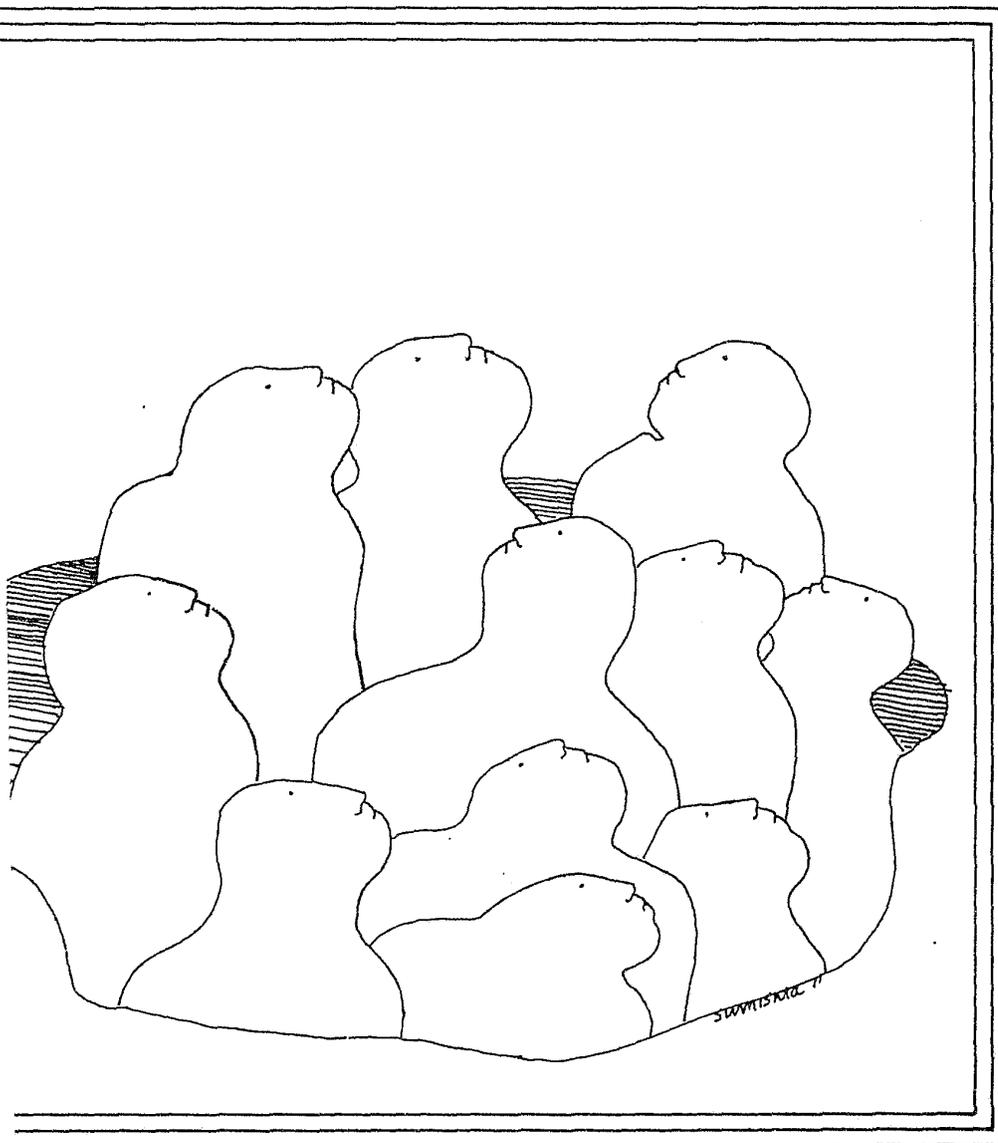


Research Issues 26

Guide to Drug Abuse Research Terminology

89255



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration
National Institute on Drug Abuse

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Research Issues 26

Guide to Drug Abuse Research Terminology

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89255

U.S. Department of Justice
National Institute of Justice

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1982

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Alcohol, Drug Abuse and Mental Health Administration

National Institute on Drug Abuse

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ACQUISITIONS

PREFACE

The first volume of the Research Issues Series was published in November 1974. Since that time, 29 volumes have been published in this series by the Division of Research, National Institute on Drug Abuse.

The primary objective of the Research Issues Series is to provide both lay and professional readers comprehensive, yet succinct, information on topics of central interest to the drug abuse field. The approach frequently used has been to provide abstracts of the relevant literature on a particular topic. In other cases materials have been developed and written especially for the series.

This volume falls in the latter category and addresses the need for a reference guide to the terminology of the drug abuse field. It is based upon a draft compiled by Gregory Austin of the Southern California Research Institute and reviewed by an editorial board of drug experts whose names and affiliations are listed below. The board members have not reviewed this extensively revised final edition, and the editors, while gratefully acknowledging the seminal contribution of the board members, take major responsibility for any imprecision or errors that may occur.

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INTRODUCTION

The drug abuse field consists of an amalgam of medical, social, and psychological disciplines. This, in turn, reflects upon its terminology, which ranges from colorful slang to advanced biomedical nomenclature. The breadth of drug abuse terms is thus vast and varied--from 4-letter slang to 10-syllable chemicals and from conceptualizations based on street-wise hip to those taken from advanced molecular biomedicine. For example, a sociologist in the drug field may be found observing a street dude who is taking care of business hussling bags of China White so he can cop some real good snow; an epidemiologist may be concerned about the balloon effect likely to occur with implementation of a supply reduction strategy; a doctor may prescribe nepenthes, soporifics, or ergogenics to help patients cope; and a biochemist may be interested in studying the dose-response relationship of cholinergic agents on the parasympathetic nervous system. A vast array of drug users, dealers, clinicians, researchers, teachers, theorists, politicians, and others related to the drug abuse field have produced a large lexicon of terms that vary from the simple, but often clever, to the ultracomplex.

Many drug terms are ambiguous, especially slang, and their meanings may vary over time (e.g., blues, black beauties, white stuff, kif, narcotic). Other terms may be deadly concise but are often confusing to lay readers and professionals alike (e.g., endorphin/enkephalin, agonist/antagonist, analgesic/anesthetic, congener/ligand). There frequently are slang and scientific terms for the same concept (e.g., to insufflate/to blow, to inject/to shoot up, diacetylmorphine hydrochloride/horse, smack, or junk). Some terms have exotic sounding names (e.g., sinsemilla, khat, etonitazene), and others though widely used are grossly imprecise (e.g., high, addiction, tolerance, drug abuse, treatment).

Explosive discoveries in the field are producing new and rapidly evolving terms, many of which are not currently defined in dictionaries or other standard reference works. These terms are defined only in the research literature where they are being discussed and debated. Examples of this type include the constantly expanding list of newly identified endogenous agonists, the newer urinalysis screening techniques, and the newer approaches to treatment.

This Guide to Drug Abuse Research Terminology attempts to bring a major segment of the myriad assortment of terms found in the drug abuse field under one cover and to present in glossary form definitions of many of the drug abuse terms that have to date been described only in the research literature. It has been designed and written to serve as a convenient guide for those requiring brief, nontechnical explanations of drug abuse terms. It can, however, also be used as a sourcebook for those interested in exploring drug abuse concepts in further depth through the numerous reference citations included and the cross-references to NIDA's Research Issues Series.

In selecting terms for inclusion, a careful analysis of the field's terminology was undertaken. A primary source was the abstracts and the indexes of the NIDA Research Issues Series. Now covering over 1,000 documents and 26 volumes, the series deals with almost every aspect of human drug research. In the final selection process, four principal criteria were used: (1) the frequency with which a term appeared in the literature, (2) the importance of the term to the field, (3) the extent to which a term might be unfamiliar to individuals outside certain disciplines, and (4) the extent to which confusion or ambiguity surrounded a term's definition or usage.

The definitions provided are intended to reflect preferred or common use at present. They were developed either from the professional drug research literature, particularly that covered by the Research Issues Series, or from specialized dictionaries in the field and in related disciplines. Whenever possible, definitions were drawn directly from the research literature. In these instances, since it was not possible to cite all the materials pertaining to a particular term, topic, or concept, at least one source is cited for the interested reader.

USE OF THE GUIDE

The guide consists of the main body of definitions and appendixes containing a general drug classification scheme, a comprehensive collection of slang terms for selected drugs, and a list of the acronyms and abbreviations frequently encountered in the drug abuse field and described in the main body of this volume.

Terms are listed in alphabetical order. Drugs are defined under their generic names. Brand names (as listed in the 1981 Physician's Desk Reference) are presented in the body of the drug definitions. Users starting out with brand names only are referred to appendix A, where both brand and generic names for all of the drugs contained in this volume appear.

Drug definitions also indicate the drug's classification and common slang names. A complete classification scheme for the drugs contained in this guide is presented in appendix A. Only the most common and currently used drug slang terms are included in the body of the definition. If the drug is one of those for which a comprehensive list of slang terms is presented in appendix B, the reader is referred there.

The inclusion of nondrug slang terms in this volume was done sparingly for the reasons that (1) there are numerous, well-done drug slang dictionaries currently in existence, and (2) the primary emphasis of the guide is on research-literature-based terminology. Only those slang terms are included that are frequently encountered in the literature and/or are conceptually important in understanding drug abuse issues (e.g., rush, booting, chipping). Readers interested in defining drug slang terms are referred to the bibliography in appendix B.

Terms that appear in the body of definitions with all letters capitalized are defined elsewhere in the guide. Terms appearing in the guide that may be useful to the reader of a particular definition are noted at the end by "See. . . ." or "See also. . . ."

Research Issues Series Volume 27, Guide to the Drug Research Literature, is a cumulative index to the first 26 volumes in the series. If the term being defined is indexed in Research Issues Series Volume 27, the term or related term, the page number, and the number of literature reference entries to be found there are listed in parentheses at the end of the definition. Terms in the guide that are listed in volume 27 are indicated at the end of individual entries in the following manner:

(RIS 27:300--33 entries)

This entry, for example, refers to Research Issues Series No. 27:page 300--33 entries listed. A reference may also be included for a term that is different from but related to the term being defined. For example:

term: anesthetics
reference: (anesthetic uses, RIS 27:304--8 entries)

The format components for the definitions are explained and demonstrated graphically in figure 1 on the following page.

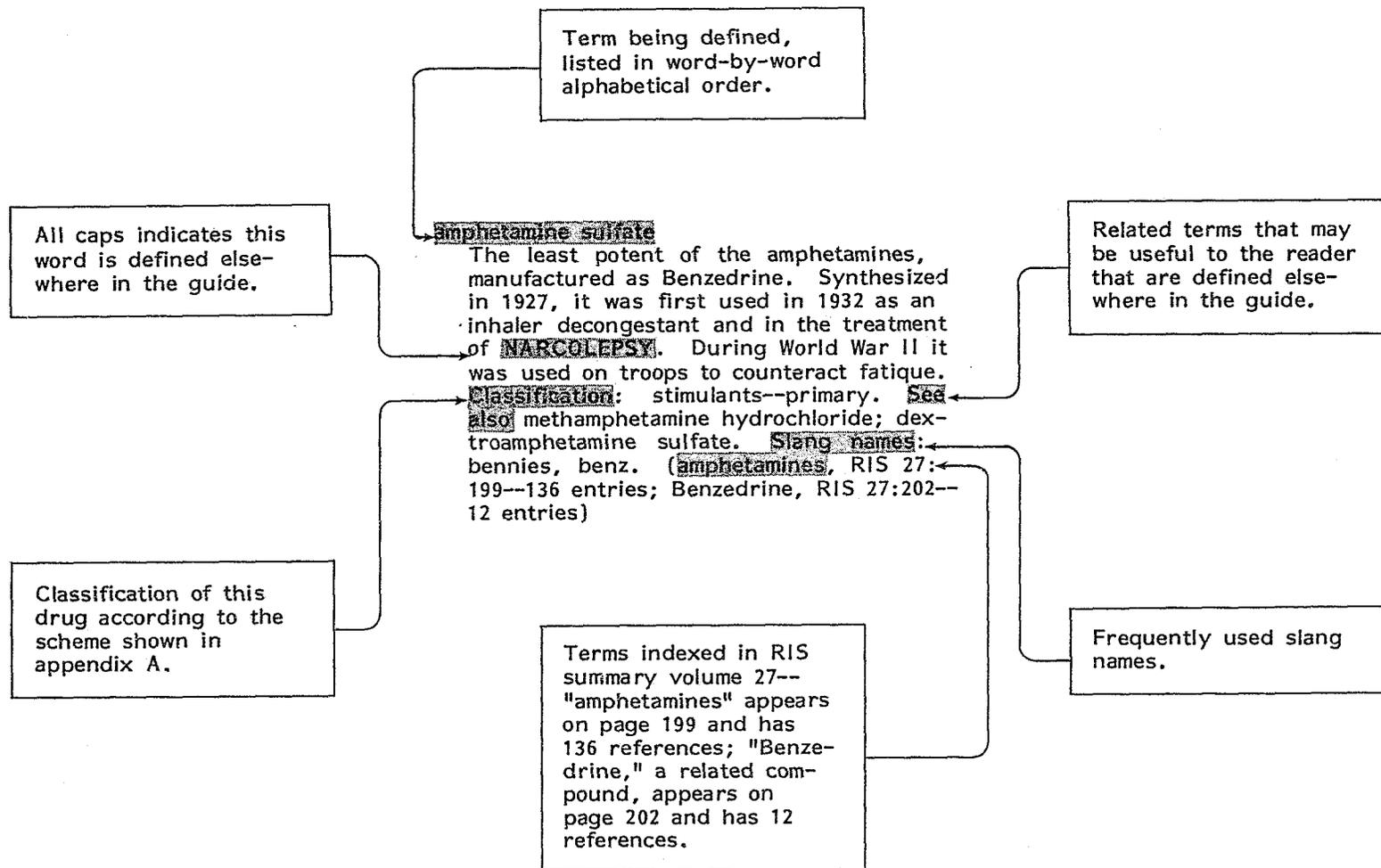


FIGURE 1.--Definition components

A

absolute alcohol

The calculated amount of ALCOHOL, free from water and other substances, in beverages such as beer, wine, and distilled spirits. (RIS 27:198--118 entries)

absorption

The passage of chemical compounds, such as nutrients or drugs, through bodily membranes, such as the intestinal lining or the skin, into the bloodstream.

abstinence

The total avoidance of a behavior or substance, especially with regard to food, intoxicating drinks, or drugs. State of being drug free; may apply to a particular drug or to all drugs; usually implies illicit, recreational drugs. Abstinence from drug use may be accompanied by WITHDRAWAL SYNDROME. Winick (1974) has proposed several basic reasons for temporary or permanent abstinence from illicit drug use:

1. External circumstances--drug not available, lack of money, court pressure, leave community, job, response to threat.
2. Relationships jeopardized by continued drug use--loss of a significant relationship, friends, family difficulties.
3. Weariness--hassle exceeds user's threshold, reaching a nadir or "existential moment," high not achievable.
4. Personality and insight--sense of maladaptiveness of drug, decline in counterphobic pressures, a sense of movement into psychosis, insight into destructive aspects of use, desire to change life.
5. Physical problem--symptoms of illness that are incapacitating.

See also temperance. (RIS 27:300--33 entries)

abstinence syndrome

See withdrawal syndrome.

abuse, drug

See drug abuse.

abuse potential

The tendency for a certain percentage of individuals taking a drug to fall into abuse patterns (Balter 1974); the tendency of a particular drug to be susceptible to abuse. (RIS 27:30--1 entry)

acetone

A volatile ketone HYDROCARBON commonly used as a SOLVENT in such products as fingernail polish remover and plastic cements. Classification: volatile inhalants. (inhalants, RIS 27:210--5 entries)

acetylation

The process of introducing an acetyl molecular group into an organic compound; for example, the acetylation of morphine produces diacetylmorphine or heroin.

acid

A type of chemical compound found abundantly in nature and easily synthesized. Acids range from relatively simple inorganic compounds to ultra-complex organic compounds. Acids combine with ALKALIS to form salts.

Also slang. See LSD.

acting-out behavior

Carrying repressed impulses into action.

active ingredient

The ALKALOID or chemical in a plant that produces mind-altering and toxic effects. Also called "active principle" or "active constituent."

actuarial prediction

A set of methods for searching and identifying homogeneous subtypes or classes of individuals, and for predicting or understanding their behavior with a clinically and socially significant degree of precision. The methodology is more in the tradition of insurance research and population surveys than of psychology or sociology, in which one develops actuarial tables in order to predict such attributes as probability of a tobacco smoker's death at a given age. In psychological testing, it is used to predict a diagnostic classi-

fication from a series of test scores (Sines 1976).

acute

Of short duration and usually of great sharpness or intensity. Contrast with chronic.

addict

A nebulous term that generally refers to one who habitually uses drugs, especially morphine or heroin, to the extent that cessation causes severe physical or psychological trauma or both (Encyclopedia of Sociology 1981). Rittenhouse (1977:243) suggests reserving this term to medical diagnosis describing a physical or psychic dependence (as judged by the diagnostician). See also addiction.

addiction

From the Latin verb "addicere," to give or bind a person to one thing or another. Generally used in the drug field to refer to chronic, compulsive, or uncontrollable drug use, to the extent that a person (referred to as an "addict") cannot or will not stop the use of some drug. Beyond this, the term is ambiguously used with a wide variety of often arbitrary meanings and connotations; sometimes interchangeably with, sometimes in contrast to, two other ill-defined terms, HABITUATION and (DRUG) DEPENDENCE, the former imprecisely referring to some lesser form of chronic drug use, the latter capable of being either of psychological or physical origin, often in varying combinations depending on the drug. It usually implies a strong (PSYCHOLOGICAL) DEPENDENCE and (PHYSICAL) DEPENDENCE resulting in a WITHDRAWAL SYNDROME when use of the drug is stopped. Many definitions place primary stress on psychological factors, such as loss of self-control and overpowering desires; i.e., addiction is any state in which one craves the use of a drug and uses it frequently. Others use the term as a synonym for physiological dependence; still others see it as a combination.

The primary popular stereotype, what has been called the "classical definition of addiction," is that it is an extraordinarily debilitating vice or disease--even an evil and sinful state--rooted in the invariable pharmacological effects of a drug on the human body, an irrevocable process that involves the presence of tolerance and results in a withdrawal syndrome that can be avoided only by total abstinence (Peele 1977). The classical definition of addiction further links this phenomenon particularly

to the OPIATE NARCOTICS. Like the popular concept of narcotics, this classical definition emerged in the 1920s out of a blending of popular and scientific terminology laden with emotional and imprecise meanings. The term "addict" began to be increasingly stigmatized and used by both the scientific and lay communities to express that the compulsive use of opiates was not just a bad habit but was worse both to the individual and society than other forms of habituation, such as to tobacco and alcohol, and resulted in debility, insanity, crime, and death.

Recent historical and research data have shown, however, that the two fundamental components of this classical definition--that addiction is purely physiological and that opiate narcotics are the sole source of addiction--are not valid and in fact the stereotype of the addict is often fictional (Peele 1977; Johnson 1978). Many heroin users remain chippers (see CHIPPING) or controlled occasional users for years (Powell 1973; Jacobsen and Zinberg 1975); many users voluntarily give up heroin relatively easily under changing circumstances (Robins 1973; Winick 1962), and opium has been used for centuries in India without a serious addiction problem developing. Furthermore, it has been shown that some heroin users have believed themselves to be physiologically addicted even though the amounts they consume are much too small to have any such effects and that opiate withdrawal syndromes can be a conditioned response occurring with very low levels of consumption and even total absence of opiate use (Fazey 1977:10). Many emphasize that addiction cannot be used solely in regard to the opiates nor can it be used solely as a synonym for physiological dependence: "Addiction cannot be used interchangeably with physical dependence. It is possible to be physically dependent on a drug without being addicted. It is possible to be addicted without being physically dependent" (Jaffe 1975:285).

From the 1920s and to the early 1960s an attempt was made to differentiate between ADDICTION and HABITUATION. In the mid 1960s the World Health Organization recommended that both terms be abandoned in favor of drug dependence (Eddy et al. 1965). Since then, many authorities have recommended that, like the term "abuse," the term "addiction" has been applied so arbitrarily and illogically that its use should be entirely abandoned. Nevertheless, "addiction" and "addict" are still widely used, particularly in regard to the opiate narcotics. As Bean (1974) observes,

this may be due to the popularity of the term as well as the fact that it is simply easier to refer to an "addict" than a "drug dependent person" and that the substitutions so far recommended, such as "drug dependence," have only marginally affected the underlying definitional problems surrounding this word. Others increasingly emphasize that the solution to this definitional problem is not to avoid all use of "addiction" but to cultivate an understanding that addiction is not a purely pharmacological process linked to the opiates or any other drug. It is not drugs who addict people but people who become addicted to drugs, just as they can and do become addicted to any compelling experience (Laurie 1971; Peele 1976, 1977, 1978). (addiction careers, RIS 27:301--10 entries; addiction models, RIS 27:301--16 entries)

addiction-prone personality

A theory of ADDICTION that states that only certain kinds of individuals with specific psychological affinities that are satisfied by opiate narcotics will take favorably to these drugs and will continue to use them in the face of severe social opposition. More recently the addiction-prone theory has been discounted by many researchers who argue that addicts do not make up a homogeneous group but, rather, reflect divergent personality configurations (Gendreau and Gendreau 1970). (RIS 27:364--8 entries; personality factors, RIS 27:364--86 entries)

Addiction Research Foundation

A Canadian nonprofit organization involved in drug abuse research and prevention. The foundation produces publications, journals, newsletters, and films and other audiovisual materials. Address: 33 Russell Street, Toronto, Canada M5S 5S1.

additive effect

The action obtained when the combined effect of two separate entities, such as drugs, taken together is the sum of the two separate effects. Contrast with synergistic effects; potentiation.

administration, route of

The method by which a drug is introduced into the body, such as by oral ingestion, INTRAVENOUS injection, SUBCUTANEOUS injection, INTRAMUSCULAR injection, INSUFFLATION, smoking, or absorption through the surface of the gums, anus, or genitalia. See paraphernalia. (RIS 27:377--37 entries)

adrenergic

See neurotransmission.

adulteration

To make a drug inferior or impure by adding an improper substance. Drugs are often adulterated by more active substances in order to increase the desired effects or to make users think they are getting a more potent drug (Helisten 1977). See also dilution; misrepresentation, drug. (adulterants, RIS 27:301--9 entries)

adverse drug reaction

A negative somatic or psychological reaction to drug taking. A major problem in drug research has been the lack of agreement concerning what actually constitutes an adverse reaction; many studies do not distinguish between types of adverse reactions, or they use subjective or poorly defined definitions. Naditch (1974) emphasizes the need to distinguish between acute and chronic adverse reactions. Acute adverse reactions include feelings of losing control, disintegration, fears of insanity or death, despair, suicidal thoughts, and strong negative affect. Naditch excludes from the definition of this term counter-normative behavior (i.e., reactions to the drug experience that do not precipitate an acute anxiety state) and chronic or long-term reactions. Greenblatt and Shader (1975) state that, "Many clinicians feel that individuals who are emotionally stable and well-adjusted benefit most or are harmed least by drugs of abuse, while those who are labile of affect and who have difficulty coping with ambiguity, uncertainty, dysphoric sensations, or distorted perceptions are more likely to experience adverse drug reactions." Although cases of psychological drug reactions, or so-called "bad trips," are usually associated in the mind of the public with the use of hallucinogens, they may also be caused by the use of AMPHETAMINES, anticholinergics, ANTIHISTAMINES, and SEDATIVE-HYPNOTICS. See also effects, drug; panic reaction; psychosis, toxic; flashback. (RIS 27:301--68 entries; hypersensitivity reactions, RIS 27:346--2 entries)

aerosol

A chemical compound and a gas propellant in a can with a valve through which the substance is dispensed as a suspension of ultramicroscopic solid or liquid particles. See also volatile inhalants; fluorocarbons; sudden sniffing death (SSD) syndrome. (inhalants, RIS 27:210--5 entries)

affect

A broad class of mental processes referring to a person's emotional feeling or mood, often used interchangeably with emotion. An immediately expressed and observed emotion. Historically, affect has

been distinguished from COGNITION and volition.

aftercare

In drug abuse treatment, the package of services provided the client after successful discharge from the program. Brown and Ashery (1979:165) define aftercare as "those community interventions designed to permit the client's effective integration/reintegration into society. . . . Aftercare activities can be viewed as a first line of defense against return to drug use." Aftercare activities would include involvement in activities such as self-help groups, supported work programs, and staff follow-up contacts and interventions.

agitation

Excessive restlessness suggestive of severe internal tension; manifested by pacing, hand wringing, fidgeting, and other forms of constant motor activity. One of the major symptoms of nonfatal drug overdose.

agonist

The original Greek meaning of this term denotes something involved in a struggle for victory. Its pharmacological meaning implies a substance that can bind at the molecular level with a receptor site to produce a pharmacological action. The interaction of the agonist at the receptor site can be displaced by its ANTAGONIST, which has the effect of completely or partially nullifying the pharmacological action of the agonist depending upon the purity of the antagonist. HEROIN, for example, is an agonist; NALTREXONE is a pure antagonist to heroin; CYCLAZOCINE is a mixed antagonist to heroin having some slight agonist properties of its own. See (narcotic) antagonist; receptors.

alcohol

Commonly, any beverage that contains ethyl alcohol (ethanol), the intoxicating sedative-hypnotic in fermented and distilled liquors. Made synthetically or produced naturally by FERMENTATION of fruits, vegetables, or grains, alcohol is the oldest and the most widely used social drug in the world. A CNS depressant, depending on the concentration consumed, alcohol acts as an analgesic, tranquilizer, sedative-hypnotic, soporific, intoxicant, anesthetic, or narcotic. At low doses, it can act as a stimulant. At high doses it can create stupor. Use with other depressants, or with antihistamines or solvents, can be extremely dangerous. Alcoholic beverages are usually classified into the fermented drinks BEER and WINE and DISTILLED SPIRITS. Fermented drinks

contain about 2 percent to 17 percent alcohol; distilled spirits can contain over 90 percent alcohol (e.g., grain alcohol). Classification: sedative/hypnotics. See also absolute alcohol; liquor. Slang names: booze, juice. (RIS 27:198--118 entries)

Alcohol and Drug Education Service

A Canadian organization involved in drug abuse prevention. It maintains a lending library and develops extensive bibliographies on alcohol and drugs.

Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA)

An umbrella agency within the Public Health Service of the U.S. Department of Health and Human Services. In addition to its own administrative staff, ADAMHA consists of the National Institute on Alcoholism and Alcohol Abuse, the National Institute on Drug Abuse, and the National Institute of Mental Health. Address: 5600 Fishers Lane, Rockville, Md. 20857.

alcoholism

A ubiquitously used term with a wide variety of ambiguous meanings about which there is little consensus. Sometimes used narrowly as a synonym for alcohol ADDICTION; other times used to refer to alcohol abuse, or to any drinking problem. Sometimes viewed as a disease syndrome, other times not. Sometimes primarily characterized by physical dependence, other times as primarily psychological in origin (Clark 1975; Paredes 1976). As defined by Keller and McCormick (1968): "A chronic and usually progressive disease, or a symptom of an underlying psychological or physical disorder, characterized by dependence on alcohol (manifested by loss of control over drinking) for relief from psychological or physical distress or for gratification from alcohol intoxication itself, and by a consumption of alcoholic beverages sufficiently great and consistent to cause physical or mental or social or economic disability. Or, a learned (or conditioned) dependence on alcohol that irresistibly activates resort to alcohol whenever a critical internal or environmental stimulus occurs." Jellinek (1969): "Any use of alcoholic beverages that causes any damage to the individual or society or both." Keller (1960): "A chronic disease, manifested by repeated implicative drinking, so as to cause injury to the drinker's health or his general functioning." Dax (1977) defines an "alcoholic" as "a person unable to correct the physiological and other bodily disturbances which have accumulated as the result of his drinking." See also substance abuse. (RIS 27:303--4 entries)

alienation

An individual's feeling of dissociation or estrangement from the surrounding society. Alienation may arise from feelings of powerlessness, normlessness, meaninglessness, depersonalization, isolation, or self-estrangement. See also anomie. (RIS 27:303--18 entries)

alimentary orgasm

Term coined by S. Rado (1926) referring to the specific fixation point of the opiate narcotic user--the oral, pleasurable experience that is diffused throughout the whole body following the ingestion of a meal. Rado hypothesized that the addict experiences a PHARMACOGENIC ORGASM, which resembles and is patterned on the alimentary orgasm.

alkali

A chemical compound which is caustic, or base, in nature such as lye. An alkali and an ACID neutralize each other to form a salt.

alkaloids

A diverse group of some 5,000 bitter compounds of plant origin containing nitrogen as well as carbon, oxygen, and hydrogen, that are usually physiologically or pharmacologically active (e.g., produce mind-altering or toxic effects). Most medicinal and toxic plants, as well as hallucinogenic plants owe their biological activity to alkaloids. Examples include caffeine, morphine, and nicotine. (THC, the primary psychoactive ingredient in marijuana, is an exception.) The term is also applied to synthetic (i.e., made by a chemical process) alkaloids, which have structures similar to plant alkaloids. Often a synonym for ACTIVE INGREDIENT.

Alliance for Cannabis Therapeutics (ACT)

ACT is an alliance of patients, their families and physicians, researchers, administrators, and politicians organized for the purpose of ending the Federal prohibition against using cannabis for medical applications. ACT works to repeal Federal regulations which prohibit the medical availability of cannabis; encourages and supports the enactment of State and Federal laws which properly define cannabis as a drug with medical value; encourages aggressive and neutral scientific study of the cannabis plant for its therapeutic applications; provides the public with factual information on cannabis, its history, medical applications, and the laws governing its use; helps individuals, physicians, State agencies, and others regarding the proper legal procedures used to obtain

access to cannabis and its derivatives under existing Federal regulations. Address: P.O. Box 23691, L'Enfant Plaza Station, Washington, D.C. 20024, (202)544-2884. See also marijuana.

allopathy

The main system of Western medical practice based on the philosophy of treating illness by counteracting the symptoms of illness; combating disease by remedies producing effects different from those produced by the disease treated. Contrast with holistic.

altered state of consciousness (ASC)

A psychological state in which a person's perception of time and space is somehow influenced by autosuggestion or by the use of a chemical preparation. Any mental state that is recognized as representing a sufficient deviation in subjective experience or psychological functioning from the "certain general norms for an individual during alert, waking consciousness" (Ludwig 1972:11). Therefore, a broad, high-level abstraction covering a variety of states induced by a variety of methods and agents such as the phases of sleep and dreaming, intoxication, meditative and visionary states, delirium, and somnambulism (Bourguignon 1977:7).

alternatives

The alternatives concept has developed in the last decade as a major prevention approach to drug abuse. The underlying assumption is that illicit drug use becomes a less attractive outlet for individuals who are involved with constructive activities of their own choosing. The key element in the alternatives concept is process rather than product. The specific activities and outlets are secondary. Of primary importance is the process that takes place within the individual of exploring and searching for ways to satisfy inner needs. In the words of Allan Cohen (1975), who has written extensively on alternatives: "Logically, alternatives to drugs should correspond to the motives impelling persons toward experimentation or continued abuse." See prevention models.

