil penalties' option, the possession of amounts of drugs deemed in law as being for personal use are still illegal but are dealt with by civil sanctions such as infringement notices which attract a monetary penalty, rather than by criminal sanctions such as a criminal record or imprisonment. Typically, the harsher criminal penalties still apply to the more serious offences of possession, supply, manufacture or cultivation of amounts of the drug deemed in law to be for trafficking or commercial purposes.

Demand

A term widely used in economics that characterises the market for a particular product in terms of the number of potential customers and their preparedness and capacity to obtain a product. In the case of illicit drugs, the concept of 'demand' is commonly used in the broader sense of the level of interest in a particular community in using illicit drugs, not just in purchasing them. In the economic sense, illicit drug markets have some important similarities with markets for legal products (e.g. prices are strongly influenced by the extent to which supply of a drug meets the level of demand—low supply relative to demand results in higher prices and vice versa).

Demand-reduction strategies

Strategies that seek to reduce the desire for and preparedness to obtain and use drugs. These strategies are designed to prevent the uptake of harmful drug use and include abstinence-oriented strategies aimed at reducing drug use. Their purpose is to prevent harmful drug use and to prevent drug-related harm.

Dependence, dependence syndrome

As applied to alcohol and other drugs is defined as a need for repeated doses of the drug to feel good or to avoid feeling bad (WHO 1994). Since the 1960s 'dependence' and 'dependence syndrome' have gained favour with WHO and others as alternatives to addiction. Their use was recommended as an acknowledgment of new evidence that 'addiction' was not a discrete disease entity but could exist in degrees, as indeed could its constituent signs (e.g. 'loss of control' over drug use is replaced with 'impaired control'). Also defined as ... *a cluster of cognitive, behavioural and physiological symptoms indication that the individual continues use of the substance despite significant substance-related problems* (American Psychiatric Association 1994).

Detoxification

The process by which a person who is dependent on a psychoactive substance ceases use of that substance in a way that minimises the symptoms of withdrawal and risk of harm. While 'detoxification' literally implies a removal of toxic effects from an episode of drug use, in fact it has come to be used to refer to the management of rebound symptoms of neuroadaptation (i.e. withdrawal and any associated physical and mental health problems). The procedure takes place in a facility usually called a detoxification centre. Traditionally detoxification has been provided on an in-patient basis either in a specialist treatment facility or on the wards of a general or psychiatric hospital. There is an increasing trend to provide detoxification services in informal settings including the clients' own homes. Home-based detoxification usually involves visiting medical staff and informal support provided by family or friends. As a clinical procedure, detoxification is undertaken with a degree of supervision. Typically the individual is clinically intoxicated or already in withdrawal at the outset of detoxification. Detoxification may involve the administration of medication. When it does, the medication given is usually a drug that shows cross-tolerance and cross-dependence to the substance(s) taken by the patient. The dose is calculated to relieve the withdrawal syndrome without inducing intoxication, and is gradually tapered off as the patient recovers. Detoxification as a clinical procedure implies that the individual is supervised until recovery is complete, both from intoxication and physical withdrawal.

Drug

A substance that produces a psychoactive effect. Within the context of the National Drug Strategic Framework, 'drug' is used generically to include tobacco, alcohol, pharmaceutical drugs and illicit drugs. The framework also takes account of performance- and image-enhancing drugs and substances such as inhalants and kava.

Drug abuse-related problem

Any of the range of individual and socially adverse accompaniments of drug use, particularly illicit drug use. 'Related' does not necessarily imply being directly caused by the drugs effect. It includes such indirect and unintended consequences as the transmission of infectious diseases by the sharing of injecting equipment and injuries caused by broken beer glasses. 'Drug abuse problems' is an alternative term, but can be confused with 'the drug problem', meaning illicit drugs as an issue of general social concern. What a particular society perceives as a 'drug problem' is sometimes determined by attitudes and beliefs which may be unsupported by objective evidence of a drug's potential for harm (i.e. to some extent 'drug problems' are socially constructed).

Drug dependence

Characterised by a strong desire to take a drug. Indicators of dependence include impaired control over drug use, a higher priority given to drug use than to other activities and obligations, increased tolerance, physical withdrawal symptoms, and repeated drug use to suppress withdrawal.

Drug-related harm

Any adverse social, physical, psychological, legal or other consequence of drug use that is experienced by a person using drugs or by people living with or otherwise affected by the actions of a person using drugs.