American Council on Marijuana and Other Psychoactive Drugs, Inc. (ACM)

A nonprofit organization established to help reverse the epidemic national trends in drug abuse. The ACM is concerned about all abused psychoactive drugs but has especially targeted marijuana for a concerted countercampaign. The ACM is open to membership, sponsors conferences and symposia on drug abuse, and produces

publications and audiovisuals. Address: 6193 Executive Blvd., Rockville, Md. 20852, (301)984-5700.

amidon

Original German name for the drug METHADONE.

amine

An organic derivative of ammonia and a basic functional molecular group that is one of the fundamental building blocks of biochemistry. It is the basic (caustic) part of amino acid compounds and is a component of many natural and synthetic psychodynamic substances ranging from natural dopamine to synthetic amphetamine.

amines, sympathomimetic

A group of drugs that produce effects characteristic of those of the sympathetic nervous system (e.g., epinephrine, dopamine) that prepare the organism for "fight, fright, or flight." Amphetamines are synthetic sympathomimetic amines.

amitriptyline hydrochloride

A tricyclic ANTIDEPRESSANT, manufactured as Elavil. (RIS 27:199--3 entries)

amobarbital

A common, intermediate-acting BARBITURATE. Manufactured as Amytal and, in a different form, as Amytal Sodium. Classification: sedative/hypnotics.

amotivational syndrome

A phrase coined simultaneously by W.H. McGlothlin and L.J. West (1968) and David Smith (1968) to describe a condition associated with regular marijuana use by youths in which the individual adopts an attitude and behavior that is asocial, nondirectional and cops out on established values. The amotivational syndrome is characterized by apathy; loss of effectiveness; and a diminished capacity to carry out complex, long-term plans, endure frustrations, concentrate for long periods, follow routines, or successfully master new material. There is a considerable controversy over whether the amotivational syndrome does or does not exist, but Dr. Sidney Cohen (in press) notes, "A number of health care professionals . . . have . . . provided similar reports on adolescents and young adults. Apathy and loss of goals are mentioned in connection with consistent marijuana use. It appears that almost every provider of health care to young people has seen one or a series of such poorly motivated young men and women who have dropped out, or who have had to drop out, of their schooling or job because of an inability to keep up." (RIS 27:304--5 entries)

amphetamine relatives

Also called "amphetamine ANALOGUES" or "amphetamine CONGENERS." Synthetic drugs, such as METHYLPHENIDATE HYDROCHLORIDE (Ritalin) and PHENMETRAZINE HYDROCHLORIDE (Preludin), that have characteristics similar to the AMPHETAMINES, with which they are often used interchangeably for recreational purposes. Classification: stimulants--primary. (amphetamines, RIS 27:199--136 entries)

amphetamine sulfate

The least potent of the amphetamines, manufactured as Benzedrine. Synthesized in 1927, it was first used in 1932 as an inhaler decongestant and in the treatment of NARCOLEPSY. During World War II it was used on troops to counteract fatigue. Classification: stimulants--primary. See also methamphetamine hydrochloride; dextroamphetamine sulfate. Slang names: bennies, benz. (amphetamines, RIS 27:199--136 entries; Benzedrine, RIS 27:202--13 entries)

amphetamines

A general name given to a class of synthetic sympathomimetic amines that are similar in some ways to the body's own adrenaline (epinephrine) and that act with a pronounced stimulant effect on the central nervous system (Grinspoon and Hedblom 1975). Chemically there are three similar types: racemic amphetamine or AMPHETAMINE SULFATE (Benzedrine), DEXTROAMPHETAMINE SULFATE (Dexedrine), and METHAMPHETAMINE HYDROCHLORIDE (Methedrine, Desoxyn), with amphetamine sulfate being the least potent and methamphetamine the most, and dextroamphetamine having the fewest side effects. Varying only in the degree of control over peripheral effects and potency, the amphetamines have been used medically as an aid in dieting by depressing appetite, as an energizer and euphoriant, as an antidepressant, to combat narcolepsy (involuntary sleep), hyperkinesis, and to promote alertness, retention, and wakefulness. Widespread use and abuse of amphetamines occurred following World War II when war-time stockpiles became available and were marketed on a nonprescription, over-the-counter basis, with use reaching epidemic proportions in Japan and Sweden (Ellinwood 1974). Now generally under Government control, in the United States amphetamines were first regulated with the DRUG ABUSE CONTROL AMENDMENTS OF 1965. Classification: stimulants--primary. See also amphetamine relatives; psychosis, amphetamine. Slang names: ups, uppers, speed, bennies, dexies, hearts, pep pills, splash. See

also appendix B. (RIS 27:199--136 entries; pep pills, RIS 27:222--1 entry)

amyl nitrite

A quick-acting volatile inhalant that dilates certain small blood vessels (primarily brain and heart), lowers high blood pressure and relaxes the smooth (involuntary) muscles of the body. Effects take place within 30 seconds and last only 2 to 3 minutes. Unlike other inhalants, amyl nitrite is a stimulant rather than a depressant, and may be dangerous for people with low blood pressure, glaucoma, or anemia. Among illicit users, the drug is prized for its alleged sexual stimulation or prolongation of orgasm effects. Usually sold in small glass vials. Classification: volatile inhalants. Slang names: pearls, snappers, amys, or poppers.

analeptics

Drugs that act as stimulants or restoratives to the central nervous system, such as caffeine or amphetamine. (Benzedrine, RIS 27:202--13 entries; caffeine, RIS 27:202--6 entries)

analgesics

A major classification of drugs that produce relief from, or diminished sensitivity to, pain (analgesia) without loss of consciousness; sometimes also called anodynes. Analgesics may be divided into three basic categories: (1) the OPIATE NARCOTICS--e.g., OPIUM, CODEINE, MORPHINE, MEPERIDINE HYDROCHLORIDE (Demerol), HYDROMORPHONE HYDROCHLORIDE (Dilaudid), HEROIN, METHADONE HYDROCHLORIDE (Dolophine); (2) nonnarcotic, prescription drugs; (3) nonnarcotic, non-prescription, mild analgesics--e.g., aspirin (acetylsalicylic acid), acetaminophen (Tylenol). In contemporary Western culture, the analgesics have been the major objects for drug addiction and there has been a continuing, as yet unsuccessful, effort to produce a "nonaddictive analgesic" (Peele 1978). (RIS 27:201--5 entries)

analog

A thing or part that is similar or comparable in certain respects with something else; in biology, similar in function but not origin and structure. The OPIOIDS are often referred to as "opiate analogues." See also congener.

anesthetics

A class of inhalant drugs that abolish the sensation of pain; used medically during surgical procedures. Local anesthetics produce loss of sensation only at the area of drug injection and are not used recrea-

tionally. General anesthetics affect the entire body and may produce loss of consciousness. While a number of drugs (e.g., barbiturates, cocaine) have anesthetic properties, the principal anesthetics are the vaporous CHLOROFORM and ETHER, and the gaseous NITROUS OXIDE. Classification: volatile inhalants.

anodynes

See analgesics.

anomie

As initially developed by Emile Durkheim, the concept referred to a state of society characterized by a condition of relative normlessness, a general breakdown or absence of norms governing individual and group behavior, which developed out of instability and change and which was characterized by elements of anxiety, isolation, and purposelessness. As the utility of the concept for understanding diverse forms of deviant behavior became evident, it was extended to refer to a condition of individuals rather than their environment. As conceptualized by Riesman (1950) and others, the psychological conception of anomie signifies a state of mind (not a state of society) of an individual who no longer has any moral roots or standards, no sense of continuity, folk, or obligation; the personal disorganization characterized by an individual's feeling of detachment from society and its norms. In this usage, the term is often used synonymously with ALIENATION. As conceived by Merton (1957:162-163), the sociological concept of anomie refers to "a breakdown in the cultural structure, occurring particularly when there is an acute disjunction between the cultural norms and goals and the socially structured capacities of members of the group to act in accord with them." Merton argues that a situation such as this leads to a higher rate of deviant behavior. (RIS 27:304--6 entries)

anorectic

A drug that decreases appetite; used to treat overweight people. (anorexia, RIS 27:304--1 entry; obesity, RIS 27:357--8 entries)

antagonist

A drug that blocks or counteracts the effect of another drug. See also agonist.

antagonist, narcotic

See narcotic antagonist.

antianxiety tranquilizers

See tranquilizers, antianxiety.

antidepressants

A major classification of drugs that were developed recently, are sold only by prescription, and are used medically to improve mood in severely depressed patients. Generally divided into the tricyclic compounds AMITRIPTYLINE HYDROCHLORIDE (Elavil) and IMIPRAMINE HYDROCHLORIDE (Tofranil), and the MAO INHIBITORS, the antidepressants are rarely used for nonmedical purposes since they have little immediate pleasurable effect on normal mood states (LeDain et al 1973). This varied group of drugs seems to have a stimulant effect in cases of pathologic depression but appears to have little effect in normal states. Chronic usage, however, has been shown to have clearly defined stimulatory action (Shulgin 1975). While some of the STIMULANTS have been medically used as antidepressants, their effects are inconsistent. (RIS 27:202--1 entry; amitriptyline, RIS 27:199--3 entries; imipramine, RIS 27:210--1 entry)

antihistamines

Nonbarbiturate sedative-hypnotics that block the effects of the substance histamine on effector cells in the nerves and that are used in the treatment of allergies and the mitigation of symptoms such as sneezing, itching, and runny nose. Usually they are abused with codeine or alcohol because they act synergistically to magnify the sedative effects of both. Classification: sedative/hypnotics. (RIS 27:202--1 entry)

antipsychotic tranquilizers

See tranquilizers, antipsychotic.

antisocial personality

A PERSONALITY DISORDER characterized by a basic lack of socialization and by behavior patterns that bring the individual repeatedly into conflict with society (A Psychiatric Glossary 1975). Also, a diagnostic category recommended by the American Psychiatric Association (1978) for persons over age 15 who demonstrate a history of "continuous and chronic ANTI-SOCIAL behavior in which the rights of others are violated." This diagnosis is recommended in place of the older psychiatric categories "SOCIOPATHIC PERSONALITY disorder" and "PSYCHOPATHIC PERSONALITY disorder." Blaine and Julius (1977:5) raise the issue of whether the classification of drug-dependent persons as antisocial personalities implies, in effect, that such people are unfit to interrelate with "normal" people and are a deviate subgroup for whom there is probably little help possible.

antitussive

A drug that relieves or prevents coughing.

anxiety

An emotional feeling of apprehension, or threat, that may or may not be specifically related to a cause. Often used loosely as a synonym for fear and phobia. (RIS 27:304--46 entries)

anxiolytic sedatives

See sedative/hypnotics.

aphrodisiac

Any substance that heightens sexual arousal or enhances the experience of sexual activity. (RIS 27:305--6 entries)

arecoline

An ALKALOID with CNS-stimulant properties found in the BETEL NUT.

argot, drug subculture

Specialized words and vocabulary generated and used by the drug subculture to describe unique illicit drug use objects and phenomena (e.g., "RUSH," "BOOTING," and "SPOON"), as opposed to general slang drug terms (e.g., "busted" for being arrested or "dealing" for selling). Street addict jargon.

army disease

An expression often used as a synonym for morphine addiction after the Civil War; also called "soldier's illness." During the Civil War the hypodermic needle was first used to inject morphine, which was employed indiscriminately as an ANALGESIC. Because only soldiers were so widely affected, the addiction became known as the army disease.

arrest

See drug arrest. (RIS 27:306--29 entries)

arrest rates

See drug arrest. (RIS 27:305--34 entries)

Asklepieion

A form of THERAPEUTIC COMMUNITY established within a penal institution; named after the temple of the Greek god of healing. Pioneered by Dr. Martin Groder at the maximum security Federal prison at Marion, Illinois, in the late 1960s and early 1970s, this TC model incorporates concepts from Synanon and transactional analysis into a self-help microcosm of inmates within the prison setting (Jones 1979).

assay

A procedure for analyzing and quantifying

the chemical components of a substance.
See also urine testing for drugs.

ataractics (ataraxics)
See tranquilizers.

ataxia
Gross muscular incoordination as in alcohol intoxication.

at-risk populations
Subgroups within the population whose members have been identified as being particularly susceptible to becoming drug misusers. These subgroups are usually targeted by organized drug misuse prevention efforts and often include groups such as adolescents, the elderly, and middle-aged housewives.

autonomic nervous system
See nervous system.

automatism, drug
The consumption of drugs without conscious awareness of the amount being taken. This state occurs with heavy users of central nervous system DEPRESSANTS and it has been suggested that it accounts for some deaths from BARBITURATE overdose. According to this theory, the drug creates a confused state and the user does not recall taking the dose; while in this condition the individual takes another capsule; this process often continues until a lethal overdose has been ingested. Malcolm (1971:151) considers this theory entirely speculative and unproven: "If a person takes an overdose of barbiturates he intends either to die or to indicate to certain significant people that his environment must change. If his intention is the latter and he dies, it is accidental, but this accident is not due to automatism."

aversion therapy
In BEHAVIOR MODIFICATION, the reduction of a behavior through a conditioning procedure in which the behavior is associated with real or imagined noxious stimuli (for example, an electric shock), which would be avoided if possible (Chaplin 1975). A treatment that suppresses undesirable behavior by associating a painful or unpleasant reaction with the behavior (A Psychiatric Glossary 1975). Aversion therapy is frequently used in smoking cessation programs.

B

bad trip
See panic reaction.

bag
Slang. A quantity of leafy or powdered illicit drug (e.g., marijuana, heroin) that comes in a paper or glassine envelope or plastic bag. Local convention and prevailing illicit drug prices determine the quantities of drugs sold by the "bag." The terms "nickel" (\$5) and "dime" (\$10) bags have long been used as standard street retail units for the packaging of small quantities of drugs, but they have been made nearly extinct by inflation over the years.

balloon effect
Refers to the phenomenon of drug users substituting the use of one type of drug for another when authorities clamp down on their original drug of choice; like a balloon, when drug use is squeezed in one direction it often expands in another, often with adverse results. For example, heroin use increased in Southern California after Operation Intercept's blockade of Mexican marijuana (Bryant et al. 1973).

bam
Slang. Street name for PHENMETRAZINE HYDROCHLORIDE (Preludin).

barbital
One of the long-acting BARBITURATES. Manufactured in 1883, barbital was one of the first barbiturates used in medicine. Manufactured as Veronal. Classification: sedative/hypnotics.

barbiturates
The largest and most common group of the synthetic sedative/hypnotics. In small doses they are effective in sedation and in relieving tension and anxiety, and, like TRANQUILIZERS, they do not cause much drowsiness. In larger doses they are used as hypnotics (sleep inducers). Certain barbiturates are used for epilepsy and intravenous anesthesia. When large dosages are not followed by sleep, signs of mental confusion, euphoria, and even stimulation may occur, similar to that produced

by ALCOHOL, another sedative/hypnotic. Hence barbiturates are often used recreationally by people seeking similar effects to those produced by alcohol, often combining the two. As alcohol potentiates (see POTENTIATION) barbiturate effects, this practice is extremely hazardous. Barbiturates are also used in combination with, or as a substitute for other depressants, such as heroin, and are often taken alternately with AMPHETAMINES, as they tend to enhance the euphoric effects of amphetamines while calming the overwrought nervous states they produce. In large dosages they can cause severe poisoning, deep comas, respiratory and kidney failure, and death. Thus barbiturates play a leading role in fatal poisonings and suicides in the United States. (DRUG) AUTOMATISM has been identified as a potential cause of deaths due to excessive barbiturate use.

Since first used in 1903, over 2,500 barbiturates have been produced, but only 50 commercial brands are now available and only 12 are widely used. In 1970, barbiturates and barbiturate substitutes accounted for 28.6 percent of all prescriptions for psychoactive drugs in America (National Commission on Marihuana and Drug Abuse 1973:43). Although still considered indispensable in medicine, their medical applications have declined primarily due to the availability of other drugs with similar effects such as the antianxiety tranquilizers and other nonbarbiturate sedative-hypnotics.

The barbiturates are usually divided into three categories according to the rate of speed with which they are eliminated from the body: (1) long-acting (6-24 hours)--PHENOBARBITAL (Luminal), BARBITAL (Veronal); (2) short-to-intermediate-acting (3-6 hours)--PENTOBARBITAL SODIUM (Nembutal), SECOBARBITAL SODIUM (Seconal), Tuinal (a secobarbital sodium/AMOBARBITAL combination), and BUTABARBITAL SODIUM (Butisol Sodium or Buticaps); and (3) ultra-short-acting (under 3 hours)--THIOPENTAL SODIUM (Pentothal). The most widely abused and dangerous are the short-to-intermediate-acting barbiturates. Primarily prescribed to treat sleep disturbances, they are the ones most likely to be used to produce intoxication, to be found on the illicit market, and to be used in suicide attempts. In Great Britain, the suffix "-al" is usually replaced by "-one," e.g., barbitone instead of barbital. Classification: sedative/hypnotics. Slang names: rainbows, blue devils, reds, yellows, yellow jackets,

blues, blue heavens (based on the unique colors of their pharmaceutical capsules); barbs, downers, down, goofballs, sleeping pills. See also appendix B. (RIS 27:202--48 entries; pentobarbital, RIS 27:222--1 entry; phenobarbital, RIS 27:223--2 entries; secobarbital, RIS 27:223--4 entries)

beer

An alcoholic beverage obtained by the FERMENTATION of barley malt or other grains, often "hopped" (flavored with hops or other aromatic bitters). Most beers contain 3 to 6 percent alcohol by volume (compared to 25 to 50 percent for distilled spirits and 8 to 14 percent for wine). Prior to the 18th century, beer was distinguished from ale by being hopped; with the industrialization of brewing in the 18th century, all malt liquor gradually became hopped and beer and ale are now generally synonymous. In the early 19th century, beer was regarded as a foreign urban drink in the United States (Keller and McCormick 1968). Classification: sedative/hypnotics.

behavior disorder

A broad term that describes a behavior abnormality believed not to be associated with specific organic causes or symptoms. In general, the term is used for abnormalities that affect general and social adjustment, such as drug use, antisocial behavior, and crime.

behavior modification

The changing of human behavior through conditioning or other learning techniques; often used as a synonym for BEHAVIOR THERAPY. One of the major concepts employed by THERAPEUTIC COMMUNITIES. See also aversion therapy.

behavior therapy

The systematic application of learning principles and techniques to the treatment of behavior disorders that focuses on attacking the symptoms rather than tracing the history of the problem as in traditional forms of psychotherapy (Chaplin 1975). BEHAVIOR MODIFICATION is often utilized as a synonym, although the American Psychological Association views behavior therapy as one method of behavior modification, along with aversion therapy (Kinkade 1974).

behavioral pharmacology

The branch of pharmacology that deals with the effects of drugs on behavior, particularly operant behavior processes. See dose-response relationship.

benzene

A toxic, volatile hydrocarbon derived

mainly from the carbonization of coal, the prolonged inhalation of which results in acute poisoning. It is used extensively in the petroleum, plastics, explosives, and pesticide industries and is found most commonly in gasoline, in rubber cement, and in paint and varnish removers. Most countries legally regulate the allowable exposure and concentration of fumes in its industrial use as a SOLVENT because of its ability to produce leukemia and severe anemias. Also called benzol. Methyl benzene is known as TOLUENE. Classification: volatile inhalants. See also naphtha.

benzine

See naphtha.

benzodiazepines

A chemical group whose four derivatives are used as (ANTI-ANXIETY) TRANQUILIZERS and have little difference in their characteristics except duration of action. The four benzodiazepine derivatives are: CHLORDIAZEPOXIDE HYDROCHLORIDE (Librium), DIAZEPAM (Valium), OXAZEPAM (Serax), and CHLORAZEPATE DIPOTASSIUM (Tranxene). In potency, the benzodiazepines are intermediate between the anti-anxiety tranquilizer MEPROBAMATE (Miltown, Equanil) and the (ANTI-PSYCHOTIC) TRANQUILIZERS derived from phenothiazine. Classification: sedative/hypnotics.

benzphetamine hydrochloride

A SYMPATHOMIMETIC AMINE used as an ANORECTIC. Manufactured as Didrex. Classification: stimulants--primary.

betel nut

A nut from the areca palm tree that when combined with catechu gum from the acacia tree and burnt lime and encased in a betel leaf has mild stimulant properties. Prolonged use causes the teeth and gums to develop dark red stains. The major active ingredient is arecoline, an oily colorless ALKALOID.

bhang

The name used in India for MARIJUANA. Also the name for a beverage drunk in India that is made with marijuana and often contains milk. See also ganja; charas; marijuana.

biphasic dose-response relationship

See dose-response relationship.

blind study

An experiment in which the subject does not know which of one or more drugs (one of which is often a placebo) is being given.

The researcher, however, is aware of which treatment is being used. Also called "single-blind." See also double-blind study; placebo.

blockade effect

The prevention by drugs of certain physiologic or enzymatic actions; the prevention of the effects of certain drugs by another agent such as the NARCOTIC ANTAGONISTS (Dorland's Illustrated Medical Dictionary 1974).

blood level

The concentration of a drug, such as alcohol, in the blood, usually expressed in percent by weight.

blow

Slang. To inhale or SNORT a drug, particularly cocaine ("blow snow") or heroin.

BNDD

See Bureau of Narcotics and Dangerous Drugs.

Boggs Amendment

A 1951 amendment to the HARRISON NARCOTICS ACT of 1914, the NARCOTIC DRUGS IMPORT AND EXPORT ACT OF 1922, and the MARIJUANA TAX ACT OF 1937. Reflecting the increased concern over drug addiction following World War II, the amendment increased penalties for all drug violations and, for the first time in Federal criminal legislation, lumped together marijuana and "narcotic" drugs, establishing uniform penalties for violations of both the Narcotic Drugs Import and Export Act and the Marijuana Tax Act. Also for the first time, a mandatory minimum sentence of 2 years was established for first "narcotic" violators and up to 10 years imprisonment for repeat offenders (Lingeman 1969). In 1956, the NARCOTIC DRUG CONTROL ACT further escalated penalties.

booting

Slang. Street procedure when injecting heroin of drawing blood into the syringe before injecting its contents to assure that the needle is in a vein.

brain disorder, acute

A disease SYNDROME resulting from temporary impairment of brain tissue function due to drugs, injury, or organic disease. Sometimes called "acute brain syndrome." Contrast with brain disorder, chronic.

brain disorder, chronic

A disease SYNDROME resulting from relatively permanent, largely irreversible, dif-

fuse impairment of brain tissue function (Chaplin 1975). Sometimes called "chronic brain syndrome." Contrast with brain disorder, acute.

breech birth

Delivery of a fetus with the buttocks, knees, or feet appearing first. May be associated with a traumatic delivery and with asphyxia. Breech births occur at a significantly higher rate among deliveries by narcotic addicted mothers.

brick

Slang. Compressed, brick-shaped kilogram of marijuana, the form in which large quantities of marijuana are often shipped. See also kilo.

British system

Most generally, refers to the medically oriented treatment of opiate users in Great Britain, which has allowed users to obtain and use opiates legally. This medical, noncriminal approach has been credited with limiting heroin use, preventing the development of a black market, reducing drug-related crime, and enabling addicts to lead more useful lives, and has been recommended as a model for implementation in the United States. It has been widely praised by advocates of heroin maintenance. (See MAINTENANCE TREATMENT.) However, several problems surround the use of this concept. First, British policy has undergone significant changes in the course of the 20th century. Before 1968 the "system" was not a government-sponsored program but rather a policy that allowed private physicians to treat opiate users and prescribe maintenance doses. However, in the 1960s when heroin use among young males began to increase, this approach was altered and a new government-sponsored program was established that imposed stricter controls on the manufacture, sale, and possession of opiate drugs, and instituted a program of addict notification and treatment through clinics. Addicts could still get maintenance doses of low-cost heroin, but only from government-authorized treatment centers or from licensed physicians. Second, the very nature and effectiveness of British policy before the 1967 act and afterward, and its applicability or comparability to the American situation (particularly the concept of heroin maintenance) are still controversial. While some observers view the clinics as a maintenance system, others maintain they are presently abstinence oriented; others observe that the clinics are in fact moving from using heroin to using methadone (Austin 1978: 165).

bromides

Nonbarbiturate sedative drugs that were first introduced into medicine in 1857 for the treatment of epilepsy. Unlike most DEPRESSANTS, bromides do not effectively induce sleep in large, single doses. They were widely employed, usually administered chronically for their cumulative sedative effects. Overdosage of bromides can cause serious mental disturbances similar to ALCOHOLISM and a disturbance of sleep. Replaced since 1900 by the BARBITURATES and other more effective, less toxic drugs, bromides are still employed as headache remedies and nonprescription "sleeping pills." Classification: sedative/hypnotics.

Brompton cocktail

An analgesic drug concoction used in British HOSPICES to control chronic, intractable pain associated with cancer. It contains heroin, cocaine, phenothiazine, and other drugs such as prochlorperazine, promazine, and chlorpromazine (Zentner 1979). Hospital-prepared variations of the Brompton cocktail have undetermined shelf life stability depending upon pH, alcohol concentration, and other variables. An oral solution of morphine that contains 10 mg of morphine sulfate per 5 ml in a nonflavored vehicle that contains 10 percent ethanol has been approved for commercial distribution in the United States by Philips Roxane Laboratories. It is anticipated that this new oral narcotic preparation will have Brompton cocktail-like applications in the United States.

broom

A member of the bean family whose blossoms are dried and smoked for their mildly intoxicating effects. The active stimulant ingredient in broom is cytisine, a substance that is harmless when smoked but is toxic when taken orally. See legal highs.

buprenorphine

A mixed antagonist/agonist with a long duration of action. It requires less frequent administration than METHADONE; appears to block the toxic, euphorogenic, and dependence-producing effects of opiates; and acts as a competitive antagonist (like NALTREXONE) while producing cross-tolerance (like methadone). Buprenorphine itself appears to produce little physical dependence; therefore, maintenance therapy could easily be terminated. Classification: narcotic antagonists.

Bureau of Drug Abuse Control

Enforcement agency created by the DRUG ABUSE CONTROL AMENDMENTS OF 1965 within the U.S. Department of Health, Edu-

cation, and Welfare charged with controlling the illegal traffic in certain stimulant, depressant, and hallucinogenic drugs (Lingeman 1969). In 1968 these responsibilities were transferred to the BUREAU OF NARCOTICS AND DANGEROUS DRUGS.

Bureau of Narcotics and Dangerous Drugs (BNDD)

Law enforcement agency created in 1968 in the U.S. Department of Justice in which were merged the responsibilities of the Treasury Department's (FEDERAL) BUREAU OF NARCOTICS and HEW's BUREAU OF DRUG ABUSE CONTROL. In 1973, the bureau was replaced as the lead agency in drug law enforcement by the DRUG ENFORCEMENT ADMINISTRATION.

Bureau of Narcotics, Federal

Agency created in 1930 within the U.S. Treasury Department headed by the Commissioner of Narcotics which was responsible for administering and enforcing those sections of the Internal Revenue Code taxing NARCOTICS and marijuana, the Opium Poppy Control Act of 1942, and the NARCOTIC DRUGS IMPORT AND EXPORT ACT OF 1922. Its goal was to investigate, detect, and prevent violations of laws prohibiting unauthorized possession, sale, or transfer of opium, opium derivatives, synthetic opiates, cocaine, and marijuana. (See HARRISON NARCOTICS ACT.) In 1968, the agency was transferred to the Department of Justice and was merged with the BUREAU OF DRUG ABUSE CONTROL to create the BUREAU OF NARCOTICS AND DANGEROUS DRUGS.

burnout

Term used to describe a condition experienced by chronic users who use a drug or drugs (mostly nonnarcotic) to the extent that their thought processes become impaired, and they take on a SPACED OUT or "vegged out" appearance and manner. Also, the saturation point reached by chronic drug users, particularly addicts, when the maladaptiveness of the lifestyle becomes so salient that the "hassle" becomes more important than the satisfaction and the dependent person stops taking drugs (Winick 1978:233). Increasingly, also used among drug counselors or therapists to refer to a point in their career when they become disillusioned with their job and the profession in general.

butabarbital sodium

One of the intermediate-acting BARBITURATES. Classification: sedative/hypnotics.

butalbital

A short-acting BARBITURATE found as a component in many analgesic compounds. Classification: sedative/hypnotics.

butyl nitrite

Inhalant drug that first appeared in 1969 after AMYL NITRITE was made a prescription drug. Like amyl nitrite, inhalation produces a brief but intense lightheaded feeling by lowering blood pressure and relaxing the smooth (involuntary) muscles of the body. Classification: volatile inhalants.

C

caffeine

A widely used, mild stimulant found naturally in COFFEE, tea, cocoa, and cola beans. A white, bitter, crystalline substance, it has stimulant effects and constricts blood vessels in the brain. Classification: stimulants--secondary. (RIS 27:202--6 entries; coffee, RIS 27:204--2 entries)

caffeinism

The excessive ingestion of large amounts of caffeine, usually in coffee or tea, for prolonged periods. This practice is a common lifestyle element among certain Canadian Indian groups (excessive strong tea consumption) (Farkas 1979) and certain types of white collar workers.

Ingestion of 200 mg of caffeine daily (an average cup of tea contains about 65 mg of caffeine) can cause physiological problems and dosages in the 370 to 650 mg per day range are considered to be indicative of physiological and psychological dependence (Gilbert 1976; Grenden 1974).

Toxic reactions to excessive caffeine consumption are manifold and include (Farkas 1979):

dizziness	hard breathing
tremulousness	reflex hyperexcitability
apprehension	muscle twitching
insomnia	excessive sensibility
diarrhea	ringing in ears
headache	visual flashes of light
lightheadedness	heart palpitations
breathlessness	rapidity of heart action

nervousness	absence of heart rhythm
irritability	flushing
agitation	hypotension

Canada, the drug problem in

See Addiction Research Foundation; Alcohol and Drug Education Service; Commission of Inquiry into the Non-Medical Use of Drugs (Le Dain Commission).

cannabidiol (CBD)

A nonpsychoactive cannabinoid found in MARIJUANA. It is currently under study for use as an anticonvulsive agent.

cannabinoids

Chemical derivatives unique to the CANNABIS plant, such as THC and CBD.

cannabis

A major classification of drugs derived from the botanical plant class of the same name ("cannabis" is the Latin word for hemp). Both cannabis and marijuana are often used interchangeably as general terms to refer to all of the various associated preparations that are consumed for their intoxicating properties.

Botanists have been at odds since the 16th century over whether cannabis consists of only one species (*Cannabis sativa*) or more than one species. That there are different strains of cannabis has not been in question; whether these strains possess qualities of a true species or lesser taxonomic designations, such as races, ecotypes, cultivars, chemovars, and so on, has been at issue (Schultes and Hofmann 1980).

Current research indicates the classification consists of more than one species. Botanists such as Richard E. Schultes at Harvard University and Loran C. Anderson at Florida State University conclude sufficient scientific evidence exists to support three species of cannabis: *Cannabis sativa*, *Cannabis indica*, and *Cannabis ruderalis*. *C. sativa* grows to a height of 18 feet, is loosely branched, and thrives in cool, damp climates. *C. indica* grows from 3½ to 4 feet, is conical in shape, and thrives in hot, dry climates. *C. ruderalis* grows from 1 to 2½ feet, is dense and never branches, and is found primarily in Russia.

There are other distinguishing features as well, related to cell and leaf structures. There are gelatinous fibers in the wood and vessels that exist singly or in small groups in *C. sativa*. *C. indica* has libriform fibers in its wood and its vessels occur in large groups. *C. ruderalis* is mostly intermediary in these characteristics.

Although the number of leaflets may vary within a species, *C. sativa* normally has seven leaflets, *C. indica* has nine, and *C. ruderalis* has three. The leaflet of *C. sativa* is narrow, or lanceolate. The *C. indica* leaflet is broad, or oblanceolate. And the *C. ruderalis* leaflet is oval, or elliptic, being broadest at the mid-length of the leaf (Anderson 1974, 1980).

All three species contain THC; *C. indica* produces the most and *C. ruderalis* the least.

Cannabis has been cultivated for thousands of years for its intoxicating flowering tops and leaves, its fibrous stems and branches, and its nutritious seeds. A strain that is high in one of these three qualities tends to be low in the other two. *C. indica*, for example, is very low in fiber content but generates the most potent marijuana. *C. sativa* produces the hemp fibers that have been used for centuries for making rope and coarse woven products, but races of *C. sativa* high in this quality contain very little THC (less than 0.5 percent). The seeds of *C. sativa* can also be harvested for use as animal feed and for producing oil that is used in cooking and in making paint.

The psychoactive effects from ingesting cannabis vary considerably depending on such factors as potency, the SET (mood and expectations) of the user, and the environment in which the drug is consumed. Effects similar to the depressants, stimulants, and hallucinogens have all been observed. Cannabis is, therefore, classified in this volume as a category of its own. See also marijuana, sinsemilla. (RIS 27:203--21 entries; hashish, RIS 27:205--27 entries; marihuana, RIS 27:211--200 entries)

carbon tetrachloride

A highly toxic, chlorinated hydrocarbon liquid, at one time widely used as a SOLVENT in cleaning fluids, which when inhaled produces INTOXICATION. Toxic reactions include headache, confusion, depression, fatigue, nausea, vomiting, and death. Both the vapor and the liquid irritate skin and eyes. Classification: volatile inhalants.

cardiovascular effects

Pertaining to the heart and blood vessels. (RIS 27:309--36 entries)

career

See effects, drug; career, addiction.

career, addiction

Heroin use is often referred to as a career in that heroin users literally must work at maintaining their drug supply and their lifestyle and undergo a series of experiences or activities that other heroin users usually hold in common, such as initiation, obtaining drugs, avoiding arrest, imprisonment, treatment, and cycles of relapse and abstinence (Waldorf 1973; Rubington 1967). The concept of career also is used to emphasize that, contrary to the belief that heroin users are seeking escape from responsibility and psychological problems, many are engaged in meaningful activities and relationships on a daily basis that are challenging, adventurous, and rewarding (Prebie and Casey 1969; Wikler 1973). (RIS 27:301--10 entries)

case history

The information that has been recorded about an individual, family, group, or community. The term is most often used in social work agencies, and in sociological, medical, and psychiatric studies.

catecholamine

A group of biochemical compounds having sympathomimetic actions including the ADRENERGIC agents epinephrine, norepinephrine, and dopamine. See also neurotransmission.

causal

Two phenomena are said to have a causal relationship if the one affects and is incidental to the occurrence of the other, rather than frequently appearing with but coincidental to the occurrence of the other. For example, prolonged injection of heroin has a causal relationship to heroin addiction. Heroin addiction is highly associated with liver disease, but there is no causal relationship as in the case of alcohol and liver disease. The liver disease associated with heroin use has a causal relationship with unsanitary injection procedures and not either the heroin or the addiction per se. See corollary. (causal models, RIS 27:310--3 entries)

Center for Disease Control

The Center for Disease Control was established as an operating health agency within the Public Health Service by the Secretary of Health, Education, and Welfare on July 1, 1973, and is the Federal agency charged with protecting the public health of the Nation by providing leadership and direction in the prevention and control of diseases and other preventable conditions. Its main offices are located in Atlanta.

The Center administers national programs for the prevention and control of communicable and vector-borne diseases and other preventable conditions, including the control of childhood lead-based paint poisoning and urban rat control. The Center directs and enforces foreign quarantine activities and regulations; provides consultation and assistance in upgrading the performance of clinical laboratories, and evaluates and licenses clinical laboratories engaged in interstate commerce; and administers a nationwide program of research, information, and education in the field of smoking and health.

The Center has also sponsored research on the health effects of consuming marijuana sprayed with the herbicide PARAQUAT (Smith and Seymour, in press).

Center for Multicultural Awareness

A project of the National Institute on Drug Abuse, operated by Development Associates, Inc., as a resource center for black, Native American, Asian American, Puerto Rican, Mexican-American, and Hispanic communities. The center identifies, develops, and adapts culturally relevant materials for drug abuse prevention, and provides technical assistance to State agencies to develop prevention plans, and to local programs within minority communities. Address: 2924 Columbia Pike, Arlington, Va. 22204, (703)979-0100. Carmen Maymi, Project Director.

central nervous system (CNS)

The brain and spinal cord. The primary bodily system affected by psychoactive drugs. See nervous system.

centrally acting drugs

Drugs that exert effects on the central nervous system.

certified urine

A urine specimen produced under observation by institution staff and certified to be from the subject and not adulterated in any way.

A new technique that has been under study as a substitute for the method of observed urination is based upon the measurement of urine temperature immediately after the specimen is submitted. Judson et al. (1979:198) in their research found that 99 percent of urine measurements fell in the range between 32.5 and 36.7 degrees centigrade using the following procedures: "In our clinic the lavatory adjoins the dispensary, with a shuttered

window in the wall between the two rooms, through which the patient passes the specimen immediately after urination. There is no hot water and no electric outlet. Only one patient at a time is allowed in the lavatory. The patient is given a 60-ml screw-cap polypropylene urine bottle (4 cm diameter, 5.5 cm to neck, Riekus Container Co., Emeryville, California) and a Styrofoam insulating cube measuring 12 cm on a side. The cube has a hole in the center just big enough to hold the urine bottle. Men are instructed to urinate directly into the urine bottle, making sure to fill it; women urinate into a paper cup, then pour the urine into the bottle. The bottle is then placed in the cube and passed through the window into the dispensary. Immediately, the nurse places a laboratory-type centigrade thermometer (-1 to 51°C, with 1/10° gradations) in the bottle. Exactly 30 seconds later (when the thermometer reading has stabilized) the temperature is read. Preliminary experiments showed that the urine cools at a rate of 0.24°/minute in the Styrofoam cube."

charas

The Indian name for HASHISH. See also marijuana.

cheating

Slang. The act of taking an illicit drug while in drug treatment. (RIS 27:310--3 entries)

chemotherapy

The therapeutic use of chemical agents for the treatment of disease. May refer to METHADONE MAINTENANCE (Deitch 1973), and/or the use of NARCOTIC ANTAGONISTS, which block the effects of opiates (Blumberg 1973).

China White

Slang. Street name for alpha-methylfentanyl, a drug that has no recognized medical use and about which there is little available pharmacological information. It appears to be a potent morphinelike narcotic analgesic drug at least 100 times more potent than morphine. This extreme potency makes the strength of illegal "street" preparations difficult to control, and abuse of this drug can result in overdose. Alpha-methylfentanyl may produce euphoria, physical dependence, and severe respiratory depression, effects similar to other narcotic drugs. The respiratory depression may be reversed by a narcotic antagonist such as naloxone (Narcan).

chipping

Slang. Using heroin only occasionally. See also controlled drug use. (RIS 27:310--3 entries; occasional heroin users, RIS 27:290--1 entry)

chloral hydrate

Trichloroacetaldehyde, a nonbarbiturate sedative-hypnotic derived from ethyl alcohol, which was the first widely used synthetic sleep-inducing drug. Combined with alcohol it produces acute intoxication: a combination known as a Mickey Finn or knockout drop. Classification: sedative/hypnotics.

chlorazepate dipotassium

An (ANTI-ANXIETY) TRANQUILIZER, manufactured as Tranxene.

chlordiazepoxide hydrochloride

An (ANTI-ANXIETY) TRANQUILIZER derived from BENZODIAZEPINE. Manufactured as Librium. Classification: sedative/hypnotics. (RIS 27:203--1 entry)

chloroform

A vaporous ANESTHETIC depressant similar to ETHER, which is capable of producing an alcohol-like intoxication when inhaled. Never very popular, chloroform is known to be more frequently fatal than any of the other anesthetics or alcohol. It is also used as a solvent. Synonymous with trichloromethane. Classification: volatile inhalants.

chlorpromazine

An anti-anxiety tranquilizer derived from phenothiazine, which is used for treating severe psychoses, acting to reduce the patient's fear and hostility. It also reduces hallucinations and delusions and has often been used as an ANTAGONIST in the treatment of LSD-induced panic reactions. Manufactured as Thorazine. Classification: sedative/hypnotics. (RIS 27:203--8 entries)

chlorprothixene

An (ANTI-PSYCHOTIC) TRANQUILIZER, manufactured as Taractan.

cholinergic

See neurotransmission.

chromosome damage

Chromosomes are threadlike materials found in the nucleus of a cell that contain the genes--the factors responsible for hereditary transmission. (RIS 27:310--13 entries)

chronic

Of long duration; descriptive of diseases that progress slowly and persist for long periods. Contrast with acute.

cigarettes

See tobacco; substance abuse.

circumstantial-situational drug use

As defined by the U.S. National Commission on Marihuana and Drug Abuse, drug use that is usually task specific and self-limited. Use is motivated by the perceived need or desire to achieve an effect deemed desirable to cope with a particular situation that is personal or vocational in nature. Examples would be athletes who use drugs to improve performance, and students who use drugs while preparing for examinations (National Commission on Marihuana and Drug Abuse 1973:96). See also experimental drug use; social-recreational drug use; intensified drug use; compulsive drug use. (situational drug use, RIS 27:384--10 entries)

Civil Addict Program, California

The California CIVIL COMMITMENT program established in 1964. The program was enacted in 1961 to provide "nonpunitive treatment" and to control the addict "for the prevention of contamination of others and protection of the public" (McGlothlin 1976; Kramer 1970). The program calls for mandatory periods of confinement for treatment, followed by release to close parole supervision with chemical antinarcotic testing. Commitment may take place in three ways: (1) 7-year commitment following conviction for a felony or misdemeanor; (2) 7-year commitment for being an addict or "in imminent danger of becoming an addict"; (3) voluntary, self-commitment for 2½ years. Those most successful may earn early discharges. McGlothlin (1976) notes that the term "civil commitment" is essentially a misnomer as the system is really an alternative sentencing disposition. The main inpatient facility is the California Rehabilitation Center (CRC) at Corona.

civil commitment

A compulsory procedure whereby a drug addict is involuntarily confined for a specified period in a special treatment facility (sometimes only a modified prison) for detoxification and rehabilitation. Civil commitment is not a treatment mechanism per se but rather a vehicle for retaining individuals while they participate in a given course of treatment. It is this forced and prolonged supervision that distinguishes it from voluntary programs (Brown 1973:132).

The concept of civil commitment developed out of the procedures established in the middle of the 19th century in which the State committed the mentally ill to public asylums where they often remained until "cured." By the turn of the century the procedure had been adopted for the cure of "inebriates," meaning chronic users of alcohol or any other drug. In the 1920s the responsibility for dealing with the users of prohibited substances was surrendered to the criminal process, but the "noncriminal" commitment process attracted revived interest in the early 1960s. Civil commitment programs were instituted in California (the CIVIL ADDICT PROGRAM), New York (the NARCOTIC ADDICTION CONTROL COMMISSION), Massachusetts, and other States, and by the Federal Government (the NARA program), following the 1962 landmark Supreme Court decision that held that narcotic addiction itself constituted an illness rather than a crime and could not be punished as a criminal offense. (See ROBINSON v. CALIFORNIA).

Although various programs exist employing different therapeutic techniques, what uniquely characterizes all civil commitment programs is the involuntary manner in which addicts are recruited into the program through the CRIMINAL JUSTICE SYSTEM. An addict who has been arrested for a crime can choose to stand trial or enter a rehabilitation program lasting about 3 years. If the addict does not choose to enter the program and is found guilty while standing trial, authorities can still send the addict to the rehabilitation center. Most programs incorporate provisions for the courts to dismiss criminal charges upon successful completion. Civil commitment programs are not limited just to addicts charged or convicted of crimes. Programs generally also include noncriminals (committed on the basis of suspected future criminal activity) and volunteers. "Commitment" is sometimes referred to as "certification" (Waldorf 1973:103).

Supporters argue that in order for treatment to be successful, compulsory confinement in a drug-free surrounding is essential and that it is the duty of the State to safeguard and treat those who are unable or unwilling to do so voluntarily. Critics argue that: (1) the program is not really nonpunitive or different from imprisonment; (2) it has caused court congestion; (3) it is an infringement on the right of noncriminal addicts to be free, an inherent contradiction to the notion of individual liberty; (4) it has not been successful in treatment; (5) commitment for treatment that has not been proven effective.

tive is cruel and unusual punishment; and (6) the whole program is a subterfuge around the protection afforded to a person accused of a crime but not afforded to those suffering from an illness (Wicks and Platt 1977; McGlothlin 1976; Kramer 1970; Abromsky and McCarthy 1977; Beckett and Thomas 1976). See also diversion. (RIS 27:310--16 entries; civilly committed, RIS 27:279--18 entries)

clean

Not carrying illicit drugs or not using illicit drugs, particularly narcotics. Also used to describe the process of removing the seed and stems from marijuana (Lingeman 1969). Contrast with dirty.

Client Oriented Data Acquisition Process (CODAP)

A reporting system that is required to be used by all federally supported drug abuse treatment facilities. CODAP was originally designed and implemented under the direction of the Special Action Office for Drug Abuse Prevention (SAODAP) in order to replace a variety of incompatible Federal reports and to provide the single source of comparable information needed for policy management at the national level. The CODAP system is essentially composed of two reports: (1) an Admission Report, which deals with the type of treatment assigned to the patient, demographic data, prior treatment experience, and drug usage patterns, and (2) the Discharge Report, which provides information on reason for discharge, time in treatment, demographic data, and drug use status at time of discharge. Items from the reports are included in NIDA Research Issues Series volume 12: Drug Abuse Instrument Handbook.

clinical

A method or approach toward the diagnosis and prognosis of adjustmental disorders and the prescribing of treatment centered on the investigation of background factors, family relationships, tests, etc. Clinical psychology is that branch of psychology that deals with the psychological knowledge and practices employed in helping a client who has some behavior or emotional disorder. It includes training and actual practice in diagnosis, treatment, and prevention, as well as research (Chaplin 1975; English and English 1958).

clonidine

Originally developed as an antihypertensive medicine, clonidine has been found to be an effective nonopiate drug for controlling withdrawal from opiates and opioids. Sub-

jects experience only mild discomfort detoxifying with clonidine, and its use has been proposed as a transition drug to bridge the gap in moving addicts from methadone treatment to antagonist (e.g., naltrexone) treatment (Gold et al. 1980, 1978).

clortermine hydrochloride

A SYMPATHOMIMETIC AMINE used as an ANORECTIC. Manufactured as Voranil. Classification: stimulants--primary.

CNS

See central nervous system.

coca

A bush (*Erythroxylon coca*) that is native to the mountainous regions of Central and South America and whose leaves contain the ALKALOID cocaine. Not to be confused with the cacao plant, which produces cocoa. Coca leaves have been chewed for centuries by the mountain Indians of Peru and Bolivia for a wide variety of medicinal, social, and religious purposes. Its stimulant and appetite-depressant effects were sought to counteract fatigue and hunger and cold. Among the Incas, before the Spanish invasion, coca played a prominent role in religious customs and ceremonies and was considered a divine plant. In the later part of the 19th century, coca elixirs, lozenges, and teas were commonly taken in the United States and Europe; most popular was Angelo Mariani's Vin Mariani, an infusion of coca leaf and wine. In the 1850s, cocaine, the principal active ingredient of coca, was isolated and was hailed by many as a wonder drug. Beside cocaine, coca contains a number of other alkaloids and provides a rich supply of vitamins, prompting some researchers to argue that the properties of coca lie in altogether different directions from those of cocaine (Aldrich and Barker 1976:6). Classification: stimulants--primary.

cocaine

An alkaloid refined from the coca plant that is a short-acting but powerful stimulant pharmacologically similar to the AMPHETAMINES. Isolated in the 1850s, it was hailed by many as a wonder drug. Freud recommended its use for the treatment of morphine and alcohol dependence, asthma, digestive disorders, depression, and fatigue. It was also widely valued and used as a local ANESTHETIC and nerve-blocking agent. Now stronger anesthetics with fewer stimulant side effects have virtually eliminated its medical usefulness, including such synthetic cocaine-like compounds as procaine (Novocain). By the late 19th century cocaine had also

achieved considerable popularity in the United States as a general tonic and addiction cure; its exhilarating properties made it a favorite ingredient of medicine, soda pop (including Coca-Cola), and wine (VIN MARIANI). In 1914 its use was controlled by the Harrison Narcotics Act, where it was incorrectly classified as a narcotic.

Effects include euphoria, restlessness, excitement, and a feeling of well-being. Users view it as a social drug that facilitates interaction (Petersen 1977:9), and an ideal drug in terms of convenience of use, bulk, effects, safety, minimal side effects, and no aftereffects (Siegel 1977). As with the amphetamines, cocaine users often go on RUNS and chronic heavy use can lead to a "paranoid syndrome" in which the user is highly suspicious or nervous. Classification: stimulants--primary. See also psychosis, cocaine. Slang names: Corrine, coke, Bernice, flake, star dust, snow. See also appendix B. (RIS 27:203--78 entries; anesthetic uses, RIS 27:304--8 entries)

cocaine freebase

The manufacturing process of converting street cocaine or cocaine hydrochloride into its "freebase," more purified form. This process involves heating ether, lighter fluid, or similar flammable solvents and can be extremely hazardous.

Since cocaine in its normal street form is not effective when smoked, an elaborate do-it-yourself chemical process converts it to a much stronger substance called "freebase." This purified cocaine base is smoked in a water pipe or sprinkled on a tobacco or marijuana cigarette for a 2-minute, sudden and intense high. The substance is rapidly absorbed by the lungs and carried to the brain in a few seconds. However, the euphoria quickly subsides into a feeling of restless irritability. The freebase posthigh is so uncomfortable that cocaine smokers--in order to maintain the high--often continue smoking until they are exhausted or run out of cocaine.

The smoking of cocaine originated in Peru during the early 1970s. The custom quickly spread to several other South American countries, eventually traveling to the United States. The South American practice involves smoking coca paste, an extract produced during the manufacture of cocaine from coca leaves.

Slang names: freebase, white tornado, baseball, snowflake.

CODAP

See Client Oriented Data Acquisition Process.

codeine

The (NATURAL) OPIATE methyldorphine, an alkaloid of OPIUM, usually extracted from MORPHINE, whose effects it resembles, but with only 1/6th to 1/10th the analgesic action. It is most often used as a pain reliever and an antitussive agent (e.g., in cough medicines). The opioid PROPOXYPHENE HYDROCHLORIDE (Darvon) has similar effects but without the side effects of constipation and nausea that codeine produces. Classification: narcotic analgesic agonists. (RIS 27:203--3 entries)

coffee

A stimulant beverage that contains 2 percent CAFFEINE, made from the beans of an evergreen shrub.

"Heart specialists in recent years have recognized that coffee is a mild poison and find that there is a clear association between coffee drinking and later development of coronary disease. Researchers in Canada and in Pennsylvania have found a positive correlation between consumption of caffeine and higher fatty acid levels in the blood. Thus too many coffee, tea, and cola breaks could be a factor in certain kinds of damage to the heart and circulatory system, including changes in blood pressure" (Green and Levy 1976). See also caffeine. (RIS 27:204--2 entries)

cognition

The psychological processes involved in mental processes such as perception, thinking, learning, and reasoning; often contrasted with AFFECT (feeling) and volition (willing).

cola

Any stimulant beverage made from the seeds of the kola tree that contains 2 percent CAFFEINE.

cold turkey

Slang. To quit using heroin or morphine and go through the resulting ABSTINENCE SYNDROME without the aid of pharmacological agents. The term supposedly comes from the onset of gooseflesh associated with abrupt withdrawal.

collapsed vein

VENOUS THROMBOSIS. A malady, not uncommon among veteran heroin users, caused by repeated injections in a vein

often precipitated by contaminants in the injected material and unsanitary procedures. After a regularly used vein collapses, other veins are usually sought in new areas of the body, including the arms, hands, legs, feet, and neck.

coma

State of unconsciousness from which the patient cannot be aroused, even by powerful stimulation. (RIS 27:311--7 entries)

Commission of Inquiry into the Non-Medical Use of Drugs

The commission appointed by the Canadian Government to study and report on the illicit use of drugs in that country. It is also known as the LeDain Commission. The commission produced a final report that presents a comprehensive set of findings (LeDain 1973).

Comprehensive Drug Abuse Prevention and Control Act of 1970

See Drug Abuse Act of 1970.

compulsive drug use

A classification of drug use, as defined by the U.S. National Commission on Marihuana and Drug Abuse, that is characterized by both high frequency and high intensity levels of relatively long duration, producing physiological or psychological dependence such that the individual cannot discontinue such use at will without experiencing physiological discomfort or psychological disruption. It is viewed as primarily psychologically motivated and reinforced, stemming from the need to elicit a sense of security, comfort, or relief related to the person's initial reasons for regularly using the drug (National Commission on Marihuana and Drug Abuse 1973:97). See also circumstantial-situational drug use; experimental drug use; intensified drug use; social-recreational drug use.

compulsive gambling

Kusyszyn (1978) has identified four elements that may be used to distinguish between different types of gamblers: money, time, other people, and the gambler. According to Kusyszyn (1978:1096), "The four factors are depicted as relatively independent: a lot of money is either won or it is lost; a lot of time or only a little time is spent on gambling, other people are either interfered with or are not interfered with, and the gambler perceives himself as healthy or he perceives himself as sick. . . . One common type of compulsive gambler is depicted as a person who loses a lot of money, spends a lot of time gam-

bling, interferes with the lives of others, and feels badly about it all."

conditioned abstinence

See extinction.

conditioning

A basic learning process in which a given stimulus comes to be associated with another stimulus or with a response. In classical conditioning, a stimulus precedes and elicits a response. A stimulus that normally evokes a particular response is repeatedly paired with another stimulus that does not normally evoke the response. For example, a subject may be conditioned to salivate at the sound of a bell rung repeatedly before food is presented. In instrumental or operant conditioning, the subject first responds to a situation; this response then is reinforced, either positively or negatively, by a stimulus. Behaviorism has elaborated these forms of conditioning into an encompassing account of human behavior, which is seen as being largely the production of conditioning processes (Chaplin 1975). See also reinforcement, extinction.

confidentiality

In research, the protection of a respondent's answers as privileged information. Confidentiality, assuring the anonymity of participants in drug abuse treatment programs, is protected by Federal and various individual State regulations. The Federal regulations are contained in part 2 of title 42 of the Code of Federal Regulations. These regulations require that the "Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any drug abuse prevention function conducted, regulated, or directly or indirectly assisted by any department or agency of the United States . . . be confidential. . . ." The content of such records may be disclosed with the prior written consent of the person involved.

conformity

A tendency to allow one's thoughts and/or behavior to be shaped by prevailing attitudes and opinions; adherence to normative behaviors and standards of groups to which individuals belong. (RIS 27:312--8 entries)

congener

A thing closely related to another thing; a chemical substance closely related to another and exerting like or antagonistic effects. See also analog.

congenital

Existing at and usually before birth, as distinguished from hereditary qualities or conditions fixed at conception (Hoult 1969). Often refers to anomalous conditions present at birth, e.g., congenital malformations are birth defects. See also teratogenic drugs. (congenital defects, RIS 27:312--16 entries)

conjugal family

See family, nuclear.

connection

Slang. A person from whom one can buy or obtain drugs, usually opiate narcotics. See also copping.

consensual crimes

See victimless crimes.

contact high

Phenomenon whereby someone who is not smoking marijuana but is in a confined area where marijuana is being smoked gets or acts HIGH.

contingency contract

A behavior modification procedure structured to generate specifically agreed-upon activities by rewarding its engagement and punishing the failure to partake in it. In the contingency contract concept, the continuation of specified rewards and privileges becomes contingent upon continuation of a set of agreed-upon behaviors, and vice versa. It has the combined effect of making the participant practice PROSOCIAL BEHAVIOR while also subjecting the individual to a certain amount of behavioral conditioning to reinforce the practice.

Contingency contracting is frequently used in residential drug abuse treatment settings. These programs often use several nonnegotiable expected behaviors, as well as individually agreed-upon items, in their contingency contracts. One residential drug abuse treatment program, for example, uses nine baseline contingency contract elements (Beatty 1978):

1. To refrain from all contact with nonprescribed drugs.
2. To contact staff when the urge to use drugs occurs, or at least to inform the staff that drug use has occurred.
3. To record in a pocket log major events of the day, especially changes in emotional state and drug urges.
4. To make a weekly list of long- and short-term goals.
5. To come on time to all meetings and scheduled appointments.

6. To record movement off and on the ward on the Sign-In Sheet.
7. To keep a daily record of requests made of the staff.
8. To seek employment or to work and/or to seek admission to school or attend classes.
9. To abide by daily pass hour limits.

Beatty (1978) points out three necessary requirements for a contingency contract with an outpatient heroin addict: "It should substantially contribute to (1) maintaining the continued participation of the client, (2) demonstrating control over drug-taking and drug-related behavior, and (3) adding to the client's learning of appropriate and adaptive behavior patterns to enable him/her to eventually function drug-free." In either a residential or outpatient situation, Beatty notes that to achieve success it is essential that both the contingent rewards and punishments be meaningful to the person making the contract.

control group

A group of subjects similar to the EXPERIMENTAL GROUP in every respect except for the independent variables with which the experimental group is being tested.

controlled drug use

The maintenance of regular, noncompulsive drug use which does not interfere with ordinary functioning; also methods for use which minimize untoward drug effects (Harding and Zinberg 1977:111). See chipping.

controlled illicit drug use

The persistent use over a period of time of illicit drugs without allowing them to bring abusive effects to the user. Practitioners such as Norman Zinberg and Wayne Harding point out that valuable insights can be drawn by distinguishing between various degrees of drug use. Their studies (Zinberg et al. 1977) profile controlled users as individuals who maintain regular ties to social institutions, maintain ordinary social relationships with nondrug users, wait for "good" circumstances to use drugs, adopt group rituals and social sanctions that reinforce but limit drug use. They found that most of their subjects were deviant only by virtue of their illicit drug use.

There is also growing recognition that many addicted persons who complete a treatment regimen and are "rehabilitated" later return to the controlled use of the same or some other addicting drug.

Whether return to functional, controlled use after treatment should be accepted as a realistic goal or discouraged outright is currently a controversial issue (American Journal of Drug and Alcohol Abuse 1978).

controlled substances

Most commonly, all PSYCHOACTIVE SUBSTANCES covered by laws regulating their sale and possession. The CONTROLLED SUBSTANCES ACT OF 1970 defines the term as including all substances subject to the act. The term was developed to replace the previous opiate-depressant-stimulant terminology (Sonnenreich et al. 1973:197) and is sometimes used to refer only to nonnarcotic drugs such as hallucinogens, amphetamines, and barbiturates, which were first brought under regulatory control with the DRUG ABUSE CONTROL AMENDMENTS OF 1965.

Controlled Substances Act of 1970

The act establishes five "schedules" or classifications of controlled substances according to their potential for abuse, physical and psychological dependence liability, and currently accepted medical use. Schedule I, the most strictly controlled category, includes heroin, marijuana, and LSD, and other drugs considered to have high abuse potential and not recognized for medical use in the United States; they can be obtained only for limited research purposes under special registration requirements. Schedule II drugs (morphine, methadone, and amphetamines) are primarily different from Schedule I drugs in that they have some currently accepted medical uses. The manufacture and distribution of these drugs are controlled by production quotas, strict security regulations, import and export controls, and nonrefillable prescription requirements. Illicit sale of Schedule I or II narcotic drugs carries a maximum penalty of 15 years imprisonment and a \$25,000 fine; for nonnarcotic drugs the penalty is 5 years and \$15,000. Schedule III, IV, and V drugs are considered in descending order to have less abuse potential and dependence liability. There is very little difference in the controls that are imposed on these three schedules, except Schedule V drugs, which are generally sold over the counter and not subject to any refill limitations on prescriptions. Title II of the DRUG ABUSE ACT OF 1970 requires registration of all persons involved in the legitimate distribution of controlled drugs and detailed record-keeping. Illicit sale of Schedule V drugs carries a maximum of 1 year imprisonment and a \$5,000 fine. Illicit possession of

any of these substances is a misdemeanor on first offense, punishable by 1 year imprisonment and a \$5,000 fine (Falco 1975:1-2).

controls, drug

Any organized effort to influence the ways drugs are consumed, distributed, and generally dealt with in a society. According to Bruun et al. (1975:4), it refers to "all those factors which bear on the legal, economic, and physical (the 'real') availability of drugs to the individual embracing all efforts whether penal, preventative, educational, or therapeutic. . . ." While some classify DRUG EDUCATION as a control technique, most limit the term to matters of formal controls by institutions and the law. See also controls, social.

controls, social

Also called "social sanctions." The process by which society, or any subgroup within society, secures conformity to expectation on the part of its constituent units, individuals or groups. Social controls may be coercive formal controls and/or persuasive informal controls. Coercive control is handled by government and agencies of law, and is accomplished by force or by threat of force, usually in regard to crime deterrence. Persuasive control operates through various informal mechanisms that induce the individual to respond to the standards, wishes, and imperatives of the larger social group. The formal and informal aspects of social controls are not always consonant (Harding and Zinberg 1977:112). Drug taking is said to be socially controlled when it is permitted under various legal restraints and routinized, ritualized, and structured so as to reduce to a minimum any drug-taking behavior that the surrounding culture considers inadvisable (Rubin and Comitas 1976:173).

coping

Action that enables one to adjust to environmental circumstances and forestall, reduce, or contain the experience of stress. The use of psychoactive drugs has been seen as one alternative among many for coping with the subjective needs, desires, and problems of life. (RIS 27:313--6 entries)

copping

Slang. The acquisition of heroin or other drugs; a series of events in which goods or money are exchanged for heroin. "Copping areas" are drug distribution sites (Hughes et al. 1971). (RIS 27:313--5 entries)

corollary

Associated with an event but not necessarily caused by it. Prior use of marijuana, for example, is a corollary of heroin addiction, but prior marijuana use has not been proven to have a causative relationship with heroin addiction. See also causal.

counterculture

A term coined in the 1960s that described a specific form of culture whose members rejected key norms and values of the larger society.

craving

A term implying both physiological and psychological dependence; the user's "desire" or "need" to continue using a drug. This term is often associated with withdrawal and is considered by some to be a main defining characteristic of addiction (Grinspoon and Hedblom 1975:164-70).

criminal commitment

A compulsory treatment program for the detoxification and rehabilitation of addicts who have been arrested and convicted of misdemeanors or felonies. Addicts are confined for a specified period in special treatment facilities, which usually are basically modified prisons. See also civil commitment.

criminal justice system

The machinery, procedures, and personnel having to do with the content of the criminal law and with the arrest, trial, conviction, and disposition of offenders. It includes the penal code, the police, the prosecutor's office, courts, penal institutions, probation, parole, and the officials charged with administering their defined duties (Fairchild 1976). (RIS 27:317--7 entries)

criminogenesis

A term coined by sociologists to explain the processes by which powerful policymaking groups in a society create the structural conditions that cause other people to commit crimes. Some believe that American social policy toward narcotics is criminogenic to the extent that it stimulates the organization of illegal industry and markets in commodities that had been heretofore lawfully produced and consumed (Helmer 1977:407-8).

crisis intervention, drug

The process of diagnosing a drug crisis situation such as a PANIC REACTION or a drug OVERDOSE and applying procedures to arrest the condition. Typical signs indicative of immediate drug crisis medical

intervention outlined by Lehrman et al. (1980:9-10) include unconsciousness, very low breathing rate (8 or fewer breaths per minute), breathing difficulty, respiratory arrest, high fever, extreme high or low pulse rate (140 or more per minute or below 60 per minute), vomiting in semiconscious or unconscious state, and pronounced muscle rigidity. See also talking-down method.

cross-dependence

A condition in which one drug can prevent the WITHDRAWAL SYNDROME associated with the use of a different drug. See also cross-tolerance.

cross-tolerance

A condition in which TOLERANCE to one drug often results in a tolerance to a chemically similar drug; e.g., a person who is used to taking large doses of heroin will perceive no effects from small doses of methadone. See also cross-dependence; tolerance, reverse.

cult

A small, highly exclusive group organized around the teachings of a charismatic leader; often the members of a cult set themselves apart from the rest of the community in various ways in order to better practice their unique creed (Zadrozny 1959; Encyclopedia of Sociology 1981).

cutting

DILUTION or ADULTERATION of a drug (e.g., the process of diluting heroin with milk sugar or quinine).

cyclazocine

One of the first of the opiate narcotic antagonists to be employed in clinical treatment. It is a mixed antagonist, having slight agonist effects. Although long acting and effective orally, its effectiveness has been limited because it has to be administered daily, and many patients complain of unpleasant side effects. Recently NALTREXONE has been advocated as a substitute. Classification: narcotic antagonists. (RIS 27:204--1 entry)

D

dangerous drugs

The old statutory label given to nonnarcotic, controlled drugs such as hallucino-

gens, amphetamines, and barbiturates, which were brought under regulatory control with the DRUG ABUSE CONTROL AMENDMENTS OF 1965 (National Commission on Marihuana and Drug Abuse 1973:18). The current statutory and preferred term is CONTROLLED SUBSTANCES.

DARP

See Drug Abuse Reporting Program.

DAWN

See Drug Abuse Warning Network.

Daytop Village

A 24-hour, live-in THERAPEUTIC COMMUNITY for the rehabilitation of drug addicts established in 1963 in Staten Island, New York. Daytop is short for "Drug Addiction Treatment for Probationers" and many of its members are court-referred. Daytop emphasizes interface with society and seeks to create behavioral changes that will re-integrate the individual into society (Deitch 1973). See also treatment, community-based.

DEA

See Drug Enforcement Administration.

dealing, drug

Peddling or selling drugs. The seller is called a dealer. Legally, dealing has been defined to mean "to sell, exchange, give, or dispose" of drugs to another, or "to offer or agree to do the same" (N.Y. State Penal Code 1970). See also trafficking, drug. (drug dealers, RIS 27:281--2 entries)

deaths, drug-related

Deaths that result either directly or indirectly from drug use. Broadly, refers to anything from an overdose suicide to the presence of some unspecified drug in a pedestrian hit by a truck (Rittenhouse 1977:243). In direct deaths, the drug is a sufficient and necessary condition or cause of death. In indirect deaths, the drug alone is not sufficient cause for death, but is a necessary contributor to the death in conjunction with some other drug, condition, or agent (Lettieri and Backenheimer 1974). In the DRUG ABUSE WARNING NETWORK (DAWN) system, a drug-involved death is defined as (1) any death involving a drug overdose in which a toxic level is found or suspected; and/or (2) any death in which drug usage is a contributory factor although not necessarily the sole cause (e.g., accidents, diseased state, withdrawal symptoms) (Gottschalk et al. 1977). See also overdose. (RIS 27:318--56 entries)

decriminalization

The legal process of revising drug laws by replacing the criminal penalties (usually imprisonment or the threat of imprisonment) with civil penalties (most often a fine) for possession of small amounts of the drug for personal use. Most people feel that marijuana use should be discouraged, but many also feel that imprisonment for use is too harsh a penalty. Eleven States have changed their laws to incorporate civil fines and, sometimes, mandatory drug education programs for offenders. First offenders usually avoid a criminal record under these new laws. See also legalization; National Commission on Marihuana and Drug Abuse.

delinquency

In many States, any act that would be a crime if committed by an adult, and therefore a softer synonym for crime. Most jurisdictions also include a wide variety of acts which are not illegal if committed by adults (Encyclopedia of Sociology 1981). Any undesirable conduct on the part of a juvenile that is serious enough to come to the attention of the authorities, including truancy, school misconduct, petty offenses, and sometimes serious crimes (Zadrozny 1959). (RIS 27:320--27 entries)

delirants

Substances capable of producing DELIRIUM, often used to refer to the VOLATILE INHALANTS.

delirium

Mental disturbance usually of short duration characterized by excitement, confusion, incoherence, ILLUSION, DELUSION, and HALLUCINATION.

delirium tremens (DTs)

An acute mental and physical disorder occurring in alcoholics while drinking or as an alcohol-withdrawal syndrome. The onset is marked by tremulousness, nausea, vomiting, weakness, hallucinations, or collapse due to malnutrition from a prolonged diet of liquor (Keller and McCormick 1968).

delusion

A belief that exists in spite of contrary reason or evidence that would normally be considered sufficient to change it (LeDain et al. 1973:431). A firm, fixed idea not amenable to rational explanation (A Psychiatric Glossary 1975). See also illusion; hallucination.

Delysid

Brand name for LSD-25 marketed by the Swiss pharmaceutical firm Sandoz.

demand reduction strategy

Federal drug abuse policy goals are geared toward reducing both the demand and supply of illicit drugs. The "demand reduction strategy" outlines the Government's plan for reducing the demand for illicit drugs. The main components of the strategy consist of providing support for treatment and rehabilitation programs, prevention projects, and research and development activities in cooperation with State, local, and private agencies and organizations. See also supply reduction strategy; Federal drug abuse policy.

dependence, drug

A broad term that came into general use in the mid-1960s as a replacement for ADDICTION and HABITUATION to help eliminate the confusions and difficulties inherent in those terms. As defined by the WHO Expert Committee, "a state of psychic or physical dependence or both, on a drug, arising in a person following administration of that drug on a periodic or continuous basis," with the characteristic of dependence varying with the drug involved (i.e., dependence of the morphine type, barbiturate type, amphetamine type, etc.). In this theoretical scheme psychic or (PSYCHOLOGICAL) DEPENDENCE--"a feeling of satisfaction and a psychic drive that requires periodic or continuous administration of the drug to produce pleasure or avoid discomfort"--was given the dominant place as the effect drugs produce that causes people to use them compulsively, with (PHYSICAL) DEPENDENCE a powerful reinforcing influence (Eddy et al. 1965:722-723).

dependence, field

See field dependence.

dependence, physical

A physiological state of adaptation to a drug normally following the development of TOLERANCE, and resulting in a characteristic WITHDRAWAL SYNDROME peculiar to the drug following abstinence (LeDain et al. 1973:44;432). The extent to which physical dependence occurs in the use of certain drugs and its causes are still a matter of considerable controversy. Physical dependence is generally most closely associated with opiate narcotics, which are believed to produce the most pronounced tolerance and physical dependence of all drugs. However, many researchers now emphasize that dependence does occur among users of other drugs (e.g., barbiturates), it does not always occur the same among all opiate users, and that it is often impossible to differen-

tiate clearly between physical and psychological dependence. (See discussion under ADDICTION.) Most theorists now emphasize the predominance of psychological factors in development of dependency on any drug. Often used as a synonym for addiction.

dependence, psychological

In regard to drugs, an ill-defined, broad term generally referring to a craving for or compulsion to continue the use of a drug that gives satisfaction or a feeling of well-being. Psychological dependence may vary in intensity from a mild preference to a strong craving or compulsion to use the drug. In severe cases, unpleasant psychological symptoms may develop if continued administration of the drug is stopped (LeDain et al. 1973:433). The World Health Organization defines psychic dependence as "a feeling of satisfaction and a psychic drive that requires periodic or continuous administration of the drug to produce a desired effect or to avoid discomfort" (Eddy 1965). In most instances, psychological factors are considered more important than any physical factors in maintaining chronic drug use (LeDain et al. 1973:45). Also often called behavioral, psychic, or emotional dependence. Frequently a synonym for HABITUATION.

depot preparation

Any of a number of methods that provide the slow release of a drug within the body over an extended time (e.g., a month to a year), usually involving either an implanted capsule or some type of unique formulation of the drug itself.

depressant

Any drug that depresses the central nervous system resulting in sedation and a decrease in bodily activity. Not to be confused with the psychological state of DEPRESSION, these drugs can in fact be mood elevators by lowering inhibitions. Depressants are the largest and most commonly used of all drug types, including the narcotic analgesics, alcohol, barbiturates, proprietary sedative-hypnotics, tranquilizers, and inhalants. All these depressant drugs affect the CNS similarly in a progression depending on dosage from anxiety reduction to sedation, hypnosis (sleep), anesthesia, coma, and even death. Given this similarity in effect, they are classified usually according to the specific purposes for which they are most suitable. Depressants are also additive in their effects; when used together they compound the effects of each and greatly increase the risk of death. In this volume we have

divided the depressant drugs into the major categories of NARCOTIC ANALGESIC AGONISTS; SEDATIVE/HYPNOTICS; (ANTIPSYCHOTIC) TRANQUILIZERS; and VOLATILE INHALANTS. (RIS 27:204--5 entries)

depression

When used to describe mood in the normal individual, a state of despondency characterized by feelings such as inadequacy, lowered activity, and pessimism about the future. In PATHOLOGICAL cases, an extreme state of unresponsiveness to stimuli, together with self-depreciation, delusions of inadequacy, and hopelessness (Chaplin 1975). As defined by Robins (1974), chronic sadness of several weeks' duration, plus three or more of the following symptoms: (1) trouble sleeping over a period of several weeks; (2) anorexia leading to a weight loss of 8 pounds or more; (3) several weeks of feeling tired for no reason or not able to "get going"; (4) thoughts of dying, or harming oneself; (5) worry about losing one's mind; and (6) crying spells. (RIS 27:321--61 entries)

deserpidine

One of the ALKALOIDS found in the snake-root plant, Rauwolfia serpentina, used in a variety of (ANTIPSYCHOTIC) TRANQUILIZERS (HarmonyI, Enduronyl, Oreticyl). See also reserpine.

desipramine hydrochloride

A tricyclic ANTIDEPRESSANT, manufactured as Pertofrane and Norpramin.

detection, drug

Determining whether a person has been using a drug. In drug treatment programs, the most frequent method of detection is urinalysis. Blood samples are also often used to detect the presence of drugs in the system; screening is accomplished by such methods as Kozelka-Hine spectrophotometry and gas chromatography. Other methods such as the NARCAN TEST are also used. See also urinalysis. (screening and detection, RIS 27:379--39 entries)

deterrence theory

The penological theory that the use or threat of legal sanctions or punishment, the knowledge of which is widely disseminated, is the most important method of preventing crime or socially undesirable acts that might otherwise be committed (Meier and Johnson 1977:293-4). Classical deterrence theory maintains that the likelihood of someone engaging in lawbreaking activity is determined negatively by the certainty, severity, and swiftness of punishment. The more certain, severe, and

swift the penalties are, the greater their deterrent effect (Erickson 1976). This has been called the primary and essential postulate of almost all criminal law systems (Zimring and Hawkins 1973). Recent research has also emphasized the role in deterrence of the potential lawbreaker's subjective perceptions regarding the possibility of punishment, whether or not these perceptions are accurate. (RIS 27:322--3 entries)

detoxification

Ridding the organism of drugs through withdrawal and promoting recovery from its effects (Keller 1960). While in itself not considered a very successful treatment method, it is an option that permits the dependent drug user to be seen by some type of center (usually a hospital), to receive medical attention, and to reduce the dependence cycle. Detoxification often leads to other forms of treatment by referral (Deitch 1973:161). The most common procedure to relieve the distress caused by heroin WITHDRAWAL SYMPTOMS during detoxification is that developed at the PUBLIC HEALTH SERVICE HOSPITAL at Lexington, Kentucky. Typically, the patient is started on a dose of METHADONE, consistent with his or her own heroin habit (usually 20 mg methadone twice daily or 40 mg once a day), and the dose is reduced thereafter by 20 percent per day. Discomfort is thereby held down to roughly that experienced in the course of a mild bout of influenza. Although hospitalization was once considered essential for the treatment of withdrawal symptoms, OUTPATIENT detoxification is now used successfully (Brown 1973:133). (RIS 27:322--9 entries; drug-free treatment, RIS 27:238--8 entries; methadone maintenance, RIS 27:351--76 entries)

deviance, secondary

A distinction first drawn by Lemert (1951) to show how societal reactions to DEVIANT BEHAVIOR encourage the individual to develop a deviant CAREER, and concomitant self-concept. The situation arises when a person publicly labeled as a deviant for some initial behavior or primary deviance, begins to use other deviant behavior or a ROLE based on it as a means of defense or adjustment to the overt and covert problems created by the societal reactions to his or her initial behavior. Other proponents of the secondary deviance approach include Alfred Lindesmith and Edwin Schur (Williams 1976; McAuliffe 1975). See also labeling theory.