Drug Strategy Branch

The branch, within the Department of Health and Ageing's Population Health Division, that has primary carriage at the Commonwealth level of activities connected with the National Drug Strategic Framework. these activities and priorities are determined by the Ministerial Council on Drug Strategy and its advisory structures.

Drug-substitution treatment

Treatment of drug dependence by prescription of a substitute drug for which cross-dependence and cross-tolerance exist. The term is sometimes used in reference to a less hazardous form of the same drug used in the treatment. The goals of drug substitution are to:

- eliminate or reduce use of particular substance especially if it is illegal; or
- reduce harm from a particular method of administration, the attendant dangers to health (e.g. from needle sharing) and the social consequences.

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

Dual diagnosis

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

Early intervention

A therapeutic strategy that combines early detection of hazardous or harmful substance use and treatment of those involved (WHO 1994). 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, that is initiated by the health worker rather than the patient. The first stage consists of a systematic procedure for early detection. Some of the several approaches include:

- 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 stage (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.

Environmental tobacco smoke

A combination of exhaled mainstream tobacco smoke and side stream smoke from the burning tip of a cigarette.

Evidence-based practice

Evidence-based practice involves integrating the best available evidence with professional expertise to make decisions.

Foetal alcohol syndrome (FAS) and foetal alcohol effects (FAE)

Disorders that potentially result from consumption of alcohol by pregnant women. Alcohol can damage the foetus throughout the pregnancy because it crosses the placenta and produces concentrations in foetal circulation equivalent to that in the mother. The brain and the central nervous system of the unborn child are particularly sensitive to prenatal alcohol exposure. Damage to the foetus varies with the volume of alcohol ingested, timing during pregnancy, peak blood alcohol levels, and genetic and environmental factors.

Harmful use

A pattern of psychoactive substance use that is causing damage to the health of the drug user (WHO 1994). The damage may be physical (e.g. hepatitis following injection of drugs) or mental (e.g. depressive episodes secondary to heavy alcohol intake). Harmful use generally has adverse social consequences as well. The term was introduced in the ICD-10 and replaced 'non-dependent use' as a diagnostic term. The closest equivalent in other diagnostic systems (e.g. in the DSM-IV) is substance abuse, which usually includes social consequences.

Harm-reduction strategies

Strategies designed to reduce the impacts of drug-related harm on individuals and communities. Governments do not condone illegal risk behaviours such as injection drug use: they acknowledge that these behaviours occur and that they have a responsibility to develop and implement public health and law-enforcement measures designed to reduce the harm that such behaviours can cause.

Harm minimisation

The primary principle underpinning the National Drug Strategy and refers to policies and programs aimed at reducing drug-related harm. It aims to improve health, social and economic outcomes for both the community and the individual, and encompasses a wide range of approaches, including abstinence-oriented strategies. Both licit and illicit drugs are the focus of Australia's harm minimisation strategy. Harm minimisation includes preventing anticipated harm and reducing actual harm. Harm minimisation is consistent with a comprehensive approach to drug-related harm, involving a balance between demand reduction, supply reduction and harm reduction.

Harmful drug use

A pattern of drug use that has adverse social, physical, psychological, legal or other consequence for a person using drugs or people living with or otherwise affected by the actions of a person using drugs.

Hazardous use

A pattern of substance use that increases the risk of harmful consequences for the user or those affected by the behaviour (WHO 1994). The risk may relate to health consequences of chronic, long-term drug use or to the immediate consequences of intoxication. Some definitions limit the consequences of hazardous use to physical and mental health (as in harmful use); some definitions would also include social consequences (e.g. marital discord, impaired work performance).

Holistic health

A comprehensive view of health, regarded as not only individual physical wellness, but also the social, emotional and cultural wellbeing of a whole community. In order to achieve whole-of-life, culturally appropriate and relevant health outcomes in prevention, treatment, and continuing care, holistic health care may include traditional cultural practices alongside curative or treatment services.

IDU

Injecting drug user or injecting drug use. Replaces IVDU (intravenous drug user) as injections may be intramuscular, subcutaneous or intravenous (IV).

HIV (human immunodeficiency virus)

A human retrovirus that leads to AIDS.

Illicit drug

A drug whose production, sale or possession is prohibited. 'Illegal drug' is an alternative term.

Inhalants

Substance inhaled for psychoactive effects (e.g. glues, aerosol sprays, paints, industrial solvents, thinners, petrol and cleaning fluids). See also *volatile substance*.