deviant behavior

Generally, behavior that varies markedly from the average or norm, usually PATHOLOGICAL in nature, or which elicits condemnation in the social setting in which it takes place. In its widest sense, it is a generic term referring to activities that connote a departure by individuals from accepted standards of conduct or social norms of the dominant group. As defined by Jessor et al. (1968:44), deviant behavior "must depart substantially from normative standards; the departure must be of sufficient magnitude to mobilize social control responses." Merton early developed the implications of a general sociological theory of deviance from Durkheim's concept of ANOMIE, arguing that when the legitimate means to attain accepted success goals or aspiration of society, defined in economic terms, are blocked, frustrated members of the lower classes may reject the culturally prescribed means and use other means to achieve success (Merton 1957). In LABELING THEORY, deviance is not a quality of an act a person commits, but is defined in terms of a "labeling" phenomenon created by the social group that specifies those infractions constituting "deviance" (Becker 1963:9). The term "antisocial behavior" is preferred by some (Kinkade 1974). See also deviance, secondary. (deviance, RIS 27:322--21 entries; deviant subcultures, RIS 27:322--6 entries)

dextroamphetamine sulfate

A central nervous system stimulant of the amphetamine type considered twice as potent as other amphetamines but with fewer side effects. It has been generally replaced as an ANTIDEPRESSANT by newer drugs such as AMITRIPTYLINE HYDROCHLORIDE (Elavil) and IMIPRAMINE HYDROCHLORIDE (Tofranil). Used as an appetite depressant in dieting, as a mood elevator in minor depression, and for alcoholism and narcolepsy. Manufactured as Dexedrine; also found in Dexamyl. Classification: stimulants--primary. See also amphetamines. Slang names: dexies, brownies. (RIS 27:204--11 entries)

diacetylmorphine

See heroin.

diazepam

An (ANTI-ANXIETY) TRANQUILIZER derived from BENZODIAZEPINE. Manufactured as Valium. Classification: sedative/hypnotics. (RIS 27:204--9 entries)

diethylpropion hydrochloride

A SYMPATHOMIMETIC AMINE used as an ANORECTIC. Manufactured as Tepanil

and Tenuate. Classification: stimulants--primary.

differential association

The distribution of a person's associations in a manner different from those of other persons (Fairchild 1976). The fundamental principle of a general theory of criminal behavior constructed by Edwin Sutherland, which holds that criminal behavior is learned and that a person becomes delinquent because of an excess of definitions favorable to law violations over definitions unfavorable to law violations. Generally stated, persons who develop criminal behavior differ from those who do not develop criminal behavior in the quantity and quality of their associations with criminal patterns and their relative isolation from anti-criminal patterns. The learning of delinquent roles is due to the availability of delinquent role models in a peer group (Sutherland and Cressey 1960). Volkman and Cressey (1964) tested this theory in regard to opiate users. In methodology, the idea that the amount of correlation between variables is a function of the population studied.

dilution

The ADULTERATION of a drug by the addition of an inactive substance. To make less concentrated or to diminish strength. Most dilutants have little or no physiological effect (Helisten 1977). See also misrepresentation, drug. (adulterants, RIS 27:301--9 entries)

dimethoxymethamphetamine (DOM)

Chemical name for the street drug STP, a synthetic hallucinogen that is chemically related to AMPHETAMINE and Mescaline and is said to produce an LSD-like experience. Its primary effect is a relentless rush of energy that causes users to tremble. Some hallucinogen users praise STP; others say it carries more risk of psychotic reactions than any other hallucinogen. Users negatively report a long "come down" period of 2 to 3 days on STP, and thus they prefer to use the shorter-acting LSD. Classification: hallucinogens.

dimethyltryptamine (DMT)

A semisynthetic chemical hallucinogen similar to PSilocin. Parsley or some other plant is usually soaked in it, dried, and smoked. Effects are similar to LSD and begin almost immediately but last for under an hour. Easily synthesized, it is found naturally in a number of plants. Classification: hallucinogens.

diphenhydramine hydrochloride

An (ANTI-ANXIETY) TRANQUILIZER, manufactured as Benadryl. (RIS 27:205--1 entry)

diprenorphine

A pure NARCOTIC ANTAGONIST.

dirty

Slang. Carrying or using narcotics. Contrast with clean.

dirty urine

Positive test results for the presence of drugs in a submitted urine specimen indicating drug use by the subject.

disinhibition

The temporary removal of inhibition as a result of introducing an outside or irrelevant stimulus. Also, a loss of self-control while under the influence of drugs (Chaplin 1975).

disorientation

State of mental confusion regarding time, place, or identity.

distilled spirits

Alcoholic liquor obtained by the process of DISTILLATION. Distilled spirits from wines and other brews usually contain at least 25 percent alcohol (50 proof) but may be as high as 50 percent or more. Examples include whisky, brandy, rum, gin, and vodka. The discovery of distillation has been attributed to either of two Arabs, the alchemist Gerber (c. 800) or the physician Rhazes (c. 900). Regardless, the discovery itself marked the major turning point in the history of alcohol use, as it made possible the production of beverages containing several times the alcoholic content of the strongest wines and provided a new, convenient, and concentrated source of inebriation, thus greatly augmenting the problems related to the use of beverage alcohol. Distillation increased the alcoholic power of a given drink by 400-500 percent. Although the first distilled spirits were principally made from wines (such as brandy) and were used almost exclusively as medicines, in the mid-16th century technological advances in the distillation of grains made possible the plentiful production of cheap spirits. The 18th-century London gin epidemic was one of the major social issues of the day (Austin 1978). Classification: sedative/hypnotics.

distribution-of-consumption model

An epidemiological approach first suggested by Ledermann (1956) in regard to alcohol

use. The model is based on studies of alcohol consumption patterns in large populations in Canada. Findings suggest no clear difference in consumption between social drinkers, heavy drinkers, and alcoholics. All categories gradually shade into one another and cannot be clearly distinguished. The distribution approach suggests that: (a) the distribution of alcohol consumption is similar in character from place to place; (b) alcohol consumption relates to liver cirrhosis; and (c) it may be necessary to reduce per capita consumption to reduce alcohol-related problems. It has been suggested that this theory may be applicable to all drugs (Smart 1974:34-35).

Ditran

A psychedelic HALLUCINOGEN, chemically called piperidyl benzilate. Its effects include changes in the user's perception of time, space, hearing, and color, but it does not precipitate any real hallucinations.

diuretic

A drug that increases urine output thereby reducing the body fluid level.

diversion

A criminal justice system reform concept of identifying some criminal offenders in the earliest stages of the criminal justice system and diverting them into programs that may not involve incarceration. As operationally defined by the American Bar Foundation, it is "the disposition of a complaint without a conviction, the noncriminal disposition being conditioned on either the performance of specified obligations by the defendant, or his participation in counseling or treatment" (Nimmer 1974:5). As a major nonpunitive alternative to CIVIL COMMITMENT, the basis for drug offender diversion is to remove from the criminal justice system those for whom its processes are thought to be inappropriate or counterproductive. Offenders are generally diverted after arrest but before court disposition; those who are considered eligible for diversion are offered the opportunity to "volunteer" to a treatment program. While the offender is in the diversion program, the pending prosecution is suspended or deferred. Upon successful completion of treatment, the original charges are generally dismissed. As most drug diversion programs deal with opiate users, it is also referred to as addict diversion (Perlman and Jaszi 1976).

The term diversion also refers to the redirection of licit, prescription drugs from the normal pharmaceutical marketing system

into the illicit street market (especially amphetamine and barbiturate drugs). (diversion programs, RIS 27:323--8 entries)

DMT

See dimethyltryptamine.

Do It Now Foundation

A nonprofit organization involved in drug abuse prevention. The foundation maintains a National Media Center and the Institute for Chemical Survival. Address: P.O. Box 5115, Phoenix, Ariz. 85010.

DOM

See dimethoxymethamphetamine.

dopamine

An intermediate biochemical in the bodily synthesis of norepinephrine. See catecholamine; neurotransmission.

dose (or dosage)

The amount or quantity of drug administered, usually stated in grams (g), milligrams (mg), or milliliters (ml). The term "effective dosage" is sometimes used to refer to that dosage which produces a certain effect in 50 percent of the individuals tested, whereas 25 percent felt the same effect at a lesser dosage and 25 percent required a higher dosage (Margolis 1978). See also therapeutic dose. (RIS 27:323--34 entries)

dose-effect relationship

Consideration of the quantity or dose of the drug involved must be taken into account before specific statements about drug effects may be made. One of the basic principles of pharmacology. With all drugs, the response differs both in the intensity and the character of the reaction according to the amount of the drug administered (LeDain et al. 1973). Also called the DOSE-RESPONSE RELATIONSHIP. See also effects, drug.

dose-response curve

See dose-response relationship.

dose-response relationship

A major area of study in behavioral pharmacology in which observations are made over time between the dosage of a drug administered and some measurable behavioral activity of the subject. The observed relationships are frequently plotted graphically with the dosage level on one axis and the particular behavior activity level on the other. The line drawn to connect the observations is called the dose-response curve. The inability to fit a curve indicates a poor relationship.

The curve may take many shapes. Upward sloping and level curves indicate a direct relationship. Downward sloping curves indicate an indirect relationship. Curves that slope up and then down, or vice versa, are called biphasic dose-response relationships. Alcohol, for example, at low dosage levels may have a disinhibiting, enervating effect, but as the dosage increases these effects may be reversed into an inhibiting, stuporous effect. This type of dose-response relationship is, thus, biphasic.

double-blind study

An experimental design in which neither the subject nor the researcher knows which of two or more drugs (one of which is often a PLACEBO) is being given at the time of the study. This reduces the potential for both subject and researcher bias. See also blind study.

downer

Slang. A BARBITURATE or TRANQUILIZER. Also called a downie, often taken to counteract the stimulant effects of AMPHETAMINES. Contrast with upper.

doxepin hydrochloride

A tricyclic ANTIDEPRESSANT, manufactured as Sinequan and Adapin.

droperidol

An (ANTIPSYCHOTIC) TRANQUILIZER, manufactured as Inapsine and Innovar.

drug

In a purely biological, scientific sense, any substance, natural or artificial, that by its chemical nature alters structure or function in the living organism (Modell 1967:346). More commonly, nonfood chemical substances that have mood-altering effects (National Commission on Marihuana and Drug Abuse 1973:10; LeDain et al. 1973:431). In general use, there is little consistency in popular conceptions of what a drug is; a multitude of often arbitrary, conflicting definitions of the term "drug" have helped to contribute significantly to the controversies and confusions surrounding drug use. Many equate "drugs" only with those illicit substances used recreationally, viewing them as fundamentally different and more harmful than the licit substances used recreationally, such as tea, alcohol, and tobacco, or the so-called "medical drugs," such as tranquilizers, amphetamines, and barbiturates. The confusion is so great, in fact, that Goode (1972:8) proposed that "a drug is something that has been arbitrarily defined by certain segments of society as a drug."

As a result of this confusion, it has become increasingly common to refer to all drugs as "psychoactive substances" in the hope that use of this new term will help to promote a greater recognition of the similarities among all chemical agents that have mood altering effects and dispel the long-standing misconception that there is something fundamentally different between alcohol, coffee, and tobacco, on the one hand, and "drugs" on the other; or that street drugs act according to entirely different principles from medical drugs (National Commission on Marihuana and Drug Abuse 1973:10-11).

drug abuse

An unstandardized, value-laden, and highly relative term used with a great deal of imprecision and confusion, generally implying drug use that is excessive, dangerous, or undesirable to the individual or community and that ought to be modified. (See also DRUG.) For example, "the tendency of some people to use certain drugs in ways which are detrimental to their health, or to the community in which they live, or both" (Archibald 1970:238); drug use that "poses a serious threat to health or to social or psychological functioning" (Weil 1972:37-38). Others, such as Mormons or Christian Scientists, would consider even the use of alcohol and coffee as abusive. Few agree on what defines what is excessive or dangerous.

Generally, the public and the law have defined the recreational use of any illicit PSYCHOACTIVE SUBSTANCE as "abuse"--without any demonstration of individual harm or social consequence necessary. Most definitions involve some component of nonmedical and/or illicit use, with the clear implication that drug use that is legitimated by the medical or legal authorities is better than that which is not. For example: the "use, sale, or possession of those substances which are prohibited by the laws of the state" (New Jersey State 1971:2); use of a drug in amounts hazardous to individual health or the safety of the community, or when it is illicit, or when taken on one's own initiative rather than on the basis of professional advice (Rappolt 1972: 126); "the self-administration of . . . drugs without medical supervision and particularly in large doses that may lead to psychological dependency, tolerance and abnormal behavior" (American Medical Association, 1966); "persistent and sporadic excessive drug use inconsistent or unrelated to acceptable medical practice" (Eddy 1965:722); use outside accepted medical practice (LeDain et al. 1973); "use of a

drug beyond medically prescribed necessity" (Rublowsky 1974:19); and "use of a drug for other than therapeutic purposes" (Winek 1971:2-3). Jaffe (1976:7) has defined it as "the use, usually by self-administration, of any drug in a manner that deviates from approved medical or social patterns within a culture."

The fundamental problem with the term is that "abuse" cannot be precisely defined in reference to an actual phenomenon. What one person or group may deem as harmful or excessive to the individual personally or to society in general may not be perceived as problematic by others or by the drug consumer. Implicitly, the term "abuse" has come to be the current equivalent of "badness," or of any use of which one does not approve; this is the most common component of all definitions (National Commission on Marihuana and Drug Abuse 1973:11-13). As such, the use of this term often depends as much, if not more, on political and moral judgments than on considerations of the actual pharmacological action of a drug on an individual's health and the impact of drug-using actions on social welfare (Blum 1971:94).

In fact, some have defined the concept of abuse totally in terms of social disapproval: "Drug abuse is behavior, as designated by professional and other community representatives, describing the use of particular drugs in particular ways that are contrary to the agreed-upon rituals in a given community at a given point in time" (Einstein and Garitano 1972). Similarly, Wikler (1958) defined it as "the use of chemical agents for purposes considered undesirable by an observer." These definitions do not purport to be a description of an actual drug-using pattern but shift the focus to the response to that pattern, and make it clear that "abuse" is a relative perception. Indeed, for all of its lack of clarity as a descriptor of an actual phenomenon, because "abuse" has developed such a clear connotation of a personal judgment of "bad" or "deviant" or "excessive," it remains an apt word to use in reference to an attitudinal response to drug use that incorporates these judgments.

Many authorities suggest that the term should be avoided entirely as too polemical and value laden, and too inclusive to be scientifically useful in trying to understand various degrees of drug use (National Commission on Marihuana and Drug Abuse 1973:13-14; Johnson 1973:2). Smart (1974:32) emphasizes that only the term "drug use" should be employed, a

change which may further draw attention to the need to know more about drug use and how it relates to specific problems of use. Johnson (1973:3) suggests that the terms "nonmedical use" (i.e., used for nonmedical purposes) and "illicit drug use" (i.e., defined as illegal by Federal or State laws) would better suggest what is "wrong" with certain kinds of drug use. Other suggestions include distinguishing between socially acceptable use and unacceptable use (Josephson 1974:xx) or conventional or unconventional use. As abuse is a term more appropriately applied to people than drugs, the term "drug misuse" is also often used as a substitute (Kaufman 1977). See also substance abuse.

Drug Abuse Act of 1970

Comprehensive Drug Abuse Prevention and Control Act of 1970, the first major Federal drug legislation since the HARRISON NARCOTICS ACT of 1914. All the regulations advanced since the Harrison Act were repealed and replaced by this new statute. Possession penalties were generally reduced, but the act established strict import and export limitations, extended penalties for trafficking, and imposed new controls on previously unregulated psychoactive drugs. The act was designed to create for the first time a comprehensive framework for the regulation of narcotic and nonnarcotic drugs. Title II of this act is known as the CONTROLLED SUBSTANCES ACT and requires registration of every person in the legitimate chain of drug distribution and detailed recordkeeping. See statewide services contract.

Drug Abuse Control Amendments of 1965

Also called Harris-Dodd Act, an amendment to U.S. food, drug, and cosmetic legislation that classified certain stimulants (amphetamines), depressants (barbiturates), and hallucinogens as "dangerous drugs" and brought them under Federal control, shifting the constitutional basis for drug control from taxing power to interstate and commerce powers. Penalties are considerably more lenient than those of the NARCOTIC DRUG CONTROL ACT OF 1956. The act is intended to crack down on the trade in amphetamine and barbiturate drugs (and several tranquilizers and nonbarbiturate hypnotics and sedatives), whether these drugs have been legitimately manufactured and diverted into the illicit traffic or illegitimately manufactured. It is also aimed at stopping the underground traffic in hallucinogens, which are mostly manufactured in clandestine laboratories or smuggled in from abroad. Under the act, no person may possess any of the pro-

scribed drugs except for personal or family use or for veterinary purposes (Running Press Dictionary of Law 1976). Only authorized manufacturers, suppliers, hospitals, agencies, physicians, or researchers can sell, deliver, or otherwise dispose of the proscribed drugs; persons who manufacture, process, sell, deliver, or otherwise dispose of these drugs must keep records of all drugs so handled; prescriptions for these drugs are limited to five refills, and none may be refilled after 6 months.

Drug Abuse Council, Inc.

A nonprofit organization that was located in Washington, D.C. It supported an enlightened approach to illicit drug use and funded wide-range policy-related research projects on issues related to drug abuse. The DAC is now defunct.

Drug Abuse Epidemiology Data Center

The center is part of the Institute for Behavioral Research, Texas Christian University, Fort Worth, Texas. It maintains an archive and retrieval system of federally supported studies on drug abuse, including the DARP treatment followup study. See Drug Abuse Reporting Program.

drug abuse periodicals

See periodicals, drug abuse.

drug abuse policy

See Federal drug abuse policy.

Drug Abuse Reporting Program (DARP)

A national, computerized reporting system that was established in 1968 at Texas Christian University consisting of a research file of data on the admission and progress of drug abuse patients receiving treatment at federally funded programs. Its major purposes are to provide standardized program statistics and evaluative studies of treatment outcomes by various modalities and for different groups of patients. The Admission Record provides demographic data for patient classification, developmental background information, and baseline data at admission on the major behavioral outcome criteria of drug and alcohol use, employment, criminality, and family relations. The Status Evaluation Record provides during-treatment information on these same variables at 2-month intervals. This form also records bimonthly information on participation in treatment components and on termination and readmission to the same program. Items from these records were included in volume 12 of the NIDA Research Issues Series: Drug Abuse Instrument Handbook. See

also Drug Abuse Epidemiology Data Center. (RIS 27:324--6 entries)

drug abuse statistics

See statistics, drug abuse.

Drug Abuse Warning Network (DAWN)

Started in 1972 by the BUREAU OF NARCOTICS AND DANGEROUS DRUGS, DAWN provides information on medical and psychological problems associated with the effects of drug use; data are received from facilities in 23 cities that are likely to have contact with drug users with these problems, such as general hospital emergency rooms, medical examiners/coroners, and crisis intervention centers. Whereas CODAP (CLIENT ORIENTED DATA ACQUISITION PROCESS) describes patients coming into treatment, DAWN describes people experiencing emergencies with drugs, whether or not they are in treatment. The aim of the system is to identify drugs that bring people to the attention of emergency facilities and to identify the patterns of drug use and trends in these patterns with the idea of doing something about it if the problem becomes severe. Approximately 15,000 new case descriptions are added to the DAWN files each month. Presently funded by DEA and NIDA, reports are issued quarterly.

drug arrest

Apprehension for a crime involving either the use, possession, cultivation, transportation, or sale of illicit drugs. Drug arrest data are often used as an indication of the extent of drug use; this assumption has been questioned by many. Iiyama et al. (1976:6) note: "It may be more appropriate to view drug arrest data as a measure of the way in which the public responds to distressing problems rather than as evidence of the true extent of narcotic addiction." (RIS 27:325--23 entries)

drug culture

See subculture, drug.

drug education

Any program designed to provide information on the use of drugs conveyed via a psychological principle (or force) and to change individuals' knowledge, attitudes, or behavior in a direction desired by the educator (Richards 1970). (RIS 27:328--21 entries; drug education, evaluation, RIS 27:328--18 entries; drug education materials, RIS 27:328--4 entries; drug education models, RIS 27:328--10 entries; drug knowledge, RIS 27:329--11 entries)

Drug Enforcement Administration (DEA)

The lead agency in narcotic and dangerous drug suppression programs at the national and international levels and in Federal drug law enforcement; established in the Department of Justice in 1973, replacing the BUREAU OF NARCOTICS AND DANGEROUS DRUGS. The DEA was created to enforce the controlled substances laws and regulations and to bring to the criminal and civil justice system of the United States or other competent jurisdiction, those organizations and individuals involved in the growing, manufacture or distribution of controlled substances appearing in or destined for illicit traffic in the United States. Address: 1405 I Street, N.W., Washington, D.C. 20537.

Drug Policy Office

See Federal drug abuse policy.

drug use, current

See drug use, recent.

drug use, ever

The concept of ever having used or tried drugs in the past (Kandel 1975). Contrast with drug use, recent.

drug use, recent (or current)

Drug use during some near time period preceding a survey and including the day of survey. Some argue that the "preceding" period should be specified within a bounded time frame so that measurement can be more precise (Richards and Cisin 1975). (RIS 27:334--220 entries)

drunkenness

The state of being drunk, often also referred to as INTOXICATION, although some consider that drunkenness is a more severe state of INEBRIATION than intoxication (Stivers 1976:98). In the United States, State statutes employ various legal criteria for determining drunkenness. Lafler v. Fischer (1964) declared that "When it is apparent that a person is under the influence of liquor, or when his manner is unusual or abnormal and his inebriate condition is reflected in his walk or conversation, when his ordinary judgment and common sense are disturbed, or his usual will power is temporarily suspended, when these symptoms result from the use of liquor, and are manifest, then, within the meaning of the statute, the person is intoxicated, and anyone who makes a sale of liquor to such a person violates the law of the state. It is not necessary that the person would be called 'dead drunk'".

or hopelessly intoxicated; it is enough that his senses are obviously destroyed or distracted by the use of intoxicating liquor" (Keller and McCormick 1968).

dysfunctional drug use

As defined by Retka (1977:1), drug use that results in physical, psychological, economic, legal, and/or social harm to the individual drug user or to others affected by the drug user's behavior. Retka emphasizes that while not all drug use can be clearly identified as functional or dysfunctional, the effort to link the functionality of drug use to the effects of that use is helpful in that many such effects can be quantified and an estimate of their associated costs generated. It is in relation to such costs that the benefits deriving from effective prevention efforts can be determined. See also effects, drug.

E

ecognine

The principal part of the COCAINE molecule, obtained by hydrolysis of cocaine and other ALKALOIDS of COCA. Cocaine can also be synthesized from ecognine.

ecological analysis

The study of the factors responsible for variation in the prevalence and incidence of a condition (such as heroin use) over time, and among different sociocultural groupings, through the use of techniques such as medical geography, statistical geography, and social area analysis. Although frequently used interchangeably with the term EPIDEMIOLOGY, the latter differs in being concerned with the study of the incidence and prevalence of a disease in a circumscribed community setting, or a carefully defined population group (Schmidt 1965; Richman 1977).

effects, drug

Any physiological or psychological reaction a user experiences after taking a drug. Generally, drugs do not produce the same effect in different individuals, nor do they produce the same effect in the same individual at different times under different circumstances. In fact, one of the characteristics of some drugs is precisely the variability of their effects. Thus, one of the fundamental problems in assessing ADVERSE DRUG REACTIONS is

establishing a clear cause-and-effect relationship between a specific drug and a clinical event (Karch and Lasagna 1976:204). There are no direct, simple, dependable cause-and-effect relationships between any drug and any behavior. What we loosely talk about as a drug effect is a combination of at least three main factors: (1) the pharmacological properties of the drug; (2) the social setting or environmental context in which the drug is taken (see SETTING); and (3) the personality or character structure, attitudes, and expectations of the individual user (see SET). However, under specific conditions drugs do have certain identifiable, probable effects on most individuals. See also dose-response relationship. (auditory effects, RIS 27:307--8 entries; cardiovascular effects, RIS 27:309--36 entries; cerebral effects, RIS 27:310--20 entries; cognitive effects, RIS 27:311--28 entries; driving performance, RIS 27:323--55 entries; hepatic effects, RIS 27:345--20 entries; perceived effects, RIS 27:363--75 entries; physiological effects, RIS 27:366--89 entries; pregnancy effects, RIS 27:368--17 entries; psychological effects, RIS 27:371--85 entries; pulmonary effects, RIS 27:375--17 entries; respiratory effects, RIS 27:376--17 entries; sexual stimulation, RIS 27:384--8 entries; teratogenic effects, RIS 27:389--17 entries; visual effects, RIS 27:396--15 entries)

effects, perceived

Includes both the effects the user hopes or fears will be experienced as well as those the user is aware of experiencing (O'Donnell 1975). The process of knowing objects and objective events by means of the senses. Refers to relatively complex receptor and neural processes that underlie our awareness of ourselves and our world based on discrimination, differentiation, and observation. Perception is commonly treated as an intervening variable dependent upon stimulus factors, learning, set, moods, and emotional and motivational factors. Thus, the meaning of an object or objective event is determined both by stimulus conditions and by organism factors (Chaplin 1975). (RIS 27:363--75 entries)

effects, subjective

The effects of a drug as perceived by the user under the influence of the drug. These drug effects cannot be observed externally but fall in the realm of the drug experience.

efficacy, drug

Ability of a drug to safely produce a desired, or claimed, treatment result.

ego

"A psychoanalytic term denoting the part of the personality which carries on relationships with the external world.

"The ego is conceived as a group of functions that enable us to perceive, reason, make judgments, store knowledge, and solve problems. It has been called the executive agency of the personality, and its many functions enable us to modify our instinctual impulses (the id), make compromises with demands of the superego (conscience, ideals), and in general deal rationally and effectively with reality. It operates largely but not entirely on a conscious level, and in a mature person is guided less often by the pleasure principle than by the reality principle--that is, the practical demands of life. It may, however, be torn between these two opposing forces.

"The ego, unlike the id, is not ready-made at birth. It develops slowly as the child learns to master his impulses, know what behavior the world requires, and use intelligence in meeting difficulties. A person who develops a "strong ego" successfully integrates the demands of the id, superego, and reality. He therefore does not have to resort to rigid defenses or escape mechanisms in handling the stresses of life. An individual with a "weak ego" is dominated by unconscious impulses and may disintegrate under strain, with the result that mental symptoms or character defects are likely to develop" (Goldenson 1970), (ego functioning, RIS 27:337--9 entries)

ego strength

"A term used by psychoanalysts and others for the ability of the ego, or conscious self to maintain an effective balance between inner impulses and the demands of outer reality. In Freudian phraseology, it is the capacity of the ego to mediate between the id, and superego and reality--that is, between instinctual impulses, conscience, and the situations of life.

"A person with a strong ego has high frustration tolerance and is able to control his impulses and modify his selfish desires and 'primitive urges' to conform to socially acceptable patterns. He shows flexibility in handling the stresses of life and does not resort to rigid defenses or inflexible behavior. A person with a weak ego is dominated by unconscious feelings and impulses and has poor tolerance for frustration, disappointment, and other forms of stress. When confronted with psychological problems he suffers from conflicts

and anxieties, makes excessive use of defense mechanisms, and may develop character defects or psychiatric symptoms.

"Ego strength is an important concept not only in assessing personality health and growth, but in the therapeutic process. One important goal of psychotherapy and social work is to find ways of increasing ego strength" (Goldenson 1970). (ego functioning, RIS 27:337--9 entries)

empirical

Based on facts and experience, systematic observation, and experiment rather than on general philosophical principle. Valuing facts and devaluing speculation or rational theory (Wolman 1973).

encounter group

A form of PSYCHOTHERAPY in which a small group assembles for the purpose of increasing interpersonal awareness, self-understanding, and personal growth through open, intensive verbal confrontations and discussions of emotional conflicts and feelings. Developed out of the sensitivity-training groups of the 1960s, participants are encouraged by group leaders to become sensitive to the feelings of others and to express their feelings and reactions to other people openly and honestly, with no restrictions on what is verbalized. See also group therapy.

endorphins

Endogenous OPIOID biochemical compounds (peptides). Substances produced by the body that resemble the opiates in their abilities to produce ANALGESIA and a sense of well-being. The term "endorphin" is used generically to refer to all of the endogenous opioid compounds and implies a pharmacological activity (analogous to the activity of the corticosteroid category of biochemicals) as opposed to a specific chemical formulation. Endorphins have so far been found to be present only in vertebrate animals. Some of the various endorphins that have been identified are methionine-enkephalin, leucine-enkephalin, beta-endorphin, alpha-endorphin, and gamma-endorphin. See also enkephalins; runner's high; ligand; receptors; homeostasis.

enkephalins

Specific chemical names for ENDORPHIN-type compounds; methionine-enkephalin and leucine-enkephalin.

epidemic

In regard to diseases, a sudden outbreak that spreads rapidly through a population

and affects a large number at once. By extension, refers to the rapid spread of any social phenomenon, such as a dancing mania or fad (Chaplin 1975). Contrast with endemic.

epidemiology

The study of rates of health-related problems within given groups, and the occurrence, distribution, and course of health and disease. The study is usually defined by a geographic area, frequently a city. A prevalence study considers all known cases at a given time, regardless of when they developed. An incidence study is restricted to new cases developing in a given time period (Encyclopedia of Sociology 1981). Historically, epidemiology emerged as part of the effort to combat infectious diseases and became extended to a number of behavioral problems that affect individual and community health, such as accidents, mental disorders, smoking, eating, drinking, and other forms of drug use. "Contemporary epidemiologists and social scientists concerned with identifying and describing drug abuse and drug abusers have utilized a variety of data collection techniques with a variety of populations and subpopulations. In the pursuit of epidemiological characteristics, analysts have focused upon the use, misuse, and abuse of as few as a single drug or drug class to as many as all psychoactive drugs or drug classes. . . . Probably the most common attempts at understanding the epidemiology of drug abuse include either surveys of at-risk populations in an attempt to secure total prevalence projections or studies of identified abusers to at least understand those for whom drug use has become a problem. In the former, general population and school surveys have been most utilized. In the latter, studies of persons in treatment, under arrest, or admitted to emergency rooms have been most utilized. Other populations, e.g., known users in the military and workers in industry, have been studied and other 'indicators' have been employed, e.g., drug seizures or hepatitis rates" (Chambers and Hunt 1977). See also ecological analysis. (RIS 27:339--65 entries)

ergogenics

Drugs that increase the capacity of physical and mental functioning, especially by reducing fatigue. Synonymous with STIMULANTS. (RIS 27:205--1 entry)

ergot

The rye grain fungus *Claviceps purpurea*, or an extract of the fungus used medicin-

ally for centuries as a drug whose effects contract blood vessels and smooth muscle tissue (especially as in the uterus).

ergot alkaloids

Pharmacologically active ingredients of ERGOT used medicinally variously for the treatment of mood depression in elderly patients, the treatment of migraine headaches, and the inducement of uterine contractions in expectant mothers. One of the many ergot alkaloids is lysergic amide, from which LSD-25 can be derived. Classification: antidepressants.

escapism

A tendency to retreat from the unpleasant, especially when it should be dealt with realistically (English and English 1958).

ethanol

See alcohol.

ethchlorvynol

A nonbarbiturate SEDATIVE/HYPNOTIC, manufactured as Placidyl.

ether

A highly VOLATILE, vaporous liquid developed in the early 18th century. It is used medically as a general anesthetic and can produce an intoxicating effect similar to that of alcohol. Inhalation of small amounts of ether or drinking a few drops of it in water or alcohol as an occasional recreational inebriant is reported to have been an accepted practice in sophisticated social circles in the 19th century, especially among students and associates of the medical profession. Starting in the second half of the 19th century and as recently as World War II, ether was sometimes used as a beverage alcohol substitute by the poor in numerous areas of Europe, Great Britain, and North America. The most extensive documented epidemic of ether use occurred in Northern Ireland in the late 19th century (Austin 1978:173). Classification: volatile inhalants. (RIS 27:205--1 entry)

ethinamate

A nonbarbiturate SEDATIVE/HYPNOTIC, manufactured as Valmid.

ethnobotany

The study of humans in relation to plants. See also ethnopharmacology.

ethnography

A subdiscipline of cultural (or social) anthropology aimed at the detailed study of the way of life of people. The main feature of ethnography is that it requires

the direct observation and participation of the social scientist in the activities of the group studied. This participation may vary in quantity and intensity, but the requisite of personal interaction remains. The ethnographic approach seeks to discover and understand patterns of behavior in their natural context (Agar 1976; Weppner 1976).

ethnopharmacology

The study of humans in relationship to drug use, focusing on the social, cultural, and historical aspects. See also pharmacology; ethnobotany.

etiology

The study of causes or origins of a disease.

etonitazene

An opioid analgesic used primarily for research purposes in experiments with animals. Classification: narcotic analgesic agonists.

euphoria

A sense of extreme well-being and optimism, often accompanied by heightened motor activity; may be experienced in some drug-induced states.

ex-addict

Defining the ex-addict, or postaddict, is a more imprecise process than the difficult job of defining the addict. On the surface an ex-addict is one who is no longer addicted. Being an ex-addict, however, implies more than just being detoxified. (Long-term addicts commonly exhibit patterns of sporadic voluntary abstinences from drugs.) It usually implies abstinence for some minimum length of time (e.g., 6 months, 1 year, 5 years) and a changed lifestyle away from the drug subculture. A changed lifestyle is often operationally defined by a set of measures such as employment, school enrollment, arrests, avoidance of all illicit drug use, avoidance of excessive alcohol use, the development or improvement of meaningful relationships, and continuing or completing treatment. See treatment outcome. (RIS 27:282--1 entry)

expectations, drug use

Refers to the physiological and psychological effects the drug user expects to experience when taking drugs. See also effects, perceived; effects, subjective.

experimental drug use

As defined by the U.S. National Commission on Marihuana and Drug Abuse, short-

term nonpatterned trial of 1 or more drugs, either concurrently or consecutively, with a variable intensity but maximum frequency of 10 times per drug, used either singly or in combination. Experimental use is primarily motivated by curiosity or the desire to experience new feelings or mood states, or to assess anticipated drug effects. It most often occurs in the shared company of one or more drug-experimenting friends or social acquaintances, and is generally viewed in the context of social activity (National Commission on Marihuana and Drug Abuse 1973:96).

experimental group

Those subjects who are exposed to an experimental or treatment variable and whose behavior or condition is considered to reflect the influence, if any, of that variable. This group is often compared to a matched CONTROL GROUP, which has not been exposed to the experimental condition.

externalization

The projection of personal psychological processes or states to the environment or other individuals, such as occurs in paranoid or hallucinatory states (Chaplin 1975).

extinction

In the fields of drug abuse and behavioral pharmacology, a behavioral concept that views illicit drug use as a conditional activity that can be extinguished if the stimulus (e.g., old drug-using friends and environments), response (e.g., drug craving and subsequent use), and reward (e.g., satisfaction of the craving) conditioned behavior pattern can be broken. The hypothesis is that if drug taking is a conditioned behavior, repeated experience of the pattern with resulting denial of the reward will extinguish the automatic stimulus-response reaction.

The development of pure, long-acting antagonists such as NALTREXONE has provided a means for effectively blocking opiate agonist effects without any analgesic or euphoric effects. Extinction is proposed as a major concept associated with naltrexone therapy by clinicians such as Wikler (1976, 1973, 1965). Wikler (1976:119) describes this process of "conditioned abstinence" as permitting "the patient to expose himself to conditional environmental stimuli which evoke 'craving' and possibly other conditioned abstinence phenomena, without the danger of their reinforcement by the pharmacological actions of opioid drugs. Eventually, if the patient so

exposes himself frequently enough, such conditioned abstinence phenomena should become extinguished through repeated non-reinforcement."

The validity of the extinction concept has not been unequivocally borne out by naltrexone clinical trial experience (Schechter 1980), but none of the naltrexone trial research designs have emphasized this concept. Wikler (1976:126), on the other hand, feels that naltrexone therapy should have an "active extinction" component in which "inpatients, previously detoxified patients blocked by a narcotic antagonist be exposed to conditioned stimuli that evoke 'craving' and perhaps other conditioned abstinence phenomena and be permitted to self-inject themselves with heroin repeatedly ad libitum; hopefully, under NARCOTIC ANTAGONIST blockade, self-injection of heroin would ultimately cease."

extrapyramidal nervous system

The functional components of the brain that deal with basic, unskilled motor movements, as contrasted with the pyramidal (or corticospinal) system, which controls skilled (e.g., related to speech and finger and hand) motor movement.

The development and widespread use of NEUROLEPTICS has intensified scientific interest in the extrapyramidal nervous system. It has been observed that (1) neuroleptics reduce the amount of the brain chemical dopamine in the extrapyramidal regions of the brain, (2) low Parkinson's disease is highly associated with low brain dopamine levels, and (3) large doses of neuroleptics given to psychotic patients can induce signs of Parkinsonism. Investigative efforts have been centered on trying to determine what the roles of the extrapyramidal system and dopamine are in maintaining mental stability.

F

false positive, false negative

False positive and false negative are terms used to indicate erroneous results in tests that measure the presence (positive) or absence (negative) of something. A false positive measure in screening for drugs, for example, means that the test indicates the presence of a drug when in fact none was there. A false negative means just

the reverse, that the test indicates a drug is not present when in fact it is. Nearly all drug-testing techniques are susceptible to false, or erroneous, test results. Some of the reasons for false results are personnel and computer clerical errors, errors associated with the collection and transport of specimens, improperly performed tests, and the use of tests not sensitive enough to measure at its level the drug's presence (Catlin 1973; DeAngelis 1976). While many clinicians feel that false positives are more serious errors than false negatives, practitioners such as DeAngelis (p. 32) view the potential of false negatives to reinforce feeling among street addicts of "beating the system" as equally serious.

family

A social unit whose members are bound together by marriage, blood, or personal pact, whose closeness or looseness is defined by the group itself, and whose size may range from two to several hundred people. The family plays a major role in influencing family-member behaviors such as the use/nonuse of drugs.

Many have written on this subject. Gerstein et al. (1979:20), for example, in their study of female heroin addicts made the observation about early family relationships and illicit drug use that "the patterns and priorities of adult American life-style are . . . largely formed during adolescence. Such patterns are an outcome of the numerous, often conflicting pressures operating during this period, in which life-style experimentation including unorthodox peer-fashioned behavior is expected to occur. Heroin use, as an example of such experimental behavior, is nonetheless quite powerfully opposed by most families of orientation, and cannot happen in them without very disruptive consequences. Therefore, such use tends to initiate among friends, to be shielded from familial discovery, and upon discovery to pose a significant threat to maintaining family role-relationships. Since adolescent friendship patterns are quite labile, they do not form as powerful or sustained an influence on long-term heroin use as countervailing influences from stable family relationships. However, when initiation occurs in the approving company of an actual or prospective family member, the balance of influence is significantly shifted in a direction favorable to heroin use. Whether this influence becomes invested in continued commitment to heroin-based relationships, in exaggerated fondness for heroin's 'high,' or simply reduces exposure to and learning of alternative social

behaviors during this formative period--most likely a combination of all these--the long-term result is a greater disposition toward heroin use than where no intimates are involved."

Data from the 1979 National Survey on Drug Abuse indicate that adolescent drug use is greatly influenced by the drug use patterns of older family members. Based on data from the survey, Miller and Cisin (1979) report that "drug abuse behavior is more likely among those teens whose mothers smoke cigarettes and/or drink moderately than among youth whose mothers abstain. This general pattern holds for teenage use of marijuana and stronger illicit drugs as well as for youthful alcohol and cigarette consumption. Interestingly, the mother-child link is not substance specific; for example, mothers' use of cigarettes is at least as strongly correlated with teenage alcohol use as it is with teenage cigarette use. Apparently, children learn general orientations towards or away from drug use in accordance with their mothers' substance-use behavior.

"Drug use is also more likely among teenagers whose older brothers or sisters use alcohol and/or illicit drugs--and is less likely among those whose older siblings abstain. Analyses of the sibling-sibling behavior link point to drug specific effects, suggesting that teens may imitate specific behaviors which are engaged in by their older siblings.

"By contrast, the father's substance use does not appear to be related to the sons' and daughters' drug use. Among the other family-related factors which appear to have little or no influence on teenage drug use are: the family's socioeconomic status; the mother's current employment status; and the mother's current marital status (i.e., whether or not a father/step-father lives in the home). These facts argue against a general 'family situation' interpretation of the mother-child and sibling-sibling links outlined above; instead, it appears that children learn drug use or abstention behavior from certain older members of the family." (family relationships, RIS 27:342--11 entries)

family, nuclear

The husband, wife, and their offspring. Synonymous with conjugal family. "The prototypic drug abuser family--as described in most of the literature--is one in which one parent is intensely involved with the abuser, while the other is more punitive, distant, and/or absent. Usually the over-

involved, indulgent, overprotective parent is of the opposite sex of the abuser.

"Sometimes this overinvolvement even reaches the point of incest. Further, the abusing offspring may serve a function for the parents, either as a channel for their communication, or as a disrupter whose distracting behavior keeps their own fights from crystallizing. Conversely, the abuser may seek a 'sick' state in order to position himself, childlike, as the focus of the parents' attention. Consequently, the onset of adolescence, with its threat of losing the adolescent to outsiders, heralds parental panic. The family then becomes stuck at this developmental stage and a chronic, repetitive process sets in, centered on the individuation, growing up, and leaving of the 'identified' patient" (Stanton 1980).

family therapy

"Treatment of more than one member of a family simultaneously in the same session. The treatment may be supportive, directive, or interpretive. The assumption is that a mental disorder in one member of a family may be a manifestation of disorder in other members and may affect interrelationships and functioning" (A Psychiatric Glossary 1975).

"Family treatment is a relative newcomer to the field of drug abuse. However, it has found rapid acceptance. Data from a recent survey of 2,012 drug treatment facilities indicate that the majority of our Nation's drug abuse treatment programs provide some kind of family services--in many cases family or marital therapy--as part of their therapeutic armamentarium" (Stanton 1980).

Federal Bureau of Narcotics (FBN)
See Bureau of Narcotics, Federal.

Federal drug abuse policy

The three principal agencies responsible for setting Federal drug abuse policy are the Drug Policy Office, the NATIONAL INSTITUTE ON DRUG ABUSE (NIDA), and the DRUG ENFORCEMENT ADMINISTRATION (DEA). The federally recognized mechanisms for establishing drug abuse policies at the State level are the SINGLE STATE AGENCIES.

Both NIDA and the DEA play key policy-making roles, but they also have primary functional responsibilities for carrying out national policy. The Drug Policy Office is purely policy oriented, as are several other interagency drug abuse policy coor-

dinating groups such as the Strategy Council on Drug Abuse, the Principals Group, and the National Narcotics Intelligence Consumers Committee (Drug Policy Office 1980).

The Drug Policy Office exists within the White House Domestic Policy Staff. The head of the Drug Policy Office (the Associate Director for Drug Policy within the Domestic Policy Staff) is primarily responsible for assisting the President in formulating policy for, and in coordinating and overseeing, international as well as domestic drug abuse functions by all executive branch agencies. The Drug Policy Office advises the Office of Management and Budget regarding budget proposals of those departments and agencies with drug abuse program functions. The Drug Policy Office also prepares and submits to the President a comprehensive report on Federal drug abuse policies, including budget data, titled Annual Report of the Federal Drug Program.

The Strategy Council on Drug Abuse was created by the Drug Abuse Prevention, Treatment and Rehabilitation Act of 1973 and was revitalized in 1977. The Council, which is responsible for the preparation of the Federal Strategy for Drug Abuse Prevention and Control, is composed of the Attorney General; the Secretaries of State, Defense, Treasury, and Health and Human Services; the Administrator of Veterans Affairs; the Director of the Office of Management and Budget; and six members from outside the Federal Government. In 1979, the Congress amended the law to require that the nongovernment members include "a representative of State Government who is responsible for dealing with drug abuse problems" and "a representative of local government who is responsible for dealing with such problems."

The Principals Group provides another coordinating mechanism for the executive branch. Chaired by the Associate Director for Drug Policy of the Domestic Policy Staff, the Group, which is composed of heads of agencies with primary drug program responsibilities, includes the Assistant Secretary of State for International Narcotics Matters, the Director of the National Institute on Drug Abuse, the Administrator of the Drug Enforcement Administration, the Commissioner of Customs, the Special Assistant to the Secretary, Department of Health and Human Services, the Assistant Attorney General for the Criminal Division, Department of Justice, and the Commandant of the U.S.

Coast Guard. The Group meets monthly, and is frequently in contact between meetings, to discuss policy, issues, and problems of mutual concern to the agencies responsible for the operational aspects of Federal drug abuse prevention and control programs.

A 1978 intelligence policy review conducted by the Office of Drug Abuse Policy noted that no formal interagency mechanisms existed for the coordination of the narcotics intelligence effort of the Federal Government. The National Narcotics Intelligence Consumers Committee (NNICC) was established in April 1978 to correct deficiencies in this area, and is composed of agencies with enforcement, policy, treatment, research, and intelligence responsibilities. The present membership of the NNICC includes the U.S. Coast Guard, U.S. Customs Service, Drug Enforcement Administration, Federal Bureau of Investigation, Immigration and Naturalization Service, Internal Revenue Service, National Institute on Drug Abuse, Departments of State and Treasury, and the Domestic Policy Staff. The Committee is chaired by the Assistant Administrator for Intelligence of the Drug Enforcement Administration. The Special Assistant for Coordination of Foreign Narcotics Information of the Central Intelligence Agency attends the NNICC meetings as an observer. A counterpart committee also exists within the U.S. Foreign Intelligence Community.

In addition to the Drug Abuse Policy Office, 23 Federal governmental units were funded with a total budget of \$902 million to undertake drug abuse program responsibilities in fiscal year 1981. The agencies and their individual fiscal year 1981 budget levels are listed below.

<u>Agency</u>	<u>Budget FY 1981 (millions of \$)</u>
Drug Policy Office	.46
Department of Health and Human Services	
National Institute on Drug Abuse	234.40
Office of Human Development Systems	4.70
National Institute of Mental Health	3.90
Food and Drug Administration	1.10
Social Security Administration	.60
Department of Education	14.10
Veterans Administration	58.10

Department of Justice	
Drug Enforcement Administration	205.20
Bureau of Prisons	83.60
U.S. Attorney's Office	14.40
Federal Bureau of Investigation	5.0
Immigration and Naturalization Service	2.50
Criminal Division	2.20
Department of State and AID	38.20
Department of Defense	38.0
Department of Transportation	
Coast Guard	101.30
National Highway Transportation Safety Administration	.81
Federal Aviation Administration	.69
Department of the Treasury	
Customs	73.0
Internal Revenue Service	13.40
Department of Labor	.20
U.S. Department of Agriculture	2.0
Action	4.30
TOTAL	\$902.16

Federal funding criteria

The minimum treatment standards for federally funded drug treatment programs published in the Federal Register on May 27, 1975, as modified by NIDA's January 12, 1976, issuance of the Physical/Laboratory Examination Matrix.

felony

A crime of a graver or more atrocious nature than those designated as MISDEMEANORS and generally punishable either by death or by imprisonment in a State or Federal penitentiary. (RIS 27:343--5 entries)

fermentation

Chemical changes resulting from the operation of living organisms (mainly yeasts) by enzyme action. ALCOHOL is produced in fermentation by the action of zymase on hexose sugars. This takes place naturally in grape juice through the yeasts on the skin. In brewing, fermentation is induced by the introduction of yeast (Keller and McCormick 1968).

fetal drug toxicity

See placental passage of drugs.

field dependence

The degree to which performance is strongly dominated by the organization of the prevailing field (Witkin et al. 1962). A state wherein a person depends on the surrounding environment for structure and support. Field dependence has been shown to be associated with a whole constellation of personality characteristics. Typically, a field-dependent person has trouble dealing with the world and charac-

teristically reacts to it in a passive manner. A field-independent person is characterized by activity, independence, higher self-esteem, and a more mature body image (Arnon et al. 1974). (RIS 27:343--3 entries)

fix

Slang. To inject oneself with narcotics, usually into a vein; an injection or a dose of narcotics. Also, the amount of drug in the bag or packet which makes up the fix (Lingeman 1969). See also mainlining.

flashback

A spontaneous involuntary recurrence of a hallucinogenic drug experience some time after the drug has worn off. The phenomenon is not fully understood and some argue that flashbacks are a normal neuropsychological event much like the experience of *deja vu*, which naturally occurs among all people (Weil 1972:61-62). These phenomena may occur for weeks or months. Although most involve the visual senses, flashbacks may occur in any of the senses, including taste, smell, feel, hearing, time sense, and self-image. Documented cases have indicated that flashbacks may be pleasant (Brown and Stickgold 1976; Keeler et al. 1968), or at the other extreme, they may be terrifying to the point of driving a person to commit suicide (Smart and Bateman 1967). The mechanism responsible for flashbacks is not understood, but there appears to be an inconsistent relationship between the amount and number of times hallucinogens are taken and the occurrence of flashbacks.

fluorocarbons

A large group of chlorinated or fluorinated hydrocarbons now used chiefly as refrigerants. Prior to 1978 they were widely used as AEROSOL propellants in household products and were subject to abuse because of their intoxicating (anesthetic) effects when inhaled. Fluorocarbons and chlorofluorocarbons were banned from use in household consumer products on March 16, 1978, by the U.S. Environmental Protection Agency under the Toxic Substance Control Act of 1976. The aerosol propellants currently used by industry are pentane, pentene, and other such hydrocarbons. Because of their flammability, they are believed to pose more of a safety than health threat to society. Classification: volatile inhalants. See also sudden sniffing death (SSD) syndrome; volatile inhalants.

fluphenazine hydrochloride

An (ANTIPSYCHOTIC) TRANQUILIZER, manufactured as Proloxin and Permitil.

flurazepam hydrochloride

An (ANTI-ANXIETY) TRANQUILIZER, manufactured as Dalmane.

formula grants, Drug Abuse Act of 1970

See statewide services contract.

forensic medicine

The application of the various branches of medical knowledge to the purposes of the law. Anatomy, toxicology, chemistry, botany, and other fields of science that may be used in court to support or dispute a case (Encyclopedia of Sociology 1981).

free clinic

A medical clinic that offers free medical services to all comers, including drug abusers, and is funded through sources such as donations, THIRD-PARTY PAYMENTS, revenue sharing monies, volunteer labor, etc. One of the major proponents of the free clinic movement is David Smith of the Haight Ashbury Free Medical Clinic in San Francisco. According to Dr. Smith (1976:46, 48):

"'Free' to the free clinic movement represents a philosophical concept rather than an economic term. This alternative philosophy of freedom from established approaches reflects itself in the treatment philosophy that health care is a right, not a privilege. Over the last ten years, the free clinic has evolved as a symbol for nonjudgmental, humanistic health care delivery to alienated populations in the United States, including hippies, commune dwellers, drug abusers, third world minorities, and other 'outsiders' who have been rejected by the more dominant culture.

* * * *

"Free clinics have made major contributions in the field of drug abuse treatment. Rooted in nonjudgmental health care, they believe that drug abusers deserve to be treated like any other patients who enter into the health care delivery system. However, in 1967 the treatment of drug abusers on an outpatient basis at the community level was quite controversial. The dominating legal-political approach to drug abuse problems at that time was almost exclusively law enforcement-oriented, and most drug abuse treatment was taking place within the framework of incarceration facilities controlled by the criminal justice system. Further, the free clinics were using ex-addicts and street people as para-professionals in implementing their community-based approach to health care and drug abuse treatment." (Haight Ashbury

Free Clinic, RIS 27:344--14 entries)

frequency of use

The absolute or relative number of times (occasional, regular, etc.) a drug is taken either in general or for a specific time period.

Ft. Worth Hospital

See Public Health Service hospitals.

functional disorder

A condition in which one or more of the normal activities of the organism cannot be properly performed, though there is no known pathological change in organic structure that can be related to the disorder (English and English 1958). Contrast with organic disorder.

G

gambling

See compulsive gambling.

ganja

A CANNABIS preparation, consisting of the resin-rich flowers and top leaves from the female plant. The name is of Indian origin and is the term used in Jamaica for marijuana. Classification: cannabis. ("ganja vision," RIS 27:343--1 entry)

gasoline

A volatile, highly toxic, refined mixture of petroleum hydrocarbons whose fumes have a deliriant effect similar to glue or cleaning fluid when inhaled. Classification: volatile inhalants.

generic name

General, usually scientific name for an entire group or class. As applied to drugs, it is the chemical description of the drug class as opposed to a commercial brand or trade name for the same compound.

glue sniffing

Glue sniffing first surfaced as a major fad in the early sixties. Glues containing aromatic hydrocarbons, such as toluene, xylene, and the like, were particularly subject to abuse because of the intoxicating properties of these solvents. While the inhalation of volatile substances continues to be a significant drug-abusing behavior, particularly among certain groups of youths

(e.g., Native Americans), the glue sniffing fad has just about subsided. The practice has diminished for several reasons including the presence and discovery of a cornucopia of household products from nail polish to spray paint that are just as readily available and have the same abuse potential as glues, and the current practice of many glue manufacturers of using harmless additives (e.g., mustard compounds) that have obnoxious scents or the ability to produce nausea, thus discouraging their being sniffed. See also volatile inhalants; hydrocarbons; solvents; toluene.

glutethimide

A nonbarbiturate hypnotic used in the treatment of insomnia. Physical and psychological dependence on this drug have occurred. Manufactured as Doriden. Classification: sedative/hypnotics. (RIS 27:205--1 entry)

goal orientation

Psychological disposition toward achieving one's objectives. See also amotivational syndrome. (RIS 27:344--19 entries)

grass

Slang. See marijuana.

group therapy

The technique of treating patients in groups instead of individually; this technique emphasizes the fact that their problems are not unique. Lectures and group discussion are used as therapeutic measures (Zadrozny 1959).

habit-forming drug

A term used to refer to a drug that may produce either (PSYCHOLOGICAL) or (PHYSICAL) DEPENDENCE in certain users in certain circumstances. This term is often used by drug manufacturers to mean that prolonged use will result in physical dependence, and specifically that the medicine contains an opiate, opiate derivative, synthetic opiate, or barbiturate (LeDain et al. 1973). Others use the term to refer to a drug that may be used chronically but does not produce ADDICTION or dependence to the extent of other drugs. See also habituation.

habituation

An imprecise term generally used to refer to a state of chronic or continuous attachment to something such as drugs, which is less severe or harmful than ADDICTION. In regard to drug use the term usually implies a state that is psychological in origin and that is characterized by a desire rather than a compulsion to continue use, with little or no tolerance and no (PHYSICAL) DEPENDENCE (LeDain et al. 1973). The psychical phenomena of adaptation and mental conditioning to the repetition of an effect (Himmelsbach and Small 1937); a condition often used as a synonym for (PSYCHOLOGICAL) DEPENDENCE in which the habitue desires a drug but suffers no ill effects on its discontinuance (Tatum and Seevers 1931:108). According to the WHO Expert Committee (1957), a state of periodic or chronic intoxication produced by the repeated consumption of a drug, the main elements of which are (1) desire (but not a compulsion) to continue taking the drug for the sense of improved well-being it engenders; (2) little or no tendency to increase the dose; (3) some degree of psychic dependence, on the effect of the drug, but absence of physical dependence and hence of an abstinence syndrome; (4) detrimental effects, if any, are primary on the individual (not society).

The term "habituation" came into use beginning in the 1920s in order to draw a distinction between "addiction" to the opiates and the compulsive or chronic use of other drugs that did not appear to produce to the same degree either tolerance or physical discomfort upon abstinence. In contrast to addiction, habituation was linked to a weakness of the individual will rather than specific drug effects and was viewed as a problem of far less magnitude (National Commission on Marijuana and Drug Abuse 1973:123). Attempts to maintain this dichotomy, however, were not successful, as the nature of chronic drug-using behavior involves a range of complex individual-drug interactions that cannot be compartmentalized into two such mutually exclusive categories (Grinspoon and Hedblom 1975:151). As the National Commission observes, "determining the point where the lesser (habituation) becomes the greater (addiction) is bound to be arbitrary, since, as is true in all biological responses, there is a wide range of variation in the same individual and between individuals" (National Commission on Marijuana and Drug Abuse 1973:125). Many were further concerned about the concom-

itant tendency to apply the term "addiction" to any misuse of drugs outside medical practice, with a connotation of serious harm to the individual and society. As a result, in the early 1960s the World Health Organization and American Medical Association, recognizing that the distinction between addiction and habituation was unclear and unscientific, recommended retiring the use of both terms, with the WHO committee substituting the term (DRUG) DEPENDENCE to replace them both (Eddy et al. 1965).

halfway house

A program or facility that attempts to combine the advantages of RESIDENTIAL TREATMENT with those of (AMBULATORY) TREATMENT by solving problems through group interaction and community involvement. Patients live in a group but are permitted to leave the facility during the day and perhaps on weekends. Originally a term given to guidance centers for offenders who are "halfway out" of prison on probation or parole, which sought to assist in the demands of daily participation in community life. Now it applies also to facilities in which a person who recently has been discharged from a mental hospital attempts to adjust to living outside the hospital (Zadrozny 1959; Encyclopedia of Sociology 1981). They are now perceived as a basic correctional modality that is useful in at least 5 ways: (1) a bridge between a highly structured institutional setting in which a person has little individual initiative and a relatively unstructured parole setting in which the person has much greater individual initiative and responsibility; (2) a means for providing assistance to the newly released parolee who is precipitously faced with the many and varied problems of being in a community; (3) a place to which inmates who have no satisfactory residence plan may be released; (4) an opportunity for the parole agent to get a better understanding of the parolee by more frequent and intensive observation in the house so that the agent can more effectively provide the needed control, treatment, and assistance; and (5) an alternative to return to a correctional institution (prison) for those parolees who violate the conditions of their release (Berecochea and Sing 1972). (RIS 27:345--8 entries)

hallucination

A perception of sounds, odors, tactile sensations, or visual images that are not caused by external stimuli but arise from within the person (Zadrozny 1959). A sensory perception without external stimu-

lation of the relevant sensory organ which has the immediate sense of a true perception (Diagnostic and Statistical Manual of Mental Disorders 1978). See also delusion; illusion.

hallucinogens

A major classification of natural and synthetic drugs whose primary effect is to distort the senses; they can produce hallucinations--experiences that depart from reality. These drugs may produce profound alterations in sensation, mood, and consciousness at doses that result in comparatively light physiological activity. Although most experiences are visual, they may also involve the sense of hearing, touch, smell, or taste, sometimes simultaneously. They are also variously known as PSYCHEDELIC DRUGS (mind-manifesting), psychotomimetics (psychosis-imitating), illusionogenics (illusion-producing), psychotaxics and psychodysleptics (mind-disrupting). The terms refer to somewhat overlapping effects alleged to occur with this group of drugs, probably none of which are entirely adequate as descriptive terms (Schultes 1976). No term fully satisfies. Psychedelic is the preferred term of users, but hallucinogen has gained the widest support. Included in this classification are DIMETHYLTRYPTAMINE (DMT), LSD-25, METHYLENEDIETHANAMINE (MDA), Mescaline, PEYOTE, PHENCYCLIDINE (PCP), PSILOCYBIN, PSILOCIN, and DIMETHOXYMETHAMPHETAMINE (STP, DOM). The term has also been applied to the pseudohallucinogens such as NUTMEG and mace. While other drugs, such as alcohol or cannabis, may produce hallucinations if a very high dose is used, they are not classified as hallucinogens because this is not the usual effect expected or experienced. In low doses, the effects of hallucinogens vary widely depending on variations in drug taken and the unique sensitivity of user at the time of use. (RIS 27:205--29 entries)

haloperidol

An (ANTIPSYCHOTIC) TRANQUILIZER, manufactured as Haldol.

hang-loose ethic

A phrase coined in the late 1960s to refer to an outlook on life generally characterized by irreverence toward conventional society. The person with such an outlook seeks to cut loose from the traditional "establishment," to rebel against conformity, and to search for new experiences (Suchman 1968). (RIS 27:345--20 entries)

hard drugs

An ambiguous term generally used to describe drugs legally viewed as narcotics, such as opium and morphine derivatives and their synthetics, and cocaine. Usually contrasted with SOFT DRUGS.

Harris-Dodd Act

See Drug Abuse Control Amendments of 1965.

Harrison Narcotics Act of 1914

The first Federal antinarcotics statute and the basis of all subsequent narcotics controls until the passage of the DRUG ABUSE ACT OF 1970. Ostensibly the act was a tax measure designed for the open control and orderly marketing of narcotics, among which were classified the opiates and cocaine. The three central parts of the act stated that (1) anyone engaged in the production or distribution of narcotics had to register with the Federal Government and keep records of all transactions with these drugs; (2) all parties handling the drugs through either purchase or sales had to pay a nominal tax (1 percent per ounce); and (3) unregistered persons could purchase drugs only on prescriptions from physicians, and such prescriptions had to be for legitimate medical use. The dispensing of narcotics by registered physicians "in the course of their professional practice" was not prohibited. The act's avowed purpose was then primarily to bring the domestic drug traffic into observable channels. However, the possession of untaxed narcotics had become a crime and following the passage of the act, the Treasury Department became responsible for its enforcement and inaugurated a policy of prohibiting the prescribing of narcotics for nonmedical maintenance. In two landmark decisions in 1919 (U.S. v. Doremus and Webb v. U.S.), the U.S. Supreme Court upheld the act's constitutionality and severely restricted the right of doctors to prescribe opiates, asserting that doctors who maintained narcotic users violated the law and that maintenance of a user was illegal unless it was part of an attempt to cure (detoxify) the habit. In Linder v. U.S., the Supreme Court later modified this stand, implying that if done in good faith a physician could prescribe narcotics to a patient. This ruling, however, had little impact. Subsequent legislation that supplemented the Harrison Act were the NARCOTIC DRUGS IMPORT AND EXPORT ACT OF 1922, the MARIJUANA TAX ACT OF 1937, the BOGGS AMENDMENT of 1951, the NARCOTICS DRUG CONTROL ACT OF 1956 and the DRUG ABUSE CONTROL AMENDMENTS OF 1965.

These acts were repealed and replaced by the DRUG ABUSE ACT OF 1970.

hash oil

A highly refined oily cannabis extract that contains the highest concentration of THC of all forms of cannabis, up to 40 percent. Hash oil is thick and can be dark brown, yellow, reddish-yellow, or clear in color. It can be applied a drop at a time to marijuana tobacco or spread on the paper used to roll JOINTS and cigarettes. It does not have the characteristic smell of marijuana when burned. Crystallized hash oil can have a potency of 60 percent THC. The THC content in hash oil deteriorates rapidly when not properly refrigerated. Classification: cannabis.

hashish

The dried caked resin produced from the tops and leaves of the female CANNABIS plant. Hashish contains a higher concentration of THC (up to 14 percent) than MARIJUANA. Hashish comes in many different shapes but is often sold in little rectangular tablets. The tablets can be soft, crumbly, or hard and may be from light brown to black in color. It has a heavy marijuana odor when burned. It is often smoked in water pipes, which regulate and cool the smoke, or sprinkled on JOINTS or tobacco cigarettes. In India, hashish is known as charas. Slang names are listed in appendix B. Classification: cannabis. See also bhang. (RIS 27:205--27 entries)

Hawaiian baby wood rose

A climbing plant of the bindweed family originally grown in Hawaiian and Asian forests. It is now grown and sold in the United States. Hawaiian baby wood rose seeds contain lysergic acid amides and produce hallucinogenic effects when consumed. The fuzz coating on the seeds contains trace amounts of strychnine that can cause nausea and vomiting if not removed before ingestion.

hedonistic

Pleasure oriented. A term often inappropriately or simplistically used to describe the motivations of chronic illicit drug users.

hemn

Cannabis plant; particularly the variety cultivated for commercial purposes such as for the making of rope. See cannabis.

Henderson Hospital

The current name of the institution in Britain in which the THERAPEUTIC COMMUNITY concept was first utilized among

a group of social deviants after World War II. Under the guidance of Dr. Maxwell Jones and others, a democratic system was established in which domination of the hospital by "professionals" was replaced by a democratic system of open communication and sharing of problemsolving and decision-making. The nucleus of this process was daily meetings of the staff and patients. The original name for this clinic, which was established in 1947, was the Social Rehabilitation Unit of the Belmont Hospital (Jones 1979).

hepatitis

Inflammation of the liver. Serum hepatitis is an acute viral illness that can be transmitted by parenteral exposure from contaminated needles (Dorland's Illustrated Medical Dictionary 1974).

heptabarbital

A short-acting BARBITURATE. Classification: sedative/hypnotics.

heroin

Diacetylmorphine hydrochloride, a semisynthetic opiate derivative isolated in 1898 in Germany by the pharmacologist Heinrich Dreser in the search for non-habit-forming ANALGESICS to take the place of morphine. It was named after the German word "heroisch" meaning large, big, powerful. Although heroin was considered nonaddictive when first introduced, by 1924 the U.S. Congress had prohibited its manufacture in the United States; by 1956 all existing stocks on hand were required to be surrendered. Heroin is 2 to 3 times as potent analgesically as morphine, although in equipotent doses the effects are similar. The preference for heroin use over morphine is yet to be thoroughly explained; whatever physical factors are involved, and the logistics of illicit traffic, heroin is most potent, least bulky and easiest to conceal, and provides greatest profit. See also National Committee on the Treatment of Intractable Pain. Classification: narcotic analgesic agonists. Slang names: H, horse, scat, junk, smack, scag, stuff, Harry, brown sugar. See also appendix B. (RIS 27:206--326 entries)

heroin maintenance

The legal prescription of heroin on a regular basis. See also methadone maintenance; British system.

hexobarbital

A short-acting BARBITURATE. Classification: sedative/hypnotics.

high

The feeling of euphoria or exhilaration often associated with drug-taking. The continuing state of relaxation and well-

being while a drug is in effect, as opposed to the RUSH, the initial onset of euphoria (Lingeman 1969). See contact high.

Himmelsbach test

This test was developed and used extensively at the now defunct Addiction Research Center in Lexington, Kentucky, as a means for assessing the severity of a patient's opiate withdrawal syndrome. It consists of assigning points for various symptoms observed over a set time period. The points are then totaled for an overall index score. A score of 0-20 points indicates mild illness; 20-30 points, moderate illness; and 30-35 points, severe illness. The observed symptoms and their point system is shown in the following table.

Himmelsbach points

Signs and symptoms	By day		By hour	
	Points	Limit	Points	Limit
Yawning	1	1	1	1
Lacrymation	1	1	1	1
Rhinorrhoea	1	1	1	1
Perspiration	1	1	1	1
Mydriasis	3	3	3	3
Tremors				
(twitching)	3	3	3	3
"Gooseflesh"	3	3	3	3
Anorexia (40 percent decrease in caloric intake)	3	3		
Restlessness	5	5	5	5
Emesis (each spell)	5		5	5
Fever (for each 0.1°C rise over mean addiction level)	1		1	10
Hyperpnea (for each resp./min rise over addiction level)	1		1	10
Rise in A.M. systolic BP (for each 2 mm Hg over mean addiction level)	1	15	1	10
Weight loss (A.M.) (for each pound from last day of addiction)	1			

history, drug

Taking a client's drug history is a procedure usually done at admission or intake for documenting a client's experience with drugs. It may involve only the verbal or written responses of the subject to a series of questions about types, dates, duration, and quality of drug experiences, but usually also includes observational notes on the part of the history taker. DeAngelis (1976:12) notes that these procedures are highly subject to abuse: "[The interviewer] must come to accept the fact that he will be lied to, that attempts will be made to con him, and that in fact, most of the subjective data he collects will be either irrelevant or untrue, or both." Despite its shortcomings, however, the drug history is an important part of the client record and often produces valuable data for planning treatment strategy.

holistic

Emphasizing the organic or functional relation between parts and wholes. Holism is a theory that states that the determining factors especially in nature are irreducible wholes. Contrast with allopathy.

holistic medicine

A treatment approach that deals with the complex whole needs of a person rather than just the malfunctioning or diseased part. It uses traditional biomedical techniques along with other approaches such as exercise plans and diet regimes to help build self-regenerative processes within the individual and frequently uses teams of health care workers (Hastings et al. 1980).

Treffert et al. (1976) argue that the holistic model is the most effective means for approaching and evaluating drug abuse treatment. They stress that drug abuse treatment should strive for total life changes, and success should be measured in the context of the facilitation of total person changes.

homegrown

Slang. Marijuana grown in or around the home for personal use or sharing with friends, as opposed to growth for commercial purposes. Marijuana is easily cultivated and can be grown undetected in small quantities on balconies, rooftops, gardens, clearings in wooded areas, and even in closets under artificial lights. Under the laws of most States, conviction for growing marijuana is deemed *prima facie* as "manufacturing with intent to distribute" and carries heavy penalties. The production of homegrown marijuana received a big

boost with the PARAQUAT scare that occurred in the mid-1970s.

homeostasis

A state of equilibrium within an individual brought about by internal regulatory processes. These processes are automatic and are largely chemical in nature, affecting physiological and psychological systems. Examples include maintenance of blood sugar level, body temperature, and heart rate. Endorphins may be involved in the addiction process by playing an important role in the body's internal homeostasis. Thus, research may ultimately lead to a medical treatment for a biochemical imbalance in addicted persons, similar to the use of insulin in the treatment of diabetes.

hops

The dried flowers of the hop vine, used to flavor beer. Hops belongs to the same family as cannabis (Cannabinaceae) and contains lupuline, which when dried is a yellow resinous substance that is chemically related to THC and produces a mild sedative effect when smoked.

hormone

Bodily chemical secreted by the endocrine glands into the bloodstream and that brings about specific actions in cell tissues throughout the body.

hospice

A type of nursing home used in Britain to treat terminally ill patients. Extensive research has been undertaken in British hospices by researchers such as Drs. Cicely Saunders and Robert Twycross on the medical efficacy of heroin in treating the chronic pain of terminal cancer patients (Zentner 1979; Twycross 1975).

hustling

Nonviolent means of making money illegally, such as theft, prostitution, pimping, drug-selling, and conning (Lingeman 1969). Some researchers exclude (DRUG) TRAF-FICKING from the definition. (RIS 27: 346--14 entries)

hydrocarbons

A large category of liquid, organic chemical compounds composed of carbon and hydrogen, produced only by carbonization from petroleum, coal, and plant life, which evaporate quickly at room temperature (though not as quickly as the vaporous ANESTHETICS) and are often inhaled for their intoxicant effects. Like other inhalants, the hydrocarbons have CNS depressants; commercially they are used as SOLVENTS, AEROSOLS, heating fluid,

and gasoline. The volatile hydrocarbons are commonly divided into the following categories: (1) chlorinated--CARBON TETRACHLORIDE, trichloroethane; (2) FLUOROCARBONS--the aerosol propellants, and (3) petroleum hydrocarbons--BENZENE, GASOLINE, NAPHTHA, and TOLUENE; (4) ketones and acetates--ACETONE. Classification: volatile inhalants.

hydrocodone bitartrate

A narcotic ANTITUSSIVE derived from codeine that exerts its effects on the CENTRAL NERVOUS SYSTEM. It is manufactured as Dicodid and is an ingredient in many cough preparations. Classification: narcotic analgesic agonists.

hydromorphone hydrochloride

An OPIOID five times more potent than MORPHINE as an ANALGESIC. Physical dependence develops after prolonged use, and withdrawal symptoms are similar to those of morphine in severity. Two mg provide the analgesia of 10 to 15 mg of morphine. Manufactured as Dilaudid. Classification: narcotic analgesic agonists.

hydroxyzine hydrochloride

An (ANTI-ANXIETY) TRANQUILIZER, manufactured as Atarax and Sedaril.

hypnotics

See sedative/hypnotics. (RIS 27:210--1 entry)



iatrogenic

Induced by a physician; used chiefly in regard to ailments or death. An iatrogenic illness is a functional disorder brought on by a physician's diagnosis or suggestions (Chaplin 1975).

identification

"The tendency to incorporate or adopt the attitudes and behavior of other individuals or groups. When the purpose of this reaction is to increase one's feelings of strength, security or acceptance by taking on the qualities of others, it can be classified as a defense mechanism. It generally operates on an unconscious or half-conscious level.