Intergovernmental Committee on Drugs

One of the advisory bodies supporting the Ministerial Council on Drug Strategy. A Commonwealth–State/Territory government forum. It consists of senior officers representing health and law-enforcement agencies in each Australian jurisdiction (appointed by their respective health and law-enforcement Ministers) and other people with expertise in identified priority areas (e.g. representatives of the Australian Customs Service and the Department of Education, Science and Training).

Kava

A drink or preparation obtained from the kava plant, *Piper methysticum*. 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.

Licit drug

A drug whose production, sale or possession is not prohibited. 'Legal drug' is an alternative term.

Methadone

A synthetic opioid.

Methadone-maintenance treatment

The most widely used drug-substitution treatment for opioid dependence in Australia.

Ministerial Council on Drug Strategy (MCDS)

The peak policy and decision-making body in relation to licit and illicit drugs in Australia. It brings together Commonwealth, State and Territory Ministers responsible for health and law enforcement to collectively determine national policies and programs to reduce drug-related harm. The MCDS ensures that the Australian approach to harmful drug use is nationally coordinated and integrated. Its collaborative approach is designed to achieve national consistency in policy principles, program development and service delivery.

Misuse

The use of a substance for a purpose not consistent with legal or medical guidelines, as in the non-medical use of prescription medications (WHO 1994). Preferred by some to 'abuse' in the belief that it is less judgmental. It may also refer to high-risk use (e.g. excessive use of alcohol in situations where this is not illegal).

Narcotic drug

Usually refers to opioids. It is also a preferred term in United Nations conventions, where it may be used to refer more widely to other drugs.

National drug action plans

The National Drug Strategic Framework is accompanied by:

- a series of national drug action plans, which identify priorities for redressing the harm arising from the use of licit and illicit drugs and other substances;
- strategies for taking action on these priorities; and
- performance indicators.

National Drug Monitoring and Evaluation Strategy

The strategy that determines whether the objectives of the National Drug Strategic Framework have been met and priority areas acted on, and whether specific strategies identified in national drug action plans have been effective. An annual monitoring report is forwarded to the Ministerial Council on Drug Strategy.

National Drug Research Strategy

The mechanism for coordinating research priorities to ensure that the policy principles underlying the *National Drug Strategy* are based on the best available evidence and information. The *National Drug Research Strategy* has the same status as the national drug action plans.

National Drug Strategy

Formerly the National Campaign against Drug Abuse. A strategy, initiated in 1985 following a Special Premiers' Conference, that provides a comprehensive, integrated approach to the harmful use of licit and illicit drugs and other substances. The aim is to achieve a balance between harm-reduction, demand-reduction and supply-reduction measures to reduce the harmful effects of drugs in Australian society. The strategy promotes partnerships between health, law-enforcement and education agencies, drug users, people affected by drug-related harm, and community-based organisations and industry, to reduce-related harm in Australia.

National Drug Strategy Household Survey

The principal data-collection vehicle used to monitor trends and evaluate progress under the *National Drug Strategy*. The surveys have been conducted nationally in 1985, 1988, 1991, 1993, 1998, 2001 and 2004, and provide data on behaviour, knowledge and attitudes relating to drug use among people aged 14 years and over.

National Illicit Drug Strategy

An Australian Government initiative, implemented in 1998. It is a major component of the *National Drug Strategy*. Funding is split between demand-reduction strategies, that are being implemented by the Department of Health and Ageing and the Department of Education, Science and Training, and supply-reduction strategies, that are being implemented by the Attorney General's Department, the Australian Federal Police and the Australian Customs Service.

National expert advisory committees

Committees that provide a range of advice to the Ministerial Council on Drug Strategy. Committee members are selected on the basis of their expertise in the areas of health, law enforcement, community-based organisations, education, research, government and industry. Committees are established for tobacco, alcohol, illicit drugs and school-based drug education. Additional committees may be established as other priorities are identified. The committees have tasks clearly defined in the national drug action plans.

Needle and syringe exchange programs

Authorised programs for distributing, disposing of or selling needles and syringes.

Neuroadaptation

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

Non-medical use of drugs

The use of pharmaceutical drugs either alone or with other drugs in order to induce or enhance a drug experience.

Opioid

The generic term applied to alkaloids and their derivatives obtained from the opium poppy (*Papaver somniferum*), their synthetic analogues, and compounds synthesised in the body, including morphine, pethidine, heroin and codeine.

Opioid substitution treatments

Treatments that prescribe alternative pharmacotherapies as a substitute for opioids.

Overdose

The use of a drug in an amount that causes acute adverse physical or mental effects. Overdose may produce transient or lasting effects, and can sometimes be fatal.

Partnership approach

In the context of national public policy, a partnership approach for the National Drug Strategy is defined as a close working relationship among the Commonwealth, State and Territory, and local governments; affected communities (including drug users and those affected by drug-related harm); business and industry; community-based organisations; professional workers; and research institutions.

Performance and image enhancing drugs

A range of drugs to improve physical or mental capacity or to influence body shape.

Pharmaceutical drugs

Drugs available through a pharmacy—both over the counter and prescription medicines.

Polydrug use

The use of more than one psychoactive drug simultaneously or at different times. The term 'polydrug user' is often used to distinguish a person with a varied pattern of drug use from someone who uses one kind of drug exclusively.

Population groups

Can refer to an entire population group as defined by geographical location, or to subgroups defined by geographical location, age, risk, factor, or possession of a common condition or disease.

Prevention

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

- creating awareness and informing/educating about drugs and the adverse health and social effects of drug use and abuse;
- promoting anti-drug norms and pro-social behaviour against drug use;
- enabling individuals and groups to acquire personal and social life skills to develop anti-drug attitudes and avoid engaging in drug using behaviour; and
- promoting supportive environments and alternative healthier, more productive and fulfilling behaviours and lifestyles, free of drug use.

Prevention/education

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

Psychoactive substance

A substance that, when ingested, alters mental processes, that is, thinking or emotion (WHO 1994). This term and its equivalent, 'psychotropic drug', are the most neutral and descriptive terms for the whole class of licit and illicit substances of interest to drug policy. 'Psychoactive' does not necessarily imply dependence producing. In common parlance the term is often left unstated, as in 'drug use' or 'substance abuse'.

Psychoactive effects

Effects that alter mental processes—mood, cognition, thinking or behaviour.

Psychostimulant

A drug that activates, enhance or increases neural activity. Caffeine, nicotine, amphetamines, cocaine and Methylendioxy Methamphetamine (MDMA) are the psychostimulants most commonly used in Australia.

Psychotropic substance

In the context of international drug control, 'psychotropic substance' refers to a substance controlled by the 1971 Convention on Psychotropic Substances. A term with the same meaning as 'psychoactive' (i.e. affecting the mind or mental processes) (WHO 1994). 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 the treatment of mental disorders—anxiolytic sedatives, antidepressants, antimanic agents, and neuroleptics. Others use the term to refer to substances with a high abuse liability because of their effects on mood, consciousness or both—stimulants, hallucinogens, opioids and sedatives/hypnotics (including alcohol).

Recovery

The maintenance of abstinence from alcohol and/or other drug use by any means (WHO 1994). The term is particularly associated with mutual help groups. In Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and other twelve-step groups, recovery refers to the process of attaining and maintaining abstinence. Since 'recovery' is viewed as a lifelong process, AA or NA members always regard themselves as 'recovering'.

Rehabilitation

The process by which an individual with a drug-related problem achieves an optimal state of health, psychological functioning and social wellbeing (WHO 1994). Rehabilitation typically follows an initial phase of detoxification, and if required other medical and psychiatric treatment, but goes considerably further than detoxification. 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.

Relapse

A return to drinking or other drug use after a period of abstinence, often accompanied by reinstatement of dependence symptoms (WHO 1994). Some writers distinguish between 'relapse' and 'lapse' (or 'slip'), the latter denoting an isolated occasion of alcohol or drug use. The rapidity with which signs of dependence return is thought to be a key indicator of the degree of drug dependence (Edwards et al. 1982).

Relapse prevention

A set of therapeutic procedures employed in cases of alcohol or other drug problems to help individuals avoid or cope with lapses or relapses to uncontrolled substance use (WHO 1994). The procedures may be used with other therapeutic approaches. Patients are taught coping strategies that can be used to avoid situations considered dangerous precipitants of relapse, and shown how to minimise substance use once a relapse has occurred through mental rehearsal and other techniques.

Risk reduction

Policies or programs that focus on reducing the risk of harm from alcohol or other drug use. Risk-reduction strategies have some practical advantages in that risky behaviours are usually more immediate and easier to measure objectively than harms, particularly those harms with a low prevalence (e.g. it may be more practical to measure reduced sharing of needles and other injecting equipment than indices of harm such as the incidence of HIV).

Safe sex, safe sexual practice

Sexual activity that involves no exchange of body fluids such as semen, vaginal fluids or blood.