"Identification is probably the most important factor in shaping the personality and

establishing standards and goals." (Golden-son 1970)

"[The chronic drug user often] develops an identity as participant in a deviant career. He must relate to institutions, participate in a range of informal relationships, and develop various roles, in a relatively orderly manner. The drug subculture blunts the impact of harsh laws while permitting the user to assume a new deviant identity--via language, ideal self image, skills involved in getting and using drugs, and new norms and world view. The young user who may not have been able to deal with the conventional social system derives a new ideology in the user subculture." (Winick 1974). See also righteous dope fiend.

I.E. scale

A widely used scale developed by J.B. Rotter to yield scores on the dimension of internal and external LOCUS OF CONTROL.

illusion

A mistaken or distorted perception. Illusions may be of various sorts, including illusions of movement, perspective, and space, but they always involve the distortion of external stimulus patterns (Chaplin 1975). For example, the rustling of leaves is heard as the sound of voices (Diagnostic and Statistical Manual of Mental Disorders 1978). Contrast with hallucination; delusion.

imipramine hydrochloride

A tricyclic ANTIDEPRESSANT, manufactured as Tofranil. See also amitriptyline hydrochloride. (RIS 27:210--1 entry)

impotence

The inability of the male to perform sexually, or a lack of fertility. Broadly, a feeling of inability to control events (Chaplin 1975)..

indoleaminergic

See neurotransmission.

inebriation

The state of being drunk or habitually drunk. In the late 19th century and again in the 1930s and 1940s, inebriety was used to refer to alcoholism. During the latter period, this usage reflected a wish to avoid a formal diagnostic declaration implying a disease condition, while implying more than simple drunkenness (Keller and McCormick 1968). At the turn of the century it was also commonly used to refer to chronic users of any drug and was interpreted as

a diseased state (Jaffe 1978). See also alcoholism; drunkenness; intoxication.

infection

Medically, a contamination resulting from a disease-producing organism or matter; more generally, any corruption or harmful effect. Two hazardous infections--TETANUS and HEPATITIS--are common among those who inject drugs. Tetanus infections may result from subcutaneous injection, hepatitis infections from intravenous injection.

ingestion

See administration, routes of.

inhalants

See volatile inhalants.

inhibition

A mental blockage; a hesitancy to behave, particularly in a somewhat unconventional manner. In neurology, the stopping of an ongoing process or the prevention of a process from starting, as in the inhibition of antagonistic muscles (Chaplin 1975). (RIS 27:348--6 entries)

injection

The process of administering a drug by introducing or forcing it in liquid form into some part of the body usually by means of a syringe or hypodermic needle. Drug injections are classified as INTRAMUSCULAR, INTRAVENOUS, or SUBCUTANEOUS. See also administration, routes of; parenteral; mainlining.

in-kind contribution

Noncash contributions provided by a contractor or third parties. In-kind contributions include charges for real property and equipment, and the value of goods and services directly benefiting and specifically identifiable to a program. Used by drug abuse treatment and prevention programs to help meet State or local matched funding requirements for Federal financial assistance.

inpatient

One who is received into a hospital or similar institution, generally for temporary medical treatment and care (Fairchild 1976). Contrast with outpatient.

institutionalization

The process of placing a person in an organization or an establishment for corrective or therapeutic purposes. In sociology, the process whereby either an association or a procedure becomes increasingly organized, systematized, and stabil-

ized so that it tends to remain in existence beyond the life of any given participant (Hoult 1969).

insufflation

The inhaling of a substance. Psychoactive drugs most commonly insufflated are cocaine, heroin, and the volatile solvents. To be insufflated the substance must be in either powdered or gaseous form, which is absorbed through the membranes of the nasal and bronchial passages.

intake

The process of admitting a client into treatment. A routinized procedure that usually includes the taking of information on the client's demographics and medical history, a medical examination, an explanation of the program, and in certain cases a detoxification regime. NIDA has specific intake requirements for federally funded treatment programs. They are available from the Office of Community Assistance.

integrated drug use

Refers to a condition in which the use of drugs is a customary or commonly accepted phenomenon within a society as part of a larger life pattern, most commonly occurring in association with other social behaviors or selected settings, such as eating. Often implies not secular but endowed with ritual or ceremonial significance (Child et al. 1965).

intensified drug use

As defined by the U.S. National Commission on Marihuana and Drug Abuse, usually long-term, patterned use of drugs at a minimum level of at least once daily, motivated by an individual's perceived need to achieve relief from a persistent problem or stressful situation or by a desire to maintain a certain self-prescribed level of performance. A distinguishing characteristic of this class of behavior is the regular use of one or a combination of drugs, escalating to patterns of consumption that might be defined as (DRUG) DEPENDENCE (National Commission on Marihuana and Drug Abuse 1973:97).

intervention strategy

Any interference that may affect the behavior of others. In treatment, it is the therapist's direction of or influence on a client's actions (Wolman 1973).

intoxication

An abnormal acute or chronic state that in a medical sense is essentially a poisoning. An altered physiological state resulting from ingestion of a psychoactive

substance in which normal functioning is seriously impeded. Most frequently used in reference to drunkenness from the effects of alcohol in the organism, as manifested by such signs as facial flushing, slurred speech, unsteady gait, euphoria, increased activity, emotion, volubility, disorderly conduct, insensibility, or stupefaction (Keller and McCormick 1968). The condition of being drunk; INEBRIATION. The term does not necessarily imply DRUNKENNESS, but rather is often used to refer to a state falling within a continuum between drunkenness and a mild HIGH (Stivers 1976:98).

intramuscular

Within the muscles of the body. See also administration, routes of.

intravenous

Within a blood vessel. See also administration, routes of.

inventory

An instrument, usually in the form of a list of questions, for assessing the presence or absence of certain behaviors, interests, attitudes, and the like (Chaplin 1975). A personality inventory usually consists of a series of statements to which individuals respond about themselves either "yes," "no," or "?."

in vitro

Outside the living body and in an artificial environment.

in vivo

In the living body of a plant or animal.

isocarboxazid

An MAO INHIBITOR, manufactured as Marplan. Classification: antidepressants.



Jefferson Airplane

Slang. A crude device for holding a roach (marijuana cigarette butt) that is made by splitting a used paper match nearly in half, placing the roach in between, and holding the loose halves together with the fingers.

jogger's high

See runner's high.

joint

Slang. A MARIJUANA cigarette.

junkie

Slang. A person addicted to junk (i.e., heroin); a DOPE FIEND.

khat

The fresh leaves of the plant *Catha edulis*, which are chewed or drunk as tea in Yemen, East Africa, and the Arabian peninsula. It is a stimulant and is often used to reduce fatigue and hunger and to produce a feeling of exhilaration. Also spelled chat, q'at, and nat. Classification: stimulants--secondary.

kief

This term has many spellings and several meanings. On the American illicit drug scene it refers to the dried flower pods of the marijuana plant and is considered to be somewhat of a delicacy to smoke. In some parts of the Middle East it is used as a general word for marijuana. In Morocco it is the name for a mixture of marijuana and tobacco. It is also spelled kaif, keif, kif, and kiff. See marijuana.

kilo

A kilogram (2.2 pounds). Bulk sales of marijuana and heroin are often made in kilo lots and the drugs shipped in kilo packages. See also lid; brick.



LAAM

Levo-alpha-acetylmethadol, an OPIOID that has completed large-scale clinical trials as an alternative treatment drug to METHADONE. Whereas methadone must be taken daily, LAAM dosage is three times a week, does not yield a quick high, and appears to provide a level, sustained effect (Blaine and Renault 1976). Classification: narcotic analgesic agonists.

labeling theory

A perspective from which deviance is considered not a quality of the act the person commits but is instead a consequence of the application by others of rules and sanctions to an offender (Williams 1976). Behavior is deviant if people label it so. The labeling approach shifts the emphasis from the individual to the social-control apparatus.

tus that specifies behavioral sanctions. Another component of this theory is that the stigma of being labeled morally inferior may lead to further (SECONDARY) DEVIANCE and the rebuilding of one's self-concept in terms of the deviant behavior (Encyclopedia of Sociology 1981). (RIS 27:349--1 entry)

lability

The ready capability for change; readily or continually undergoing chemical, physical, or biological change or breakdown; the state of being unstable.

La Guardia Report

Short title for a study of marijuana ordered by New York Mayor Fiorello La Guardia in 1938, carried out by the New York Academy of Medicine, with the assistance of the New York Police Department. Headed by George B. Wallace, the committee was composed of 31 eminent physicians, psychiatrists, clinical psychologists, pharmacologists, chemists, and sociologists. The study was in two parts: a clinical study of the effects of marijuana and a sociological study of marijuana users in the city. The report refutes the STEPPING-STONE HYPOTHESIS, and generally stresses that the sociological, psychological, and medical ills commonly attributed to marijuana are exaggerated. See also National Commission on Marijuana and Drug Abuse.

laudanum

An alcoholic solution containing 10 percent opium; TINCTURE of opium. This was the first medicinal form of opium and up through the 19th century was sold without prescription and was used widely for a variety of illnesses. See also paregoric.

laughing gas

See nitrous oxide.

laws, drug

See the following specific drug laws: Harrison Narcotics Act of 1914; Narcotic Drugs Import and Export Act of 1922; Marihuana Tax Act of 1937; Uniform State Narcotic Drugs Act; Boggs Amendment; Narcotics Control Act of 1956; Drug Abuse Control Amendments of 1965; Drug Abuse Act of 1970. See also the following court cases: Linder v. U.S.; Robinson v. California.

learning theory

An attempt to account for the manner in which the response of an organism is modified as a result of experience. As stated at the turn of the century by Edward L. Thorndike, a principal premise of this theory is that behavior followed by a

reward will tend to be repeated and that behavior that is not rewarded will tend to fade away (Encyclopedia of Sociology 1981). A primary example of learning theory applied to the drug field is Becker's (1963) observation that an individual will be able to use marijuana for pleasure only when the individual goes through a process of learning to conceive it as a commodity that can be used in this way. No one becomes a user without (1) learning to smoke the drug in a way that will produce real effects, (2) learning to recognize the effects and connect them with drug use, and (3) learning to enjoy the sensations that are perceived.

LeDain Commission

See Commission of Inquiry into the Non-Medical Use of Drugs.

legal highs

Refers to legal herbs, spices, plants, and chemicals with psychoactive properties. There are dozens of substances commonly found in the home (e.g., nutmeg, coleus, catnip, hops), vegetable garden (e.g., BROOM, hydrangea, heliotrope), or through chemical supply houses that produce a broad range of pharmacological effects including hallucination, stimulation, and sedation. Each usually requires an extraction process to bring out the active ingredients. Many legal high substances are toxic (even deadly) at high doses or when ingested in an improper form (e.g., broom, nutmeg, parsley) and are often accompanied by unpleasant side effects such as nausea. Most, however, are harmless, milder forms of more potent, illicit psychoactive substances.

legalization

The act of giving legal sanction or validity to a behavior formerly illegal. See also decriminalization. (RIS 27:349--12 entries)

lettuce opium

See wild lettuce.

levallorphan tartrate

A NARCOTIC ANTAGONIST with mixed AGONIST and antagonist properties.

levo-alpha-acetylmethadol

See LAAM.

levorphanol tartrate

An OPIOID, manufactured as Levo-Dromoran. Classification: narcotic analgesic agonists.

Lexington Hospital

See Public Health Service hospitals.

liability, addiction

A differential risk of becoming addicted for various categories of drug users.

license

Permission or authority to do something that would be unlawful or wrong to do in the absence of permission or authority (Running Press Dictionary of Law 1976).

licensing

In regard to drugs, the regulation of sales through the issuance of special permits, usually under special controlled conditions and requiring payment of a fee. More generally, the granting of special permission to perform a specified act; the certificate or document granting this permission is called the license. See also controlled substances; monopoly systems.

lifestyle

Central life interest; the activities on which dominant emphasis is placed in the life of the individual. For the individual involved in a deviant subculture, the central life interest or major social role constitutes both the deviancy itself and the pursuit of the means necessary to sustain that deviance. A number of distinct lifestyles have been identified among drug-using populations; for example, Brotman and Freedman (1968) formulated a typology of four types of lifestyles that exist among heroin users: (1) conformist--highly involved in conventional life; (2) hustler--highly involved in criminal life; (3) two-worlder--highly involved in both conventional and criminal life; and (4) uninvolved--not significantly involved in either area. In drug use research, lifestyle research focuses on the means that are pursued to sustain one's drug use (Nurco 1972). See also career, addiction. (RIS 27:349--42 entries)

ligand

A molecule that has been formed from the complex union of two or more organic molecules. Peptides such as the ENDORPHINS, for example, are ligands of two or more amino acid molecules.

liquor

Usually refers only to DISTILLED SPIRITS (in contrast to BEER and WINE); sometimes any beverage containing ALCOHOL.

Linder v. U.S.

A 1925 Supreme Court case (268 U.S. 5) in which the court unanimously vindicated as neither improper nor unwise a physician's prescribing four tablets of morphine and cocaine for relief of a withdrawal con-

dition incident to opiate use. Under this ruling a physician in good faith and according to fair medical standards could give a drug-dependent person moderate amounts of opiates to relieve withdrawal symptoms without violating the HARRISON NARCOTICS ACT. At that time, the ruling had no practical effects on law enforcement authorities, who continued to threaten physicians with imprisonment for treating addicts (Austin 1978:219).

locomotor activity

Having to do with physical movement, such as walking and running. Impaired locomotor activity is a frequent symptom of PSYCHOTROPIC drug use.

locus of control

A descriptive dimension used to refer to the extent to which the behavior of a person is primarily determined by internal or external factors. A person is considered to have an internal locus of control if important reinforcements are expected to be contingent upon personal actions; a person is considered to have an external locus of control if reinforcement is attributed to luck, chance, fate, or powerful others. See also I.E. scale. (RIS 27:350--14 entries)

LSD

Generic name for the hallucinogen lysergic acid diethylamide-25. Discovered by Dr. Albert Hoffman in 1938, LSD is one of the most potent mind-altering chemicals known. A white, odorless powder usually taken orally, its effects are highly variable and begin within an hour and generally last 2-12 hours, gradually tapering off. It has been used experimentally in the treatment of alcoholics and psychiatric patients. It significantly alters perception, mood, and psychological processes, and can impair motor coordination and skills. During the 1950s and early 1960s, LSD experimentation was legally conducted by psychiatrists and others in the health and mental health professions. Sometimes dramatic, unpleasant psychological reactions occur, including panic, great confusion, and anxiety. Strongly affected by SET and SETTING. Classification: hallucinogens. Slang names: acid, sugar. See also appendix B. (RIS 27:211--52 entries)

PHENELZINE SULFATE (Nardil); and (2) nonhydrazine type--TRANYLCYPROMINE SULFATE (Parnate). Classification: anti-depressants.

M

mace

See nutmeg.

mainlining

Slang. The act of injecting a drug, usually HEROIN, into a vein; intravenous injection.

maintenance treatment

Treatment in which a person dependent on a drug, usually an opiate narcotic, is legally supplied with a daily ration of either the drug to which the person is dependent or a drug that will prevent withdrawal symptoms (e.g., METHADONE; CYCLAZOCINE; LAAM), thus enabling the person to function normally within the community. In the United States, because of strict interpretation and enforcement of the HARRISON NARCOTICS ACT OF 1914, until recently maintenance therapy was prohibited and doctors were prevented from giving narcotics to addicts for the relief of withdrawal symptoms. However, in the late 1960s METHADONE MAINTENANCE programs began to be established under clinical supervision. In Great Britain, on the other hand, maintenance treatment has long been part of government policy. Before 1968, addicts could obtain opiates, including heroin, from their physicians; since then, stricter controls have been placed on opiate narcotics and they may be obtained only through special clinics.

major tranquilizers

See tranquilizers, antipsychotic.

MAO inhibitors

Monoamine oxidase inhibitors, antidepressants related chemically to the AMPHETAMINES and used as psychic mood elevators, particularly in the treatment of psychotic depression. Potent, unpredictable drugs, they are capable of producing a variety of dangerous side effects. Deaths have resulted from their administration in conjunction with the following substances, whose effects they potentiate: alcohol, amphetamines, depressants, antihistamines, sedatives, anesthetic drugs, and insulin. MAO inhibitors are divided into two categories: (1) the hydrazine type--ISOCARBOXAZID (Marplan), NIALAMIDE (Niamid),

Marihuana Tax Act of 1937

The first Federal law designed to locate and control those individuals engaged in transactions involving marijuana by requiring all persons who handled the drug to pay a tax, register as handlers, and record their transactions. The act provided that (1) all persons using the plant for defined industrial or medical purposes must register and pay a tax of \$1.00 per ounce, (2) all those using it for purposes undefined by the act must pay a tax of \$100 per ounce on unregistered transactions, and (3) all persons failing to comply with the above regulations were subject to penalties of tax evasion (a fine of not more than \$2,000 and/or a prison sentence of not more than 5 years). While theoretically only a means of raising revenue, the act was designed to eliminate recreational use (concerns over which had recently escalated), by making users who made purchases on the illicit market and who, therefore, did not pay the high tax liable to arrest on charges of tax evasion. The law was formulated as a tax measure because many people still argued that Federal control over drug use and over the prescription practices of the medical profession was unconstitutional (Austin 1978; Grinspoon 1977:21).

marijuana

An ambiguous term related to the varieties of CANNABIS plants cultivated for their intoxicating properties. Marijuana may refer specifically to the fresh plant or to the dried and shredded preparation made from the flowering tops, stems, and leaves of the female. It is also used to refer generally to all of the various intoxicating cannabis preparations. For example, descriptions of "the effects of marijuana" usually relate to all of the various preparations. The phrases "marijuana joint" or "bag of marijuana" refer to the leafy, dried product.

Marijuana is one of the world's oldest cultivated plants. It was grown by the Assyrians for use as incense in the 9th century B.C. It has, thus, been in use for thousands of years, spreading from the Near East, Central Asia, Africa, South America, and Europe to North America. It is found today in nearly all sectors of the globe despite its near-universal contraband status, and it is deeply ingrained in

the cultures of many countries such as India, Jamaica, Morocco, and Nepal.

Recent survey data suggest that marijuana use is making significant inroads in the United States. The 1979 NATIONAL SURVEY ON DRUG ABUSE sponsored by NIDA indicates that two-thirds (68.2 percent) of young adults age 18 to 25, three in ten (30.9 percent) of youths age 12 to 17, and one-fifth (19.6 percent) of older adults age 26 and over report having ever used marijuana. From 1977 to 1979, there was a significant increase in both prevalence and current use rates reported among young adults and older adults, but not among youths. The experience level (tried at least once) for young adults rose from 59.9 percent in 1977 to 68.2 percent in 1979 while current use increased 8 percentage points (27.4 percent to 35.4 percent). Among older adults, lifetime prevalence increased from 15.3 percent in 1977 to 19.6 percent in 1979 and current use rose from 3.3 percent to 6.0 percent.

Why marijuana's current surge of popularity in the United States? Peer pressure, curiosity seeking, less fearfulness about side effects, and antiestablishment symbolism are all involved to a degree. But certainly the most important factor is the intoxicating effect of the drug itself. The type of altered sense of reality created by marijuana is the bottom line of why it is experiencing such widespread use today.

While marijuana is consumed for its effects, what a user may actually experience is highly variable and uncertain and may range from zero effects to hallucinations and from relaxed euphoria to acute feelings of panic and discomfort. The effect achieved depends upon the environment in which the drug is consumed, user feelings at the time of consumption, and the dose. The dose, in turn, depends upon the route of ingestion—usually smoked (cigarette or wet or dry pipe) or eaten (solid or liquid preparations)—and THC content (near 0 percent in hemp to 60 percent in crystallized hash oil). It is this broad possible combination of variables that makes the effects of marijuana highly inconsistent between users and for an individual user from one time to the next.

The desired effects of marijuana have been variously described as a sense of well-being, a dreamy state of relaxation and euphoria, diverted alterations in thought formations, a more vivid sense of touch and perceptions, and distorted concepts of time and space. Symptoms fairly com-

monly, but not always, associated with marijuana use are reddening of the eyes, dryness of the mouth, hunger, mild TACHYCARDIA, and reduction of pressure in the ocular fluid of the eyes.

Whether the effects of marijuana are subject to TOLERANCE is open to differences of opinion. There are strong indications, however, that tolerance does occur. Smith and Seymour (in press) postulate that the tolerance associated with marijuana use would take the form of a "U" curve if the degree of tolerance is plotted on one axis and the extent of use plotted on the other. Novices (because of inexperience, resistance, and largely unknown reasons) often exhibit a high tolerance to the intoxicating effects of marijuana. Occasional users experience the lowest tolerance, and therefore get high easier. Heavy users, like novices, also exhibit tolerance and seldom receive the full impact of the drug effects once experienced at earlier stages of use, according to Smith and Seymour.

The adverse effects of marijuana may be either acute or chronic. Acute adverse effects include the acute behavioral toxicities and the acute toxic reaction. Acute behavioral toxicities include interference with immediate memory and other intellectually related skills. Such toxic effects pose definite impediments to positive performance in the classroom, particularly by adolescents. Another form of acute behavioral toxicity to marijuana use is believed to result in impaired driving skill and erratic driving. Safety-threatening decreases in reaction time, perceptual-motor coordination, and attention may be experienced.

The other type of acute adverse reaction is the acute toxic reaction in which the user may experience anywhere from mild to extreme discomfort from the effects of the drug. The intoxication brings on a sense of loss of control, fear, and self-doubt. Dr. David Smith and his associates (Smith and Seymour, in press) at the Haight Ashbury Free Clinic in San Francisco have observed the acute reaction to marijuana and describe the malady as follows ". . . marijuana can precipitate an acute psychotic reaction in a marginally adjusted or poorly organized personality. In such cases, the psychosis is characteristic of the personality structure of the user, not of the drug. The drug intoxication merely triggers the psychosis. This can happen with a variety of drugs, including LSD and PCP. Even with better organized personalities, cannabis can precipitate severe,

though less profoundly disorganizing, psychological changes, particularly in the presence of threatening environmental stimuli. Intoxication may produce a keener awareness of existing stresses and may hinder the ability to maintain structural defenses. In both cases, problems can occur for persons who are quite familiar with the drug but who are caught in a confluence of various psychosocial stresses, threatening stimuli, or a higher dose of marijuana than the individual is used to."

Marijuana has been suspected of having an impact on several of the body's major organs and functional systems, resulting in chronic adverse effects. Among the various targets of current investigation are the heart, lungs, immune system, brain, endocrine system, reproductive system, and cell chromosomes.

The most conclusive evidence of adverse effects relates to the lungs. Heavy marijuana smoking poses all the potentially threatening risks associated with heavy tobacco cigarette smoking, including chronic bronchitis, emphysema, and lung cancer. Marijuana can increase the heart rate in individuals, and it can reduce the sperm count and motility in males and interfere with fertility in females. Studies of pregnant nonhuman primates and rats have shown that marijuana consumed at comparable human dosages posed serious threats to their fetuses. There is also evidence that marijuana use can precipitate seizures among epileptics. The use of marijuana is, therefore, unwise and contraindicated among individuals with heart conditions, fertility problems, pregnancy, or epilepsy.

Evidence related to the adverse effects of marijuana on the immune system, endocrine system, and cell chromosomes is contradictory and inconclusive. Studies of brain damage or brain atrophy resulting from prolonged marijuana use have been largely negative in their findings. The issue of whether chronic adverse psychological effects result from heavy marijuana use remains cloudy, but many clinicians, including Dr. William Pollin, Director of NIDA, feel that regular use of marijuana may seriously interfere with psychological functioning (Pollin 1979:6).

The chemistry of marijuana, a natural, organic substance, is extremely complex. Its chemistry also changes from the fresh plant, to the dried preparation, to the inhaled smoke produced by burning. Dried marijuana contains over 420 chemical com-

pounds, including 61 chemicals--the cannabinoids--that are specific to cannabis. Delta-9-THC is generally cited as the psychoactive ingredient of marijuana, but recent research suggests that other compounds acting independently or interacting with delta-9-THC also contribute to the intoxicating potency of the drug. (For a description of the botanical nature of marijuana, see cannabis.)

Research on the metabolism of marijuana has centered primarily on THC. Like nearly everything else associated with marijuana, the metabolic process is complex and not entirely understood. It has been briefly described by Dr. Reese Jones (1980:57-58) in the following manner: "After absorption, because THC is so fat soluble, it leaves the bloodstream very rapidly. . . . The THC in the blood is rapidly changed to 11-hydroxy-THC, a metabolite that is also psychoactive, and to at least 20 other known metabolic products that are either relatively inactive or have unknown activity. This metabolism mostly occurs in the liver. . . . THC leaves the blood rapidly, not only because it is metabolized but also because of its efficient uptake by tissues. An understanding of the pharmacologic properties of THC is necessarily complex because of its complicated pharmacokinetic behavior: that is, its apparent entry into multiple body compartments, THC's multiple metabolites, the formation of both active and inactive metabolites, and the tendency for THC and metabolites to bind tightly to proteins in the blood and to remain for long periods of time in fatty tissues. While stored in body fats, THC and its metabolites are slowly released back into the bloodstream. Thus, 5 days after a single injection of THC, 20 percent of the THC remains stored, while 20 percent of its metabolites remain in the blood. Complete elimination of a single dose can take 30 days. After the passage of about 6 hours, the step that limits the rate of elimination of unchanged THC in the blood is not its metabolism but rather the very slow return to the plasma of THC that has been sequestered in the tissues. . . . Given the slow clearance of cannabinoids, one might predict that repeated administration of marijuana at intervals of less than 8 to 10 days should result in accumulation of THC or its metabolites in the tissues."

The dosage of THC contained in marijuana is extremely variable and, for the ordinary user, unpredictable. The potency of dried leafy marijuana depends upon a number of variables including the genetics of the plant, the soil and climate in which it was

grown, when and how it was harvested, its sex, how it was prepared, the parts used, and how it was stored before use. THC content also varies radically across the spectrum of marijuana preparations: hemp and wild U.S. cannabis (less than 0.5 percent); cultivated marijuana (0.5 to 5 percent--1 to 2 percent common); sinsemilla (up to 6 percent); hashish (8 to 14 percent); hash oil (15 to 40 percent); hash oil crystals (up to 60 percent). The University of Mississippi School of Pharmacy, under contract with NIDA, grows, harvests, prepares, and assays an assortment of standardized marijuana strains. The samples are labeled with their exact cannabinoid content and are distributed for use in research projects around the country.

Marijuana has been used as a medical agent since antiquity. The Chinese employed it as an anesthetic 5,000 years ago. The ancient Persians, Greeks, Romans, East Indians, and Assyrians used cannabis to control muscle spasms, reduce pain, and treat indigestion, and it has since been used as an herbal preparation in folk medicine in Asia and Africa. It was accepted into "professional" Western medicine around 1839 and enjoyed medicinal status throughout the 19th century for the treatment of a host of ills from insomnia to menstrual cramps. At one time marijuana extracts were available from such major pharmaceutical houses as Parke-Davis, Squibb, and Lilly (Young et al. 1977:130). With passage of the proscriptive MARIJUANA TAX ACT OF 1937, medicinal marijuana products became more difficult, and less popular, to prescribe. In 1941 marijuana was dropped from the two official compendia of drugs in the United States, the U.S. PHARMACOPEIA and the NATIONAL FORMULARY, although it has continued to be used therapeutically in Asia and the Middle East.

Despite the prejudice and taboo status marijuana has received in the United States for most of the 20th century, scientists are again looking at it for its medicinal properties. Marijuana, or its derivatives, are being tested as potential treatment aids for loss of appetite, anorexia nervosa, heart attack, migraine headache, hypertension, asthma, epileptic seizure (see cannabidiol), spasticity, and insomnia. Two of the more promising areas of medical application are for the treatment of ocular pressure associated with glaucoma and as an antiemetic for controlling the nausea side effects of certain anticancer drugs. There is also evidence marijuana can be effective in controlling the spasticity suffered by individuals with multiple sclerosis,

stroke, cerebral palsy, paraplegia, and spinal cord injuries. Currently 32 States have passed laws facilitating the use of marijuana in research and treatment. Marijuana is classified as a Schedule I drug by the DEA, which operationally defines it as a hallucinogen without medical application. A bill is now pending in the U.S. Congress that would reschedule marijuana to allow its use in medical treatment and provide for the availability of therapeutic marijuana to the medical community.

Is marijuana saint or sinner? It is more than likely neither, being not easily reduced to simplistic notions of all black or all white. It is legally contraband, but it is widely used. It is undoubtedly toxic, but it also has medical uses. It is the recreational drug of choice of millions of adults (an estimated 16 to 20 million current users), but it is nearly universally considered to be ruinous for adolescents. It is the target of liberation by the political far-left and the target of vilification by the far-right.

Some practicing clinicians in the drug abuse field feel that while marijuana use should not be condoned, other widely used drugs such as alcohol and tobacco pose more of an immediate public health danger to society. Smith and Seymour (in press), for example, observe that "the overall issues surrounding marijuana toxicity are emotionally charged and fraught with contradictions. At the same time that enculturation of marijuana use is spreading across population barriers and becoming fashionable in a wide variety of circles, public officials and health professionals seem to be finding it politically expedient to take a hard line against its use. One unfortunate reaction to this surge toward abolition is an evident downgrading of the dangers our young face from alcohol and tobacco, two drugs whose physical dangers have been demonstrated beyond a doubt. What we are seeing is a condoned resurgence of these drugs of high abuse potential by the dominant culture, while the postulated dangers of marijuana are magnified in the public eye. For example, in recent national meetings on marijuana, one drug expert indicated that marijuana is the number one public health problem among youths, while another drug expert stated that he would rather see youths use short-acting drugs like alcohol and tobacco rather than marijuana. All scientific indicators demonstrate that alcohol produces far more damage and public health risk in adolescents than does marijuana, and the statements described above

are based not on scientific evidence but rather appeal to public stereotype and current political ideology that overstates the dangers of marijuana and underreacts to the problem of alcohol. There are . . . clinically demonstrated instances of acute and chronic toxic dangers involving the use of marijuana. However, these dangers and other postulated effects must be viewed in perspective relative to other drug abuse problems in our society, including legally sanctioned drugs such as alcohol and tobacco."

Research on marijuana continues. While few findings on the drug's effects have been definitive, the notion that marijuana is "safe" is facing a mounting challenge. According to NIDA's Dr. William Pollin (1979:10), "Unfortunately, the hesitancy of the scientific community in not drawing unwarranted definitive conclusions from what are preliminary research findings has led many to conclude that marijuana is without serious medical hazard, even for the very young. In reality, the situation is more like that following the popularization of cigarette smoking at the time of World War I. It required 50 years of research for the truly serious implications of cigarette smoking to become apparent . . . while much remains to be learned about the health implications of marijuana . . . our present evidence clearly indicates that it is not a 'safe' substance . . . virtually all clinicians working with children and adolescents agree that regular use of marijuana by youngsters is highly undesirable . . . there is little serious question that regular use of an intoxicant that blurs reality and encourages a kind of psychological escapism makes growing up more difficult. While there is controversy over the implications of present research concerning adult use, few would argue that every effort should be made to actively discourage use by children and adolescents."

Also spelled marihuana. Classification: cannabis. See also Alliance for Cannabis Therapeutics; American Council on Marijuana; amotivational syndrome; bhang; cannabis; charas; ganja; hashish; hash oil; hemp; kief; kilo; National Commission on Marijuana and Drug Abuse; National Federation of Parents; NORML; paraphernalia; paraquat; sinsemilla; Thai sticks; THC. Slang names: pot, grass, reefer. See appendix B for other slang names. (RIS 27:211--223 entries).

maturing out

A term sociologists first applied to adolescent urban gang members who tended to

give up their gang association when they entered their twenties. When Charles Winick analyzed the Federal Bureau of Narcotics inactive file of addicts (files with no new report entries for 5 years), he discovered that addicts who had been using heroin for 10 years tended to become inactive in the FBN's files at about age 30. Winick (1962) hypothesized that these individuals went through a maturing-out process similar to the urban gang members.

Don Waldorf (1973) suggests that length of heroin use may be more important than age as a factor in the cessation of heroin use. He states that, "It may be that persons 'burn-out' of heroin use and addiction after an extended period of use rather than mature-out with age." (RIS 27:351--15 entries)

Mayor's Committee on Marihuana
See La Guardia Report.

mazindol

A SYMPATHOMIMETIC AMINE used as an ANORECTIC. Manufactured as Sanorex. Classification: stimulants--primary.

MDA

See methylenedioxyamphetamine.

medical complications

Medical problems that occur among drug users but are not necessarily caused by drug effects.

medical drug use

The use of licit prescription and nonprescription drugs for their intended medicinal purposes. Contrast with nonmedical drug use.

medical models

Explanatory models that tend to define drug abuse or addiction in medical, not social, terms. Drug abuse is seen as a chronic disease rather than a social problem, an aberrant phenomenon afflicting otherwise healthy individuals. Attention is focused on the drug taken as a disease-causing agent, rather than on the personality of the drug user or the society in which the user lives. The individual and/or social needs to take the drug are deemphasized, and efforts are usually directed toward medical cures and drug abuse prevention measures (Jacobs 1976: 115; Siegler and Osmond 1968). See also psychosocial models. (RIS 27:351--14 entries)

mepiperidine hydrochloride

One of the most widely used of the OPI-

OIDS, especially in childbirth and for relief of other severe pains. A drug frequently preferred by opiate narcotic abusers in the medical professions, it has pharmacological effects similar to MORPHINE. Manufactured as Demerol. Classification: narcotic analgesic agonists. (RIS 27:214--1 entry; Demerol, RIS 27:204--2 entries)

meprobamate

One of the (ANTI-ANXIETY) TRANQUILIZERS used for muscle relaxation and sedation. Meprobamate is less potent than the minor tranquilizers derived from BENZODIAZEPINE such as chlordiazepoxide hydrochloride (Librium) and diazepam (Valium). Manufactured as Miltown and Equanil. Classification: sedative/hypnotics. (RIS 27:214--1 entry)

mescaline

An ALKALOID, with hallucinogenic properties, either derived from the heads or "buttons" of the PEYOTE cactus or produced synthetically. It is less potent than LSD, but like LSD it alters perception and can produce hallucinations. Effects appear within 2 to 3 hours and last from 4 to 12 hours or more. Mescaline belongs to the same chemical group as TMA and MDA (the phenylethylalanines) and is chemically related to adrenaline. Slang names are listed in appendix B. Classification: hallucinogens. (RIS 27:214--7 entries)

metabolic disorder theory of addiction

A drug addiction paradigm that views addiction as a function of the manner in which the drug is metabolized by the body. For example, Dole and Nyswander (1967) hold that although initial heroin use may be psychological in origin, it is the variable "imprint" of the drug on the nervous system that causes the protracted addiction syndrome. By treating narcotic addiction as a metabolic disease with the use of a narcotic antagonist such as methadone, the narcotic hunger that results from the physical effects of the opiates is prevented, thus allowing the individual to live a more normal life. On this theory, see also Lukoff (1977:216-217). See also addiction.

metabolism

The process by which the body, using enzymes and other internal biochemicals, breaks down ingested substances such as foods and drugs so they may be consumed and eliminated.

metabolite

The biochemical byproduct resulting from the metabolism of a substance. A metabolite may produce a chemical effect that is

altogether different from that of the original substance.

methadon

Original American spelling of the drug METHADONE HYDROCHLORIDE.

methadone hydrochloride

An OPIOID largely used in the maintenance treatment of HEROIN dependency because (1) it prevents heroin withdrawal symptoms; (2) it fulfills the addict's physical need for the drug; (3) at sufficiently high doses it blocks the effects of heroin through CROSS-TOLERANCE, thus a shot of street heroin while undergoing methadone treatment will probably give no pleasurable effect; (4) it is a longer acting drug than heroin, the average dose lasting 24 hours, thus making it more convenient to administer; (5) it is effective orally, thus breaking the reliance on the ritual of injection; and (6) it can be dispensed at a treatment center. The ultimate aim is to wean addicts from heroin and the heroin lifestyle and allow them to adjust to a new lifestyle through which they can then withdraw from methadone and live drug free. It is thus often used not only for maintenance but for DETOXIFICATION from opiate addiction by reducing doses gradually over a short period. Critics argue that because the patient is still dependent on an opiate narcotic, it is doubtful users will ever withdraw from methadone. Data have shown not only that people can become addicted to methadone in such legal settings, but that some people continue to use heroin and other illicit drugs while taking methadone and that for many methadone has become a drug of preference, thus generating an active illicit market. Some patients complain that methadone and the daily "treatment" process is just as disruptive as heroin use. Recently, a new synthetic opiate, LAAM, has been advocated as an alternative to methadone for treatment purposes because daily doses are not needed. Slang name: dolly. Trade name: Dolophine. Classification: narcotic analgesic agonists. (RIS 27:214--125 entries)

methadone maintenance

An ambulatory treatment program of maintenance of heroin addicts on METHADONE, begun experimentally in 1964 at Rockefeller University Hospital, New York. There are two types of programs: the original high-dose model, originally developed by Drs. Vincent Dole and Marie Nyswander in the early 1960s (Dole and Nyswander 1965); and the low-dose model. Both models use the oral administration method,

generally in liquid form and dissolved in fruit drinks. In the high-dose model, treatment begins by increasing the patient's tolerance until it can accommodate a daily dosage of between 50 and 120 milligrams. The low-dose model stabilizes the patient on 30 milligrams or less a day. (RIS 27:351--76 entries; methadone patients, RIS 27:288--53 entries)

methamphetamine hydrochloride

A central nervous system stimulant; similar to amphetamine sulfate (Benzedrine) but more potent. The favored drug among habitual amphetamine users, who frequently take it by intravenous injection, which produces an almost instantaneous onset of the drug's effects, which many users compare to a sexual orgasm. Manufactured as Methedrine and Desoxyn. Classification: stimulants--primary. Slang names: meth, speed, crystal. See also appendix B. (RIS 27:216--25 entries; amphetamines, RIS 27:199--136 entries)

methaqualone

Nonbarbiturate sedative/hypnotic that produces sleep for about 6 to 8 hours, originally marketed as an alternative to BARBITURATES. When taken in large doses for purposes other than sleep inducement, it produces muscular relaxation, feelings of contentment, and total passivity, a state somewhat resembling drunkenness. First synthesized in 1951, it was once believed not to have the adverse side effects associated with barbiturates; recent reports stress that it has no advantages over other sedatives (Falco 1975). Trade names include Hymnal, Mandrax, Parest, Quaalude, Somnafac, and Sopor. Classification: sedative/hypnotics. Slang names: ludes, mandrakes, sopors, quads. See also appendix B. (RIS 27:216--2 entries)

metharbital

A long-acting BARBITURATE used in the treatment of epilepsy to control seizures. Manufactured as Gemonil. Classification: sedative/hypnotics. (barbiturates, RIS 27:202--48 entries)

methyl benzene

See toluene; also benzene.

methylenedioxyamphetamine (MDA)

A synthetic hallucinogen related both to Mescaline and the AMPHETAMINES, which is usually swallowed. At low dosage, users report a sense of well-being with heightened tactile sensation, intensified feelings, but without hallucinations or distortions. Higher doses produce effects more similar to those of LSD. MDA and mescaline

belong to the same chemical group (the phenylethylalanines) and are chemically related to adrenaline. Classification: hallucinogens.

methylmorphine

See codeine.

methylphenidate hydrochloride

A CNS stimulant similar to AMPHETAMINE, often prescribed for the treatment of hyperkinesis in children and for weight control in adults. Manufactured as Ritalin. Classification: stimulants--primary. See also phenmetrazine hydrochloride. (RIS 27:216--6 entries)

methypylon

A nonbarbiturate SEDATIVE/HYPNOTIC, manufactured as Noludar.

milieu therapy

Socioenvironmental therapy in which the attitudes and behavior of the staff of a treatment service and the activities prescribed for the patient are determined by the patient's emotional and interpersonal needs. This therapy is an essential part of all INPATIENT treatment (A Psychiatric Glossary 1975).

In drug abuse treatment programs, a set time and place is reserved for this interaction among clients and with the staff within the milieu of the treatment center. Subjects frequently include learning to talk with people about things other than drugs, interacting with others without letting anger turn to violence, learning to ask for help when help is needed, learning to have a good time without having to get high, and learning to cope with new and unfamiliar situations (Maglin 1975).

mimetic

Imitative. See also psychotomimetic.

Minnesota Multiphasic Personality Inventory (MMPI)

A personality questionnaire consisting of 550 items answerable by the responses "true," "false," or "cannot say." The responses distinguish certain psychopathological configurations and syndromes as well as normal characteristics. Responses are interpreted using 14 scales each with a different title, alphabetic abbreviation, and numerical code. The abbreviations and codes for the MMPI scales are: (1) Hs--hypochondriasis; (2) D--depression; (3) Hy--conversion hysteria; (4) Pd--psychopathic deviate; (5) Mf--masculinity-femininity; (6) Pa--paranoia; (7) Pt--psychasthenia; (8) Sc--schizophrenia; (9)

- Ma--hypomania; and (10) Si--social introversion. The four validity scales are: lie (L) score (indicating subject's attempts to "look good"); question scale ("cannot say" responses); the validity score (a check on response validity); and the K score (a correction factor for the entire record). The MMPI is widely used, often in conjunction with other tests, as a screening tool by schools, employers, and the military. It is also used as a counseling aid, providing a portrait of the respondents' personality characteristics and pathological tendencies.
- misdemeanors**
Criminal offenses less serious than felonies that are punishable by a fine or a sentence of up to 1 year in a local jail. Contrast with felony. (RIS 27:353--7 entries)
- misrepresentation, drug**
The substitution of a substance or combination of substances for an alleged drug, such as LSD for mescaline, or sugar for cocaine. See also dilution; adulteration.
- misuse, drug**
A term often preferred as a substitute for DRUG ABUSE (Kaufman 1977).
- MMPI**
See Minnesota Multiphasic Personality Inventory.
- modality**
See treatment modalities.
- Monitoring the Future**
An annual survey of high school seniors conducted since 1975 by the Institute for Social Research, University of Michigan, Ann Arbor, Michigan 48106.
- The series presents descriptive statistical results from surveys of 130 public and private high schools and 16,000 to 18,000 seniors. The issues addressed include--
 drug use and views about drugs
 changing roles for women
 confidence in social institutions
 intergroup and interpersonal attitudes
 concerns about conservation and ecology
 social and ethical attitudes
- The 812 questions dealing with drugs cover drug use and related attitudes and beliefs, drug availability and exposure, surrounding conditions, social meaning of drug use, and views of parents, friends, and others regarding drugs.
- monoamine oxidase inhibitors**
See MAO inhibitors.
- monopoly systems**
Schemes for the wholesale purchasing and package retailing of drugs through a central State agency. The design is to reduce consumption, or commercial promotion, through disinterested management or the elimination of private profit. The agency's official stores or, in some cases, specially authorized agents, perform the retailing. In some monopoly systems, licenses are also granted for fees to privately owned outlets such as stores, restaurants, taverns, and hotels. Seventeen U.S. States operate some form of alcohol monopoly system (Keller and McCormick 1968). See also licensing.
- moral conduct**
A form of behavior that involves a consideration or choice of right and wrong, judged in terms of a standard of values or morals, toward which a person recognizes a duty or feels a sense of responsibility. It includes both acceptable and unacceptable or immoral forms of behavior (Fairchild 1976).
- morning glory**
A flowering vine plant of the bindweed family originally grown in South America and Mexico. It is widely used in the United States as a garden plant. Its seeds contain lysergic acid amide and when consumed in large quantities (5 to 10 grams) have hallucinogenic effects. Two varieties with high lysergic content are heavenly blues and pearly gates. Many seed supply houses treat their morning glory seeds with toxins to prevent recreational use or methyl mercury to prevent spoilage. Consumption of treated seeds can induce diarrhea, vomiting, nausea, chills, dizziness, abdominal pain, and mercury poisoning.
- morphine**
The principal active ingredient in OPIUM. (Raw opium is composed of approximately 10 percent morphine by weight.) Isolated in 1803 and named after Morpheus, the Greek god of dreams, morphine first received widespread use in the United States during the Civil War. (See ARMY DISEASE.) Still one of the most useful of medical drugs, it is considered by some to be superior to all other pain relievers. In addition to pain relief, it reduces drive states and encourages sleep. Since the Harrison Narcotics Act and the spread of heroin use, the recreational use of morphine has declined, although the subjective effects of the two drugs in equivalent potencies are almost identical. Slang names are listed in appendix B. Classification: narcotic analgesic agonists. See also Brompton cocktail. (RIS 27:217--14 entries)

multiple drug use

The nonmedical use of two or more drugs taken simultaneously or so closely in time that the effects of the first drug have not worn off when the second one or later drugs are taken. The term multidrug use is not applied to a stepwise progression in the use of different drugs (Kaufman 1977). See also polydrug use. (RIS 27: 355--25 entries; multi-drug, RIS 27:217--214 entries)

multimodality treatment

A program that uses two or more treatment approaches.

N

Nalline

The trade name for NALORPHINE.

Nalline test

See Narcan test.

nalorphine

A semisynthetic derivative of MORPHINE, manufactured as Nalline. It counters the depression of the central nervous system created by opiate narcotics and is often valuable in the treatment of narcotic overdoses by abolishing respiratory depression. Nalorphine precipitates pupil dilation in the presence of opiates, which is the basis for the Nalline test. (See under NARCAN TEST.) Classification: narcotic antagonists.

naloxone hydrochloride

An opiate NARCOTIC ANTAGONIST, of short duration in action, useful intravenously but relatively ineffective in oral administration. A synthetic CONGENER of OXYMORPHONE HYDROCHLORIDE. Manufactured as Narcan.

naloxone challenge

See Narcan test.

naltrexone

A pure opiate narcotic antagonist developed by Endo Laboratories (Endo 1639A) in 1963; an analog of naloxone hydrochloride. It has the qualities of being effective orally, long acting, and relatively free of unpleasant side effects, and it does not produce opiate withdrawal symptoms with sudden discontinuation (Schechter 1980; Julius and Renault 1976).

The naltrexone treatment experience, while still in the clinical trial stage, has had mixed results. The efficacy of the drug in terms of its duration and opiate blockade effect has been well documented. Naltrexone treatment research programs, however, have been characterized by relatively high client dropout rates. Some therapists have concluded that naltrexone therapy is closer to a drug-free approach than to other chemotherapies such as methadone maintenance and, as such, must be reinforced with strong nonchemical program elements (Taintor et al. 1975; Resnick and Schuyten-Resnick 1976). See also narcotic antagonist; conditioning theory; extinction; sequential treatment. Classification: narcotic antagonists.

naphtha

A highly flammable hydrocarbon obtained by the distillation of petroleum and similar to kerosene and gasoline. It has long been used as a SOLVENT in cleaning fluids and is inhaled for its intoxicating effects. Also called petroleum ether. Classification: volatile inhalants.

NARA

See Narcotic Addict Rehabilitation Act.

Narcan test

A test used to determine opiate dependency. Also known as the naloxone challenge. Another similar procedure is the Nalline test. Both tests rely upon the narcotic antagonistic properties of these drugs to induce visible symptoms when administered to persons with opiates in their systems. These types of tests are frequently used to monitor the use of opiates among inmates in prison.

The Nalline test is the older of the two--over 100,000 of these tests have been performed annually in the California State prison system alone. The test is based upon the concept that a small dose of nalorphine (Nalline) produces an increase in pupil size in a person actively addicted to narcotics. The subject is placed before a constant lighting source, the pupils are measured, 3 mg of nalorphine is injected subcutaneously, and pupil measurements are taken again 20, 30, and 40 minutes after the injection. Increased pupil dilation of more than 0.5 mm is considered a positive test (DeAngelis 1976).

Naloxone (Narcan), unlike nalorphine, is a pure antagonist, and either alone or in combination with nalorphine has shown evidence of producing more reliable results than the Nalline test. DeAngelis (1976:22)

describes the concept underlying the Narcan test as follows:

"In the nontolerant, nondependent subject there is no effect normally. In the subject who has recently had an opiate the pupil will be abnormally constricted. The antagonist Narcan will dilate the pupil. If this happens, the presence of an opiate in the system is suggested but no evidence for dependence has been found.

"Narcan has been introduced as a test for physical dependence. It causes 'goose-flesh,' which is a typical sign of withdrawal and has nothing to do with acute opiate actives. This sign should be largely independent of whether or not the addict has recently used an opiate. If he is not dependent, the sign will not be elicited." See also narcotic antagonist.

narcolepsy

A condition characterized by fits of sleep or uncontrollable feelings of extreme sleepiness. It may be pathological in nature and may also result as a side effect of certain drugs. (RIS 27:355--6 entries)

narcosis

From the Greek "narkosis," a numbing. A reversible state of pathological reduction in responsiveness and a marked slowing down of the physiological system; a state characterized by stupor or insensibility and a feeling of painlessness or well-being (Chaplin 1975; Dorland's Illustrated Medical Dictionary 1974).

narcotic

Medically, usually refers to any drug that dulls a person's senses and produces a sense of well-being in small doses, and causes insensibility, stupefaction, and even death in large doses. A drug capable of producing NARCOSIS. Sometimes incorrectly used to refer to all CNS depressants, including barbiturates and alcohol, and the belladonna group of hallucinogens. Some insist that only those depressant drugs that both sedate and numb or dull the sensation of pain (produce ANALGESIA) should be so classified, thus limiting the use of the term to OPIUM, the OPIATES, and the OPIOIDS. The term was often used loosely in the 19th century to refer to all nonalcoholic drugs, particularly those that could produce sleep or hallucinations. Beginning in the early 20th century, the term came to be a synonym for disapproved, illicit drugs, or any "street" drug used recreationally that produced sleep or hallucination and/or appeared addicting or harmful. America's first Federal antinar-

cotics law, the HARRISON NARCOTICS ACT OF 1914, included cocaine as a "narcotic." Marijuana, peyote, and chloral hydrate were soon also legally and popularly classified as "narcotics" as concerns over their use grew and controls were extended to include them. The term also assumed a social meaning that encompassed debility, addiction, insanity, crime, and death (Bonnie and Whitebread 1974:28). The application of the term "narcotic" to any illicit drug still remains (Josephson 1974:xix). The United Nations Commission on Narcotic Drugs defines a "narcotic" as any drug under international control, excluding alcohol and nicotine. Bejerot (1975:19) defines it as "exclusively a legal term" referring to those "addicting substances which have been subjected to special national or international legislation." Schultes (1976:5) defines it as "any substance that has a depressive effect, whether light or great, on the central nervous system" and includes marijuana. Because of the confusion and negative connotations that have developed around the word, most authorities today recommend that, in terms of pharmacological effects, it should be utilized only to refer to the analgesic depressant opium, the opiates, and the opioids.

Narcotic Addict Rehabilitation

Act (NARA) of 1966

A Federal law establishing CIVIL COMMITMENT of drug abusers to an in-hospital phase of treatment and an aftercare phase in their home communities. The act also provides for assistance and support to States and municipalities in developing treatment programs and facilities. NARA emphasizes total care: hospitalization plus followup supervision and support to maintain an addict's motivation for rehabilitation upon return to the community. Persons eligible for the program are (1) narcotic addicts charged with certain Federal offenses who desire to be committed for treatment in lieu of prosecution (title I), (2) addicts convicted of Federal crimes who are committed by the court (title II), and (3) addicts who wish voluntarily to apply for commitment (title III). NIDA has responsibility for patients under title I; the Department of Justice has responsibility for titles II and III. Both the Department of Justice and the Department of Health and Human Services have recommended repeal of NARA on the grounds that the procedures are cumbersome, certain aspects are infrequently used, it has not proven to be cost beneficial, and in many respects it is incompatible with contemporary treatment approaches. (RIS

27:355--6 entries; NARA patients, RIS 27:290--6 entries)

Narcotic Addiction Control Commission (NACC), New York

The State agency that ran the New York Addict Commitment Program between 1966 and 1979. Established in 1966, the NACC incorporated most of the elements of the California civil commitment program. (See CIVIL ADDICT PROGRAM, CALIFORNIA.) Addicts could be committed by either civil or criminal processes, the first applying to addicts who had not been arrested, the second to those who had been arrested and convicted. Under CIVIL COMMITMENT, any person could file a petition to get an addict committed for an indefinite period not to exceed 3 years. CRIMINAL COMMITMENT was for a maximum of 3 years if the crime committed was a misdemeanor, 5 years if a felony (New York City 1973; Waldorf 1973:105). This agency was known as NACC between 1966 and 1972; subsequently, it has been known as the Drug Abuse Control Commission (1973-1975), the Office of Drug Abuse Services (1976-1978), and the Division of Substance Abuse Services (1978-present). All addict commitment centers were closed by 1979. (RIS 27:355--9 entries)

narcotic analgesic

A term often used synonymously with NARCOTIC. See also opiate narcotics.

narcotic antagonist

A drug that blocks or counteracts the effects of OPIATE NARCOTICS. Many have been derived by chemically altering some aspects of natural or synthetic opiate narcotics (Wikler 1958). Among the best known antagonists are CYCLAZOCINE, NALOXONE, NALORPHINE (Nalline), and NALTREXONE. In sufficient doses, narcotic antagonists can block the psychological and physiological effects of opiate narcotics, including the development of TOLERANCE and (PHYSICAL) DEPENDENCE, and can reverse or prevent toxic effects. They can also precipitate an intense acute WITHDRAWAL SYNDROME in opiate-narcotic-dependent individuals who have not been detoxified, and this property is sometimes employed for identifying physically dependent persons for medical and legal purposes. (See Narcan test.) Narcotic antagonists may be pure or mixed. The pure narcotic antagonists (e.g., naltrexone and naloxone) in reasonable doses will produce little effect on an opiate-detoxified or non-opiate-dependent person. The mixed, or partial, narcotic antagonists (e.g., cyclazocine, nalorphine, and PENTAZOCINE) have slight

narcotic agonist properties and their cessation will induce withdrawal symptoms in a user who has developed a physical dependence to opiates. See also extinction.

Narcotic Drug Control Act of 1956

A Federal law that specifically outlawed heroin and increased already existing penalties for the transportation, sale, and smuggling of heroin and marijuana into the United States. Restrictions were lessened on tapping phone lines, reading telegrams of known traffickers in drugs, and issuing search warrants in narcotics cases; agents of the Federal Bureau of Narcotics and the Bureau of Customs were empowered to make arrests without warrants from a court for any narcotics violations committed in their presence. A control record system was established within the Bureau of Narcotics to retain information on all narcotic addicts and violators that was to be made available to Federal, State, and local law enforcement officials (Encyclopedia of Sociology 1981). Most of the provisions of this act were repealed and replaced by the DRUG ABUSE ACT OF 1970.

Narcotic Drugs Import and Export Act of 1922

A Federal law authorizing the Federal Narcotics Control Board to set import quotas on the amounts of opium, cocaine, and their derivatives needed to fulfill medical needs. In addition, under Section 2f of this act, possession without a prescription was made presumptive evidence of concealment of drugs illegally imported in violation of this act, thus making possession for nonmedical use a Federal crime (Bonnie and Whitebread 1974:20). Repealed and replaced by the DRUG ABUSE ACT OF 1970.

Narcotics Anonymous (NA)

Narcotics Anonymous (NA) is a worldwide self-help fellowship for recovered drug abusers who give each other support to remain "clean." NA was formed in 1953 and has over 700 affiliated chapters across the United States. As its name suggests, NA has adopted the Alcoholics Anonymous (AA) model, using an adaptation of the Twelve Steps. Briefly, these steps involve--

- Acknowledging that one is a drug abuser
- Accepting a power greater than oneself and turning one's will and life over to the care of that higher power (as each individual understands the power)

- Making a moral inventory and redressing wrongs
- Carrying the NA spiritual message to other drug abusers.

In addition, NA uses AA's Twelve Traditions, which outline the principles that guide the operation of the organization and individual chapters (e.g., reliance on member donations for financial support, rejection of professional involvement, maintenance of anonymity in the press and media).

The NA fellowship is open to all persons who have a drug problem, no matter what type. Their meetings, held at least weekly, may consist of Twelve Steps discussions, talks by guest speakers, and open or topic discussions, as well as the AA practice of sharing. Demographically, members tend to be young adults, of mixed socioeconomic backgrounds, from all races, and of both sexes (although some groups report that males predominate). Some members may be in or have graduated from treatment programs, but this is not necessary. The only requirement is the desire to stay "clean." Address: Narcotics Anonymous World Service Office, P.O. Box 622, Sun Valley, Calif. 91352.

Narcotics Treatment Administration (NTA)

A (MULTIMODALITY) TREATMENT program for heroin addicts in the Washington, D.C., area aimed at reducing the rising rate of addiction and related crime, and promoting full-time employment. Established in 1969, the program consists of the following components: (1) METHADONE MAINTENANCE; (2) ex-addict counselors; (3) use of hospital beds, HALFWAY HOUSES, and outpatient facilities that emphasize outpatient programs; (4) voluntary self-referrals and referrals through work-release, probation, and parole; and (5) a citywide network of programs by means of "purchase of services" contracts, especially community-supported self-help organizations (DuPont 1972). Similar to the TASC program, clients are referred to NTA from the D.C. courts and the Department of Corrections by a special criminal justice monitoring unit (Colbert and Kirchberg 1973). (RIS 27:356--16 entries)

narcotism

An obsolete term for narcosis or addiction to narcotics.

National Association of State Alcohol and Drug Abuse Directors (NASADAD)

The association was formed to provide a vehicle for the exchange of information and to provide a uniform voice for influencing

Federal alcohol and drug abuse policies. Address: 918 F Street, N.W., Suite 400, Washington, D.C. 20004.

National Clearinghouse for Smoking and Health

Agency within the U.S. Department of Health and Human Services responsible for coordinating information and offering publications on smoking and health. Address: 5600 Fishers Lane, Rockville, Md. 20857.

National Commission on Marihuana and Drug Abuse

This commission of nationally prominent citizens was appointed by President Nixon in 1971. It undertook a 2-year examination of drug use, misuse, and abuse and concluded that the old definitions and old ways of looking at these problems required a new set of terms and perspectives. The commission issued two reports (National Commission on Marihuana and Drug Abuse 1972, 1973) that define the issues, provide data on drug-using behavior, assess the social impact, and formulate a rationale toward a coherent social policy toward illicit drugs. It posed a number of recommendations, including the decriminalization of marijuana.

Participants in a comparable study of marijuana in 1938 appointed by New York Mayor Fiorello La Guardia found their recommendations similarly ignored by authorities. Young et al. (1977:131) note that the study group "found no proof of addiction, no link to aggressive or anti-social behavior, and no sign of tolerance or withdrawal symptoms. Its findings were ignored, however, and marijuana retained its unjust association with hard drugs and hardened criminals." See also Commission of Inquiry into the Non-Medical Use of Drugs.

National Committee on the Treatment of Intractable Pain

A nonprofit organization whose major purpose is to promote education and research on more effective management and alleviation of intractable pain. The NCTIP has actively campaigned for changes in the law that will allow research on and use of heroin in cases of advanced, chronic pain victims. Address: Box 34571, Washington, D.C. 20034, (301)983-1710. See also hospice; Brompton cocktail.

National Drug Abuse Treatment Utilization Survey (NDATUS)

An annual survey of all known drug abuse treatment units. NDATUS is a federally mandated system, conducted by NIDA to

measure the scope and use of drug abuse treatment in the United States. The survey collects national, regional, State, and clinic-level data from all U.S. treatment units, federally funded or not. The data provide a basis for comparative analyses of treatment utilization across the country and for forecasts of resource requirements for drug abuse treatment services.

**National Federation of Parents
for Drug Free Youth (NFP)**

The national umbrella organization of the 1,000-odd self-help parent groups located throughout the country that have banded together to deal with the illicit drug use of their children. The NFP promotes, encourages, and assists in the formation and strengthening of local parent groups to act as countervailing forces to prevailing social climates that encourage illicit drug use. Contact address: Box 6272, Silver Spring, Md. 20906.

National Formulary (NF)

A book recognized by the Pure Food and Drug Act of 1906 containing standards for certain drugs not included in the U.S. Pharmacopeia. See also United States Adopted Names Council.

National Institute of Mental Health (NIMH)

NIMH provides leadership, policies, and goals for the Federal effort in the promotion of mental health, the prevention and treatment of mental illness, and the rehabilitation of affected individuals. In carrying out these responsibilities the Institute conducts and supports research on the biological, psychological, sociological, and epidemiological aspects of mental health and illness; supports the training of professional and paraprofessional personnel in the promotion of mental health and the prevention and treatment of mental illness; conducts and supports research on the development and improvement of mental health services delivery, administration, and financing; supports mental health services programs and projects including facilities construction as appropriate; collaborates with and provides technical assistance to State authorities and Regional Offices, and supports State and community efforts in planning, establishing, maintaining, coordinating, and evaluating more effective mental health programs. Address: 5600 Fishers Lane, Rockville, Md. 20857.

**National Institute on Alcohol
Abuse and Alcoholism (NIAAA)**

NIAAA provides leadership, policies, and goals for the Federal effort in the prevention, control, and treatment of alcohol

abuse and alcoholism and the rehabilitation of affected individuals. In carrying out these responsibilities the Institute conducts and supports research on the biological, psychological, sociological, and epidemiological aspects of alcohol abuse and alcoholism; supports the training of professional and paraprofessional personnel in prevention, treatment, and control of alcoholism; conducts and supports research on the development and improvement of alcoholism services delivery, administration, and financing; and supports alcoholism services programs and projects. Address: 5600 Fishers Lane, Rockville, Md. 20857.

National Institute on Drug Abuse (NIDA)

The National Institute on Drug Abuse--or NIDA--was created by Congress under the Drug Abuse Office and Treatment Act of 1972 (Public Law 92-255). It began operating in 1974 to provide a meaningful response to the growing enigma of illicit drug use. Prior to NIDA the Federal drug effort was scattered across many agencies, and financial support for grassroots treatment programs and drug-related research was plagued with uncertainty. With NIDA's inception the various Federal drug programs were in large measure consolidated into a single agency. In addition, the budget for the Federal drug activities incorporated into NIDA was increased, authority for new programs was granted, and commitments of long-range support were voiced by both the Congress and the White House.

NIDA is organizationally a part of the U.S. Department of Health and Human Services. It is associated with counterpart agencies in the areas of alcohol abuse and mental health under the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), within the Public Health Service. Its annual budget in fiscal year 1981 was \$235 million. The vast majority--97 percent--of these funds are funneled to State- and community-based programs in the form of grants and contracts. NIDA headquarters are located in Rockville, Maryland, just north of the Nation's Capital.

NIDA's principal mandate is to support an effective response at the Federal, State, and local levels to the human problems associated with drug use. Because of the complex nature of its charge, NIDA is engaged in a broad spectrum of activities. These activities are designed to address the many facets of this perplexing issue, which is of such great national concern today. They include principally treatment,

training, research, prevention, analysis and evaluation, and communications. Address: 5600 Fishers Lane, Rockville, Md. 20857. See also Statewide Services Contract; Federal drug abuse policy.

National Organization for the Reform of Marijuana Laws
See NORML.

National Polydrug Collaborative Project
See polydrug use.

National Survey on Drug Abuse

The National Survey on Drug Abuse provides a broad picture of drug abuse in the American population. In 1979 it was based on a survey of 7,224 persons randomly chosen to be representative of those living in households in the conterminous United States. While not completely representative of the American population (it does not sample those living in various institutions, the homeless, or those living on military bases and overseas), it provides a useful indication of the general dimensions of the drug problem in the United States and especially of trends in drug abuse. Similar methodology has been employed in the six national surveys that have thus far been conducted (1971, 1972, 1974, 1976, 1977, and 1979). Present plans are to conduct the national survey every 2 years, and the 1981 survey is currently in progress. Results from the 1977 and 1979 national surveys are published in Abelson et al. (1977), Miller and Cisin (1979), and Fishburne et al. (1979). See also marijuana.

Native American Church

A religion existing among Native Americans that combines elements of Christianity, native religious rites, and the ritual use of peyote. Peyote use first became apparent among the tribes of the United States in the latter part of the 19th century, when it was used in religious rites and to heal the sick; gradually a religion developed around the use of the cactus that combined elements of Christianity with the vision-quest ritual typical of the Plains Indians. The religion teaches brotherly love, high moral principles, abstention from ALCOHOL consumption, and considers peyote a sacrament through which God is manifested. Those who practice it have faith in the efficacy of peyote as a cure-all and a true belief in the sacred character of the altered states of consciousness, especially visions, induced by the drug. First legally organized as the Firstborn Church of Christ, today the Native American Church claims 250,000 members from

all tribes in the United States and Canada (Schultes 1976:120). Although the U.S. Government at first tried to discourage this church, it gradually became recognized that peyotism as practiced by the Indians was a sincere religion, and the courts have upheld it as such under the Bill of Rights. Peyotism does not interest all Native Americans; many prefer either traditional Christianity or a revival of their own native religions. (religious uses, RIS 27:376--9 entries)

natural medicine

A term more easily defined by what it is not than what it is. Of the scores of natural medicine healing techniques, what they share in common is that they do not make use of synthetic chemical remedies or surgical techniques. Among the basic concepts of natural medicine are the beliefs that health is a natural state and illness results from bodily imbalances, that sickness results when the body's vital force or animating energy is impeded, that toxins create imbalances in the vital force, and that recovery comes by cooperating with nature to restore the vital force through the use of natural substances and mental and physical exercises (Carroll 1980).

Examples of natural medicine techniques used in the treatment of drug addiction are acupuncture, acupressure, vitamin regimes, natural diets, dance therapy, macrobiotics, hypnotism, and autohypnotism.

nepenthe

A potion used by the ancients to dull pain and sorrow. Something capable of causing oblivion of suffering.

nervous system

The nervous system in humans is composed of the brain, spinal cord, and nerves. Structurally, the nervous system is divided into the central nervous system (CNS), consisting of the brain and spinal cord, and the peripheral nervous system, consisting of the nerve fibers and cells that connect the brain and spinal cord to the rest of the body. Functionally, the nervous system is divided into the somatic nervous system and the autonomic nervous system. The somatic nervous system deals with functions of the senses and the voluntary muscles. The autonomic nervous system handles involuntary bodily functions such as heartbeat, digestion, and preparation for stress, fight, or flight. The autonomic nervous system is composed of two countervailing parts: the sympathetic and parasympathetic systems. The sympathetic system energizes the body for action

by processes such as releasing sugars stored in the liver, slowing the digestive process, and increasing heart and breathing rates. The parasympathetic system maintains the normal involuntary muscle, organ, and gland functions within the body such as salivation, pupil dilation and constriction, digestion and elimination, normal heartbeat, etc.

neuroleptic

(ANTIPSYCHOTIC) TRANQUILIZER or major tranquilizer. Over 80 neuroleptic substances have been identified. They all have certain common biochemical characteristics in their molecular structure and the pharmacological property of being an ANTAGONIST to the brain chemical dopamine.

The neuroleptic syndrome in humans as described by Janssen and Van Bever (1975) includes reduction of psychotic symptoms such as hallucinations, mental confusion, and delusions; reduction of psychomotor agitation, such as aggressive, assaultive, combative, or destructive behavior; inhibition of panic, fear, and hostility, e.g., relief from emotional tension and excitement; reduction of initiative and increased indifference toward surroundings; reduction of spontaneous movements and purposeful actions; normal spinal reflexes.

Neuroleptics allow patients to bring their psychoses under control, thus enabling their deinstitutionalization under maintenance therapy. See also extrapyramidal system.

neurotransmission

The process by which nerve impulses travel across neurons and their connecting synapses. Some of the major neurotransmission systems are the cholinergic system, the adrenergic system, and the indoleaminergic system. Each of these systems is defined according to the related group of biochemicals responsible for the transmission across the synapses. Cholinergic agents include substances that activate the PARASYMPATHETIC NERVOUS SYSTEM, for example, choline and acetylcholine. Adrenergic agents include epinephrine, norepinephrine, and dopamine, substances that activate the SYMPATHETIC NERVOUS SYSTEM. Indoleaminergic agents include indole and serotonin (a vasoconstrictor, gastric juice inhibitor, and smooth muscle stimulant).

nialamide

An ANTIDEPRESSANT, manufactured as Niamid.

nicotine

The main active ingredient (ALKALOID) of tobacco. Nicotine is believed to be responsible for most of the effects of smoking and for the fact that tobacco smoking is such a powerful habit. An extremely toxic substance, its general physical effects include irritation of lung tissues, constriction of blood vessels, and increased blood pressure and heart rates. The effects of nicotine are complex and unpredictable, appearing to have various different and often opposing simultaneous effects. Generally, it produces CNS stimulation, but in high doses it can also have depressant effects. Regular cigarette smokers claim it calms the nerves; neophytes feel dizzy and stimulated. This difference in perception may be due to TOLERANCE to nicotine effects. Although often classified as a stimulant, many authorities prefer to place it in a separate category. Classification: stimulants--secondary.

NIDA

See National Institute on Drug Abuse.

nitrogen monoxide

See nitrous oxide.

nitrous oxide

A short-acting gaseous anesthetic sometimes used as an AEROSOL propellant that is inhaled for its intoxicating effects. A depressant without depressant effects on the spinal cord. When used therapeutically, the effects are those of anesthesia and analgesia. In recreational use, when it is in pure form for less than a minute, its effects are closer to those of the vaporous anesthetics ETHER and CHLOROFORM than other depressants, making the user giddy or exhilarated for about 5 minutes. Occasionally HALLUCINATIONS occur. Excessive doses may cause nausea, vomiting, or unconsciousness, often because of lack of oxygen. Discovered in the 1770's by Joseph Priestley, but not used as an anesthetic until the middle of the 19th century, it was the first really effective modern anesthetic, to be followed by ether and chloroform. Also called laughing gas or nitrogen monoxide. Classification: volatile inhalants.

nodding

The semistuporous state characterized by head bobbing, bowed head, and drooping eyelids experienced by heroin and high-dose methadone users after the euphoric effects accompanying ingestions have subsided.

nonmedical drug use

Use that is not indicated for generally

accepted medical reasons, whether under medical supervision or not (LeDain et al. 1973); thus, any recreational drug use.

NORML

National Organization for the Reform of Marijuana Laws (NORML). NORML was founded in 1970 and actively lobbies for the decriminalization of marijuana, the destruction of criminal records for marijuana law offenders, recognition of the medical uses of marijuana, and research on the effects of marijuana on women of childbearing age. NORML policies, however, are against the abusive use of all drugs, the use of marijuana by children, and driving while under the intoxicating effects of marijuana or any other drug. (legalization of drugs, RIS 27:349--12 entries)

nortriptyline hydrochloride

A tricyclic ANTIDEPRESSANT, manufactured as Aventyl and Pamelor. (RIS 27:220--1 entry)

nostrum

A quack, secret, or patent medicine (Dorland's Illustrated Medical Dictionary 1974). A medicine of secret composition, and usually a questionable remedy; a panacea, or cure-all. Also a synonym for patent medicine. See proprietary drugs. Contrast with placebo.

nutmeg

The dried seeds of the East Indian evergreen tree of the same name. In low doses it can produce a mild, brief euphoria, accompanied by lightheadedness, floating feelings, and CNS stimulation. High doses can produce rapid heart beat, excessive thirst, agitation, anxiety, and sometimes acute panic. Nutmeg is commonly used as a drug substitute by prisoners. Its seed-coat, mace, has similar effects. Classification: hallucinogens.

nystagmus

Involuntary rapid eyeball movement. A common symptom of toxic reaction resulting from excessive drug use.

detaching oneself from situations in which there is personal involvement. Free of bias. Contrast with subjective.

observed urination

See certified urine.