Sly grogging

The illicit sale of alcoholic liquor without a license.

Social and emotional wellbeing

Broadly, a comprehensive term for the physical, psychological, and cultural welfare and happiness of an individual within his or her community. Since the Ways Forward report (Swann & Raphael 1995) and the *Emotional and Social Well Being (Mental Health) Action Plan* (DHA 1996), it has been used to describe a range of holistic approaches to Aboriginal and Torres Strait Islander mental health, including:

- mental health promotion activities;
- trauma and grief counselling;

- strategies to prevent youth suicide; and
- the particular needs, experiences and contexts of Aboriginal people diagnosed with a mental health disorder, their carers and other family members, and culturally appropriate mental health care.

Steroids

A group of naturally occurring or synthetic hormones that may affect chemical processes in the body, rate of growth, and other physiological functions.

Supply-reduction strategies

Strategies that are designed to disrupt the production and supply of illicit drugs. They may also be used to impose limits on access to licit drugs and their availability (e.g. legislation regulating the sale of alcohol and tobacco to people under the age of 18 years).

Therapeutic community

A structured residential environment in which people live while undergoing drug treatment.

Tolerance

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

Uptake

The commencement of drug use.

User groups

Community-based organisations representing the interests of drug users.

Volatile substance

A substance that vaporises at ambient temperatures (WHO 1994). Volatile substances that may be inhaled for psychoactive effects (also called inhalants) include the organic solvent present in many domestic and industrial products (e.g. glue, aerosol, paints, industrial solvents, lacquer thinners, petrol and cleaning fluids) and the aliphatic nitrites such as amyl nitrite. Some substances are directly toxic to the liver, kidney or heart, and some produce peripheral neuropathy or progressive brain degeneration. The user typically soaks a rag with an inhalant and places 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 and intoxication). Signs of intoxication include belligerence, lethargy, psychomotor impairment, euphoria, impaired judgment, dizziness, nystagmus, blurred vision, slurred speech, tremors, unsteady gait, muscle weakness, stupor and coma. Complications of longer-term use may include blood disorders, brain and kidney damage.

Withdrawal symptoms

A group of symptoms of variable severity which occur on cessation or reduction of drug use after a prolonged period of use and/or high doses (WHO 1994). The syndrome may be accompanied by signs of both psychological and physiological disturbance. A withdrawal syndrome is one of the indicators of a dependence syndrome. It is also the defining characteristic of the narrower psycho-pharmacological meaning of dependence. 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 characterised by tremor, sweating, anxiety, agitation, depression, nausea, and malaise. It occurs six to 48 hours after cessation of alcohol consumption and, when uncomplicated, abates after two to five 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 to 48 hours muscle and abdominal cramps. Drug-seeking behaviour is prominent and continues after the physical symptoms have abated. Stimulant withdrawal is less well defined than syndromes of withdrawal from central nervous system depressant substances: depression is prominent and is accompanied by malaise, inertia and irritability.

REFERENCES

- American Psychiatric Association 1994, *Diagnostic and Statistical Manual of Mental Disorders*, (DSM-IV), 4th edition. American Psychiatric Association, Washington DC.
- Commonwealth Department of Health & Ageing 1996, *Emotional and Social Well Being (Mental Health) Action Plan*, OATSIH, Canberra.
- Edwards G, Arif A & Hodgson R 1982, Nomenclature and classification of drug and alcohol-related problems: a shortened version of a WHO memorandum. *British Journal of Addiction* vol.77, pp3–20.
- Ministerial Council on Drug Strategy (MCDS) 1998, *National Drug Strategic Framework 1998-99 to 2002-03: Building Partnerships: A strategy to reduce the harm caused by drugs in our community*, prepared for the Ministerial Council by a joint steering committee of the Intergovernmental Committee on Drugs and the Australian National Council on Drugs, Commonwealth of Australia, Canberra.
- Swann P & Raphael B 1995, *Ways Forward. National consultancy report on Aboriginal and Torres Strait Islander mental health*, Commonwealth of Australia, Australian Government Publishing Service, Canberra.
- United Nations Office on Drugs and Crime 2000, *Demand Reduction: A Glossary of Terms*, UNODC, Vienna, < www.unodc.org/unodc/publications/report_2000-09-30_1.html > .
- World Health Organization (WHO) 1992, *Mental and Behavioural Disorders; Clinical Descriptions and Diagnostic Guidelines*, WHO, Geneva.
- 1994, *Lexicon of Alcohol and Drug Terms*, WHO, Geneva.