OD

See overdose.

onset

In drug research, the term is used to mean the first time a person uses a particular drug. Also used to refer to the initiation of the WITHDRAWAL SYNDROME. Age of onset is a major variable often studied by epidemiologists alone and in relation to other variables. Winick (1974) suggests an association between the age of onset of heroin use and variables such as the likelihood of continued use, ability to hold a job, criminality, successful rehabilitation, and successful social functioning in general. Winick (1974:112) states, "This relationship is crucial because of the fairly consistent evidence that the age of onset has been declining fairly steadily and is positively correlated with mixed dependencies and earlier criminal involvement in a broader range of offenses." (RIS 27:358--75 entries)

operational definition

Used to define a concept in the most unambiguous terms possible for purposes of research. It seeks to assign specific meaning to a term, thereby eliminating other possible implied meanings. The term "primary drug problem," for example, would likely have a different meaning to different drug treatment program staff. It is therefore operationally defined under the Federal CODAP reporting program as "the drug that is the major problem in that it has caused the most dysfunction. It is the drug problem for which the client was admitted to treatment." In this way a working definition for reporting purposes was established that operationally defined the term "primary drug problem."

opiate narcotics

A major subclass of drugs that, like alcohol and barbiturates, are CNS depressants, but, unlike them, are also pain relievers. Sometimes called simply NARCOTICS or OPIATES, the term "opiate narcotics" is generally preferred as it avoids confusion over what constitutes a "narcotic" and the semantic problem created by classifying the three distinct forms of OPIUM, OPIATES (morphine, codeine), and the synthetic OPIOIDS (methadone, meperidine hydrochloride) as "opiates." The nonnar-

objective

Viewing facts on the basis of evidence and reason rather than prejudice and emotion;

cotic analgesics such as aspirin differ from the opiate narcotics in having far less CNS depressant effects. Classification: narcotic analgesic agonists. (opiates, RIS 27:220--161 entries; opium, RIS 27:222--14 entries)

opiates

Specifically, refers to the two OPIUM alkaloids MORPHINE and CODEINE and the semisynthetic drugs derived from them, such as HEROIN (diacetylmorphine) and HYDROMORPHONE HYDROCHLORIDE (Dilaudid). (See also PAPAVERINE.) Sometimes generally used to refer to opium, opium alkaloids and their derivatives, and the synthetic OPIOIDS as a whole, but it has been argued that this semantically blurs the specific distinctions between these types (Margolis 1978). Morphine and codeine, along with opium, are sometimes referred to as natural opiates, and their derivatives as semisynthetic opiates. Classification: narcotic analgesic agonists. (RIS 27:220--161 entries; opium, RIS 27:222--14 entries)

opiates, natural

Refers to OPIUM and its two alkaloids CODEINE and MORPHINE.

opiates, semisynthetic

Refers to the OPIATES derived from the two opium alkaloids MORPHINE and CODEINE, such as HEROIN (diacetylmorphine) and HYDROMORPHONE HYDROCHLORIDE (Dilaudid).

opiates, synthetic

See opioids.

opioids

Synthetic drugs manufactured to resemble the opium alkaloids MORPHINE and CODEINE and their derivatives in action and effect. The principal synthetics are MEPERIDINE HYDROCHLORIDE (Demerol) and its related drugs, LEVORPHANOL TARTRATE (Levo-Dromoran), METHADONE HYDROCHLORIDE (Dolophine), PENTAZOCINE (Talwin), and PROPOXYPHENE HYDROCHLORIDE (Darvon). Also called "synthetic opiates." Although semantically incorrect, opioid is sometimes used as a general term that includes all of the opium and opiumlike derivatives, natural and synthetic. Classification: narcotic analgesic agonists. (Demerol, RIS 27:204--2 entries; meperidine, RIS 27:214--1 entry; methadone, RIS 27:214--125 entries; pentazocine, RIS 27:222--2 entries; propoxyphene, RIS 27:223--2 entries)

opium

The NARCOTIC from which all the OPIATES are derived. It is obtained from drying the milky discharge of the cut, unripe seedpod (capsule) of the opium poppy (*Papaver somniferum*), which appears soon after the petals begin to fall. The major natural ALKALOIDS obtained from opium are MORPHINE (10 percent by weight) and CODEINE. Opium has been used for centuries as a medicinal and recreational drug. Medically, it was formerly used to treat over 50 different diseases. In 17th-century England it was praised as God's greatest gift to humanity for the relief of suffering, and until the 20th century it was considered the most useful therapeutic agent available. Recreationally, it was primarily smoked or ingested orally. (See LAUDANUM.) The development of more effective opiates, opioids, and non-narcotic ANALGESICS has now virtually eliminated its use medically, and recreational users have turned to the intravenous injection of more powerful opiates such as HEROIN. Classification: narcotic analgesic agonists. (RIS 27:222--14 entries; opiates, RIS 27:220--161 entries)

organic disorder

Impairment of function attributed to specifically known or hypothesized pathological lack or impairment of organic structure (English and English 1958). A disease that is the result of a known pathological condition of the tissues (Chaplin 1975). Contrast with functional disorder.

organic drug

A plant used as a drug that remains in natural plant form without being subject to extractions or synthetic processing. Organic drugs include peyote, marijuana, psilocybin, and crude opium. Contrast with synthetic drug.

OTC drugs

See over-the-counter drugs.

outpatient

An ambulatory patient residing in the community while receiving medical care from a hospital or clinic. Contrast with inpatient.

overdose

The administration of a quantity of drug larger than that normally or safely taken at one time, or to which the system has acquired TOLERANCE. Usually implies some adverse or toxic reaction, whether fatal or not, and is most frequently applied to excessive consumption of opiate or hyp-

notic-sedative drugs that act to depress the central nervous system causing COMA and often death from respiratory depression or complications such as pneumonia or heart failure. Frequent symptoms of non-fatal drug overdose are STUPOR and AGITATION. Accidental overdoses often occur through (DRUG) AUTOMATISM or the use of a sedative drug with alcohol, which potentiates its effects. (See POTENTIATION.) Opiate overdosage can be arrested by the use of a NARCOTIC ANTAGONIST such as NALORPHINE (Nalline). A variety of home remedies may be employed to keep the patient awake and reverse respiratory depression (LeDain et al. 1973; Lingeman 1969). The widespread use of the word "overdose" on death certificates has been criticized because there appear to be no consistent toxicologic standards for evaluation of what constitutes a lethal dosage (Lettieri and Backenheimer 1974). In practice, police and/or coroners often classify a death as due to overdose if any evidence of heroin use is found (Brecher 1972). See also deaths, drug-related. (RIS 27:359--44 entries)

over-the-counter drugs

Drugs that may be purchased without prescription. There are an estimated 350,000 OTC products with annual sales of \$4 to \$5 billion (Inhorn 1981). OTC drugs are subject to abuse, particularly certain cough remedies that contain potent analgesic/euphoric or hallucinogenic substances.

oxazepam

An (ANTI-ANXIETY) TRANQUILIZER derived from BENZODIAZEPINE, manufactured as Serax. Classification: sedative/hypnotics.

oxycodone hydrochloride

A semisynthetic MORPHINE derivative, manufactured as Percodan, Percocet-5, and Tylox. Used to relieve moderate to moderately severe pain. Classification: narcotic analgesic agonists.

oxymorphone hydrochloride

A semisynthetic NARCOTIC ANALGESIC, manufactured as Numorphan. (RIS 27: 222--1 entry)

P

Pacific Institute for Research and Evaluation

A nonprofit organization concerned with the primary prevention of drug abuse among adolescents. It produces primary prevention materials including a popular series Balancing Head and Heart. An annotated list of Pacific Institute's and other prevention materials is provided in the reference, National Institute on Drug Abuse 1977. Pacific Institute books and videotapes are available through the Prevention Materials Institute, P.O. Box 152, Lafayette, Calif. 94549.

panic reaction

Most common of the adverse psychological reactions to drug use. (See ADVERSE DRUG REACTION.) Characterized by overwhelming fear, intense anxiety, and possibly immobilization, this reaction accounts for many of the cases that come to the attention of psychiatric personnel. May be triggered by any drug or may appear seemingly spontaneously without the drug having been taken again. See talking-down method. (RIS 27:360--1 entry)

Papaver somniferum

Scientific name for the oriental opium poppy plant from which opium and its derivatives are produced.

papaverine

A naturally occurring ALKALOID of OPIUM that acts to depress the heart and smooth muscles. Unlike MORPHINE and CODEINE it has no analgesic, euphoric, or other central nervous system effects.

paraldehyde

A potent nonbarbiturate SEDATIVE/HYPNOTIC. Although considered safe, it has an offensive odor that limits its use.

paranoia

A condition characterized by ideas of reference, suspicious thinking, and high levels of anger; in the most extreme forms, by DELUSIONS of persecution and/or grandeur. A paranoid personality is characterized by unreasonably lofty ambitions, extreme suspicion of others, and a fixed and inflexible conceit. In severe instances may be considered a sign of psychosis. (RIS 27:360--36 entries)

paraphernalia, drug

The assorted equipment and materials used to store or administer illicit drugs, or to make the drug high more intense. Drug paraphernalia comes in all sizes, shapes, colors, and materials; some of the more widely used items are listed below by route of administration and drug.

Smoking (marijuana, hashish, freebase cocaine, PCP, heroin, opium)

- paper envelopes or plastic bags
- papers
- rolling machines
- pipes
- strainers
- bongs
- water pipes or hookahs
- containers (stash boxes)

Injecting (heroin, morphine, amphetamines, barbiturates)

- glassine envelopes or plastic bags
- needles
- syringes (modified eye dropper)
- tourniquets (belts, rubber hose, string)
- cotton wads

Snorting (cocaine, heroin)

- glassine envelopes or plastic bags
- razor blades and flat hard surfaces
(used to pulverize the drug into a fine powder)
- straws
- rolled up, large denomination dollar bills
- spoons
- containers (usually small and often elaborate)

Sniffing (glue, nail polish, gasoline, paint thinner, aerosol products, anesthetics, miscellaneous commercial products containing volatile solvents)

- paper bags
- plastic bags
- rag
- balloons

Swallowing (hallucinogens, amphetamines, barbiturates, legal high plant products, assorted psychoactive pills, tablets, crystals, and liquids)

- psychedelic posters
- black lights
- strobe lights
- hard rock or other music

paraquat

A herbicide. In 1976 paraquat was sprayed over illicit marijuana fields in Mexico by the Mexican Government at the urging of the United States (National Institute on Drug Abuse 1978). In 1977 the U.S. Congress prohibited the use of foreign aid for the purchase of paraquat, but Mexico has since continued this form of marijuana eradication on its own. With initiation of the Mexican spraying program, there were fears that anyone smoking marijuana laced with paraquat would be exposed to a serious health threat. A large number of marijuana samples, particularly on the West Coast, were turned into laboratories for determining whether they contained paraquat. Home testing kits also become available. Recent studies sponsored by the CENTER FOR DISEASE CONTROL in Atlanta, however, indicate that the original widespread fear of the health consequences of paraquat spraying was an overreaction (Smith and Seymour, in press). Two amendments initiated by the Justice Department are now pending in Congress for repeal of the current restrictions on paraquat.

parasympathetic nervous system
See nervous system.

parasympathomimetic

A substance that produces action similar to the stimulation of the parasympathetic nervous system. Also called cholinomimetic. See nervous system; neurotransmission.

paregoric

TINCTURE of opium (about 4 percent) in combination with camphor, anise oil, benzoic acid, and glycerin. First prepared in the early 18th century and used medicinally to control diarrhea and as an ANALGESIC to control the discomfort associated with teething in babies. See also laudanum.

parenteral

Not taken orally through the alimentary canal but rather by hypodermic injection through some other route, such as SUB-

CUTANEOUS, INTRAMUSCULAR, INTRA-
VENOUS.

patent medicines

See proprietary drugs.

pathogenic

Causing or capable of causing a disease or mental disorder. Pathogenesis is the origin and developmental course of a disease or mental disorder (Chaplin 1975).

pathological

Diseased; usually used in reference to those socially undesirable conditions that by analogy can be conceptualized as social diseases, such as crime, delinquency, and drug addiction. In psychological terms, behavior that is persistently morbid or unnatural. In social terms, undesirable social manifestations or conditions that threaten social well-being (Fairchild 1976).

patterns of drug use

A sequence of drug-using behavior by an individual or a group. Includes description of kind and amount of drug taken as well as set and setting of drug-taking behavior over a certain period of time. The National Commission on Marihuana and Drug Abuse (1973:93-98) identified five patterns, differentiated by degree: EXPERIMENTAL DRUG USE, SOCIAL-RECREATIONAL DRUG USE, CIRCUMSTANTIAL-SITUATIONAL DRUG USE, INTENSIFIED DRUG USE, and COMPULSIVE DRUG USE.

PCP

See phencyclidine.

peer culture

The socioculture that is peculiar to a certain class of equals in society, such as teenagers or persons in a given occupation. Peer culture is usually not shared with those outside the peer group (Zadrozny 1959). See also subculture, drug. (RIS 27:362--61 entries)

pentazocine hydrochloride

A potent ANALGESIC, approximately equivalent on a mg-for-mg basis to codeine. Pentazocine also has very weak NARCOTIC ANTAGONIST properties, with about 1/50 the antagonistic activity of NALORPHINE. Psychological and physical dependence have occurred with PARENTERAL pentazocine, primarily, though not solely, in persons with histories of drug abuse. Pentazocine is combined with TRIPELENNAMINE in the street drug Ts and Bs, which produces a HIGH similar to that of MORPHINE. Classification: narcotic analgesic agonists. See also Ts and Bs. (RIS 27:222--2 entries)

pentobarbital sodium

A short-acting, quick-onset BARBITURATE, manufactured as Seconal. Classification: sedative/hypnotics. (RIS 27:222--1 entry; barbiturates, RIS 27:202--48 entries)

pep pills

Slang. AMPHETAMINE pills; UPPERS. (RIS 27:222--1 entry; amphetamines, RIS 27:199--136 entries)

perceptual distortion

A lack of correspondence between physical reality and psychological experience such as occurs in illusions, pathological states, dreams, and hypnosis (Chaplin 1975). See effects, perceived. (perception, RIS 27:364--36 entries)

periodicals, drug abuse

Periodicals and journals oriented primarily to the fields of illicit drug use and alcoholism include:

- Addiction Therapist
- Addictive Behaviors; An International Journal
- Advances in Alcohol and Substance Abuse
- American Journal of Drug and Alcohol Abuse
- British Journal of Addiction
- Contemporary Drug Problems
- Drinking and Drug Practices Surveyor
- Drug Abuse and Alcoholism Newsletter
- Drug and Alcohol Dependence
- Drug Enforcement
- Drug Forum
- Focus on Alcohol and Drug Issues
- International Journal of the Addictions
- Journal of Alcohol and Drug Education
- Journal of Altered States of Consciousness
- Journal of Drug Education
- Journal of Drug Issues
- Journal of Psychedelic Drugs
- Marijuana Monthly
- Mood Altering Drugs
- Outlook in Alcohol & Drug Abuse
- U.S. Journal of Drug and Alcohol Dependence
- War on Drugs
- Worldwide Report--Narcotics and Dangerous Drugs

Other periodicals and journals frequently featuring articles related to illicit drug use include:

- American Journal of Epidemiology
- American Journal of Psychiatry
- American Journal of Public Health
- Annals of the New York Academy of Sciences
- Archives of General Psychiatry

Crime and Delinquency
Journal of the American Medical Association (JAMA)
Journal of Occupational Health and Safety
Lancet
New England Journal of Medicine

peripheral nervous system
See nervous system.

perphenazine
An (ANTIPSYCHOTIC) TRANQUILIZER, manufactured as Trilafon. (RIS 27:222--1 entry)

peyote
A small cactus, *Lophophora williamsii*, with a spineless head or button, native to north Mexico and Texas, which contains the hallucinogen Mescaline; sometimes loosely used to refer to mescaline. Its hallucinogenic properties were known to the Aztecs, who considered it divine and called it "peyotl." During the 19th century, based on the continuing belief in its divine, supernatural powers, use spread among Native Americans, who used it in their religious rites, as an aid to their traditional search for divine visions, and to heal the sick. Eventually this use developed into a religion incorporating elements of Christianity, which is now known as the NATIVE AMERICAN CHURCH. As a crucial sacrament of this church, legal use of peyote is limited only to bona fide members. Slang names are listed in appendix B. Classification: hallucinogens. (RIS 27:223--1 entry; mescaline, RIS 27:214--7 entries)

pharmacogenic orgasm
A term coined by S. Rado (1926) to refer to the pleasurable sensation often reported to be experienced by heroin users after intravenous injection of the drug. Rado believed that the whole mental personality of the addict, together with the drug, represents an autoerotic pleasure apparatus. The oral zone was the key fixation point for the libido and the psychosomatic experience after injecting the drugs functioned as a new edition of the experience that the infant receives on being satiated after a feeding from the mother's breast. This feeling of well-being following the ingestion of a meal he referred to as the ALIMENTARY ORGASM. Without heroin; the addict suffers from a tense depression, which is relieved by a pharmacogenic elation that is characterized by two essential points: (1) it is brought about by the ego itself, at will, and thus gives the addict an omnipotent sense of control over

mood; and (2) it resembles and is patterned on an alimentary orgasm (Chessick 1960; Hoffman 1964). (RIS 27:366--4 entries)

pharmacokinetics
The study of the action of a drug in the body over a period of time, including the processes of absorption, distribution, localization in tissues, and excretion (Dorland's Illustrated Medical Dictionary 1974).

pharmacology
The study of the effect of drugs on the living organism. See also ethnopharmacology; psychopharmacology.

phenazocine
An OPIOID. Classification: narcotic analgesic agonists.

phencyclidine (PCP)
A synthetic depressant drug developed as an ANESTHETIC agent in surgical procedures in the late 1950s, but because of its adverse effects now used medically only for veterinary purposes. It is sold and used on the street as a hallucinogen, often represented as THC, Mescaline, or Psilocybin. A white, crystalline, water-soluble powder, it is used orally, injected and sniffed, but most often smoked after being sprinkled on parsley, marijuana, or tobacco. The risk of adverse reactions to PCP is considered to be great enough to outweigh any usefulness in the treatment of humans; side effects can include agitation, irritability, extreme excitement, visual disturbances and delirium. Unlike most hallucinogens, it exerts a CNS depressant effect rather than a stimulant effect. In small doses effects can be very unpredictable, but it generally produces a state resembling drunkenness. When used regularly, memory, perception, concentration, and judgment are often disturbed. In large, chronic doses, it can cause anesthesia, sensory disturbance, permanent brain and nervous system damage (Petersen and Stillman 1978). Classification: hallucinogens. Slang names: angel dust, dust, crystal, superweed, rocket fuel, goon. See also appendix B.

phendimetrazine tartrate
A SYMPATHOMIMETIC AMINE used as an ANORECTIC. Manufactured as Bacarate, Bontril, Melfiat, Plegine, Prelu-2, SPRX-105, Statobex, Trimstat, Trintabs, and Wehless-35. Classification: stimulants--primary.

phenelzine sulfate
An MAO INHIBITOR, manufactured as Nardil. Classification: antidepressants.

phenmetrazine hydrochloride

A CNS stimulant similar to an amphetamine used in dieting to depress the appetite. Manufactured as Preludin. Classification: stimulants--primary. See also methylphenidate hydrochloride. (RIS 27:223--3 entries)

phenobarbital

A long-acting, slow-onset BARBITURATE that is especially effective as an anticonvulsant for epilepsy and delirium tremens. The phenobarbitals have been in medical use since 1912. Manufactured as Luminal. Classification: sedative/hypnotics. Slang name: purple hearts. (RIS 27:223--2 entries; barbiturates, RIS 27:202--48 entries)

Phoenix House

The nation's largest THERAPEUTIC COMMUNITY system for drug-free treatment and rehabilitation of former heroin users as well as users of other drugs. (RIS 27:366--7 entries)

piperacetazine

An (ANTIPSYCHOTIC) TRANQUILIZER, manufactured as Quide.

piperidyl benzilate

See Ditran.

pipradrol hydrochloride

An AMPHETAMINE RELATIVE, manufactured as Meratran. Classification: stimulants--primary.

placebo

Any substance without relevant pharmacological action. Used in drug research to determine and control for the influence of psychological SET. A placebo effect is a reaction due to the subject's SET and SETTING rather than the pharmacological properties of the substance. Beecher (1956) determined from his studies and those of others that placebos were fairly consistently able to give significant relief from symptoms (e.g., severe postoperative wound pain, pain of angina pectoris, headache, cough, mood change, seasickness, anxiety, and the common cold) in roughly 35 percent of the respondents tested. Beecher has concluded from his extensive studies that placebos are more effective when the pain or stress symptoms of the subject are greater, and vice versa. Contrast with nostrum.

placental passage of drugs

The fetus nearly always receives the drugs taken by its mother and transferred through the placenta. (In the first trimester of pregnancy when the placenta has

not yet become the primary site of maternal-fetal exchange, the fetus acquires nutritional factors and drugs from surrounding maternal fluids.) There are very few drugs that do not cross the placenta or enter the maternal fluids and can therefore be given to the mother without any possibility of directly affecting the fetus. Fetal drug toxicity occurs when the fetus has an adverse reaction to a drug taken by its mother. The type and severity of adverse effects of a given drug on the fetus depend on a multitude of factors, including the size and frequency of dose, the route of administration, the stage of pregnancy, maternal health and nutritional status, genetic makeup of the mother and fetus, previous obstetrical history, and myriad environmental factors--including concomitant exposure to other drugs, smoking status, and perhaps even environmental pollutants (Finnegan 1979:17-19). (birth weights, RIS 27:308--6 entries; congenital defects, RIS 27:312--16 entries; infant mortality, RIS 27:347--16 entries; neonatal characteristics, RIS 27:356--23 entries; pregnancy effects, RIS 27:368--17 entries; pregnant women, RIS 27:292--22 entries; prenatal care, RIS 27:368--21 entries; teratogenic effects, RIS 27:389--17 entries)

policy

See Federal drug abuse policy.

polydrug use

A term widely used in the drug research literature, yet without any real consensus regarding its definition (Johnston 1975:36). Nearly all heavy users of illicit drugs use more than one drug. The most common definition is the use of more than one drug at different times without necessarily a strong preference for any particular drug. It has also been operationally defined by NIDA for funding purposes as dependence on psychoactive drugs in which the primary drug dependence is not heroin, methadone, or alcohol (Kaufman 1977). Kaufman (1977) has observed that "multiple drugs are used whenever a given drug is not available, a tolerance develops, tension and depression are not relieved, boredom with the drug's effects is experienced." Polydrug users often develop a "high" orientation and will take almost any drug or combination of drugs to experience the state of being "high."

NIDA undertook an extensive effort to develop a better knowledge base about polydrug use by funding the National Polydrug Collaborative Project. Under this project, 15 polydrug use demonstration

projects were funded around the country between April 1973 and March 1975. These pilot projects treated over 2,000 patients who had abused a variety of psychoactive drugs, but who did not use a narcotic drug as a primary drug of abuse. The Federal Government initiated these pilot projects to uncover what was felt to be a hidden population of polydrug abusers by offering a service on a limited scale that was not readily available at the time. By identifying and treating this group and carefully following their progress on discharge to various components of the health and social services systems, it was hoped to learn the characteristics of this ill-defined population and appropriate treatment approaches. Findings from the National Polydrug Collaborative Project are published by NIDA in several volumes under what was formerly known as the Services Research Monograph Series and is now called the Treatment Research and Assessment Monograph Series. See multiple drug use. (multiple drug use, RIS 27:355--25 entries)

post mortem

After death. An examination of a dead body to ascertain cause of death. An autopsy. (RIS 27:367--20 entries)

postaddict

See ex-addict.

postnatal

After birth. Postnatal care refers to the medical supervision and treatment of the mother and/or infant after birth.

pot

Slang. See marijuana.

potency

A relative term used to compare the strengths of two or more drugs required to produce a given effect; the more potent the drug, the less is required. The same effect can be achieved by more of a less potent substance, or less of the same substance in a more potent form. Occasionally the term is used to refer to the length or duration of effects (Margolis 1978).

potentiation

The ability of one drug to increase the activity of another drug taken simultaneously. The overall effect of the drugs taken together is greater than the total effects of each drug taken alone. See also synergistic effects; additive effect.

predisposing factors

It has been theorized, but never conclusively demonstrated, that certain individ-

uals are inherently predisposed to use, abuse, and/or addiction to psychoactive drugs. The possibility has been raised that individuals may be predisposed to heroin addiction because of an "ENDORPHIN deficiency syndrome." Dole and Nyswander theorized over whether innate metabolic conditions can predispose an individual to heroin addiction. Others theorize that elements in the cultural and socioeconomic environment may constitute predisposing factors for drug addiction. See also at-risk populations. (prediction, RIS 27:368--28 entries)

predisposition

Any factor that, although not the direct cause of an event, insures that the event is more likely to occur in its presence than in its absence (Chaplin 1975). There is a wide range of predisposing factors involved in drug use: personality or psychological make-up of the user; close personal relations and environment in family, school, and the peer group; social and economic conditions; and the general attitude of the society toward drug use (LeDain et al. 1973:35).

prescription

The written direction for the preparation and use of a medicine; can also refer to the prescribed medicine itself.

prevention models

Four basic models are presently employed under NIDA drug abuse prevention activities: (1) media-based information/education campaigns: the dissemination of facts, opinions, and other information aimed at reinforcing positive behavior and attitudes toward drug use among the general public; (2) education programs: formal courses, curriculums, and training programs designed to reinforce positive behaviors and attitudes; (3) alternatives to drug use: programs designed and/or managed by target groups of individuals engaged in behaviors that correlate highly with dysfunctional use and in which use is shown to be disproportionately high. Focal activities include service career and occupational alternatives, community restorations, self-understanding, therapy, and the like, designed to change attitudes and behaviors from a sense of powerlessness and nondirection to one of self-worth, personal power, and self-direction; and (4) intervention programs: programs designed for high-risk clients that provide groups and individual counseling and activities as alternatives to drug use, focusing on restructuring the client's environment, social patterns, and mind set (Retka 1977:4).

prevention, primary

A concept in the mental health field that refers to actions that anticipate a disorder and foster optimal health. The concept encompasses those activities directed to specifically identified vulnerable high-risk groups within the community who have not been labeled as psychiatrically ill and for whom measures can be undertaken to avoid the onset of emotional disturbance and/or to enhance their level of positive mental health. Programs are primarily educational rather than clinical and are oriented toward increasing people's capacities for dealing with crises and taking steps to improve their own lives (Klein and Goldstone 1977:27; National Institute on Drug Abuse 1977). See also Do It Now Foundation; PYRAMID Project; Pacific Institute for Research and Evaluation.

prevention, secondary

Intervention to ward off drug abuse or addiction directed at those persons experimenting with drugs who are linked with but not yet absorbed into an addict subculture and for whom the risk of addiction is high (Brown 1973:139).

prevention, tertiary

The treatment of drug abusers with the goal of removing or controlling their disability to a degree that permits them to be psychologically and socially rehabilitated (Brown 1973:139).

problem drinker

An excessive drinker whose drinking causes personal or public harm. The category includes (and is often used as a euphemism for) the ALCOHOLIC, particularly in business and industrial programs, and may be used to avoid the pejorative implications of a diagnosis as alcoholic (Keller and McCormick 1968).

prochlorperazine

An (ANTIPSYCHOTIC) TRANQUILIZER, manufactured as Compazine.

program effectiveness

The extent to which the needs addressed by the program are met, both in the individual clients served and in the service area, generally considering the resources available and the extent to which the intermediate functions are operating well (National Institute of Mental Health 1977).

program efficiency

The cost in resources of attaining objectives; the relationship between effort and effect, or input and output. Evaluation in terms of cost (money, time, personnel,

public convenience); a ratio between effort and achievement, the capacity of an individual, organization, facility, operation, or activity to produce results in proportion to the effort expended (National Institute of Mental Health 1977).

progression risk

The risk of continuing from experimental or occasional use through regular social/recreational use to dysfunctional use (Chambers 1977:228).

prohibition

Forbidding; interdiction. The term is frequently specifically applied to the forbidding by law of the manufacture, sale, possession, importation, or transportation of alcoholic beverages or CONTROLLED SUBSTANCES.

promethazine hydrochloride

An (ANTIPSYCHOTIC) TRANQUILIZER, manufactured as Phenergan, Remsed, and ZIPAN.

propoxyphene hydrochloride

An OPIOID that has effects similar to those of CODEINE but does not produce nausea or constipation. Originally introduced as a nonnarcotic prescription ANALGESIC, evidence now suggests that it is more like the narcotic analgesics than formerly realized. Manufactured as Darvon. Classification: narcotic analgesic agonists. (RIS 27:223--2 entries)

proprietary drugs

Drugs that are protected by some means against free competition as to name, product, composition, or process of manufacture. See also nostrum.

proprietary medicine

Any chemical, drug, or similar preparation used in the treatment of diseases, if such article is protected against free competition as to name, product, composition, or process of manufacture by secrecy, patent, trademark, or copyright, or by any other means (Dorland's Illustrated Medical Dictionary 1974).

prosocial behavior

Activities associated with the dominant values of the society. A major goal of drug abuse treatment is the enhancement of prosocial behavior. In the case of drug abuser rehabilitation, prosocial behaviors would include job seeking, education and skill upgrading, developing meaningful relationships. See also contingency contracting.

protriptyline hydrochloride

A tricyclic ANTIDEPRESSANT, manufactured as Vivactil.

pseudoheroinism

Refers to the phenomenon observed by Primm and Bath (1973) whereby many regular heroin users believe themselves to be physiologically addicted even though they might not be because of the "infinitesimal" amount of heroin in the average street bag (0.5 percent); therefore, upon cessation of use only minor withdrawal symptoms might be experienced.

psilocin

An unstable ALKALOID contained in the *Psilocybe mexicana* mushroom, along with, but in a smaller quantity than, PSILOCYBIN. Psilocin is the hallucinogenic substance to which psilocybin is converted in the body. Slang names are listed in appendix B. Classification: hallucinogens.

psilocybin

A hallucinogenic ALKALOID in a number of mushrooms of Mexico with the common name of teonanactyl, such as the *Psilocybe mexicana*. Psilocin is an accompanying alkaloid. Both are derivatives of tryptamine and chemically related to LSD and DMT, and are usually taken orally. Extremely expensive to synthesize or extract, most of what passes for psilocybin sold on the street is actually either LSD or a mixture of LSD and PHENCYCLIDINE (PCP). Slang names are listed in appendix B. Classification: hallucinogens.

psychedelic drugs

Consciousness-expanding or mind-manifesting drugs; the HALLUCINOGENS. This term has been widely used in the United States to refer to hallucinogenic drugs and is the preferred term of many users themselves (Goode 1972). Others prefer the term hallucinogens, arguing that "psychedelic" incorrectly combines two Greek roots (psyche--soul, and delos--visible, evident), is biologically unsound, and has acquired meanings beyond the drugs or their effects (Schultes 1976).

psychoactive substances

The term preferred by many to refer to DRUGS that affect the central nervous system and alter mood, perception, or consciousness. It is preferred as a substitute for "drug" because of the value-laden connotations and definitional confusions surrounding the latter term.

psychodysleptic drugs

See hallucinogens.

psycholeptics

See sedative/hypnotics.

psychological models

In regard to drug abuse, explanatory models derived from general psychological theories. Although there are many schools of thought, those who espouse psychological models, particularly in regard to heroin addiction, generally hold that (1) those who become abusers are psychologically disturbed, (2) drug abusers do further harm to their psychological state, and (3) sufficient psychological and/or psychiatric therapy and support can eventually enable them to abstain from drugs. Although this has been the most generally accepted model, the validity of each of these positions has been strongly criticized (Iiyama et al. 1976:20). The major criticism stems from research that indicates no common psychiatric diagnosis among drug abusers, among whom are found all kinds of people (William 1976:17). See also psychosocial models; sociological models.

psychomotor

Relating to muscular activity or behavior associated with certain psychological functions. Psychomotor tests measure such things as manual coordination, reaction time, and other behavior skills (LeDain et al. 1973). (psychomotor performance, RIS 27:372--67 entries)

psychopathic personality

A personality disorder which is not psychotic in nature, which is lacking in manifest anxiety, and which involves inadequate social adjustment (English and English 1958; Chaplin 1975). This term is now rarely used, and the psychiatric diagnosis of "psychopathic personality disorder" has been replaced with ANTISOCIAL PERSONALITY in the Diagnostic and Statistical Manual of Mental Disorders (1978).

psychopathology

Broadly, that content area within behavioral science that specifies, describes, or predicts disordered or deviant behavior and involves an application of the principles of learning, motivation, perception, biology, and genetics insofar as they contribute to behavior in an effort to arrive at general explanatory laws to account for different kinds of behavior (Sutker 1977). The study of the significant causes and processes in the development of mental disorders as well as the manifestations of mental disorders (A Psychiatric Glossary 1975). (RIS 27:373--9 entries)

psychopharmacology

The scientific study of the interactive effect of drugs on psychological and behavioral activity (LeDain et al. 1973). The term was first used in the 1940s and 1950s, but it was not until the discovery of LSD in 1943 and the synthesis of CHLORPROMAZINE that a systematic, scientific investigation of drugs that affect the mind became well organized. The science of psychopharmacology links the disciplines of psychiatry, psychology, pharmacology, and neurophysiology. See also ethnopharmacology.

psychosis, amphetamine

A "model" psychosis that closely resembles paranoid schizophrenia and has been seen to result from long-term amphetamine use (Bell 1965). There is often difficulty in distinguishing amphetamine psychosis from schizophrenia, but it appears that visual hallucinations are more usual in amphetamine psychosis cases, while thought disorder is more usual in schizophrenia cases. There is conflicting evidence in the relative importance of drug effect or underlying personality factors in precipitation, but many researchers believe that amphetamine psychosis is produced primarily in persons who already manifest a personality disorder or predilection for paranoid reaction (Ellinwood 1967). (psychosis, drug, RIS 27:374--61 entries)

psychosis, cannabis

Also known as hemp psychosis and hemp insanity. The belief that cannabis can produce psychosis among users of the drug. Most of the reports of hemp psychosis come from Eastern lands, such as India, Egypt, Turkey, and Africa. However, the large number of Eastern cases so diagnosed have been credited to the frequent lack of any distinction between drug-induced symptoms and independent schizophrenia, and the purposeful and inadvertent inclusion of cases for which no proper diagnosis has been made (Grinspoon 1977:261).

psychosis, cocaine

A psychological reaction to prolonged cocaine use characterized by hallucinations. The diagnosis of psychosis often emerges from the presence of tactile sensations. However, psychosis involves more than hallucinations and usually implies dysfunction in an individual's mental processes, emotional responses, memory, communication skills, sense of reality, and behavior. The presence of such a wide range of phenomena in cocaine intoxication is less clear than the presence of hallucinations; there-

fore, the use of the term is questionable (Siegel 1977).

psychosis, toxic

Chronic or acute psychotic-like behavior or delirium resulting from impairment of brain function by drugs or poisons. Characteristic symptoms are an unpleasant and extreme confusion, disorientation, aggressiveness, depression, or hallucinations (Weil 1972:50).

psychosocial models

In regard to drug abuse, explanatory models that define it as a problem associated with both psychological and social factors either as antecedents or consequents. Psychosocial models view drug abuse primarily as a social problem with societal, psychological, and group determinants, a function of the user's total personality in reaction with the sociocultural environment as the user sees it, though not to the exclusion of biological or neurochemical factors. See also epidemiology; psychological models; sociological models; medical models. (psychosocial attitudes, RIS 27:375--13 entries)

psychosomatic

Refers to processes that are both somatic (bodily) and psychic (mental) in nature or origin. A psychosomatic disorder is one that is of the body but is psychogenic in nature.

psychotaraxics

See hallucinogens.

psychotherapeutic drugs

A term used to refer to those drugs that (1) are used as medicines to alleviate psychic distress or as adjuncts to treatment of various physical disorders, and (2) are typically acquired through a doctor's prescription or over the counter at a drugstore (Mellinger et al. 1974). An older and less preferred term for such drugs is "psychotropics." (RIS 27:223--2 entries)

psychotherapy

A technique of treating mental disorders by means of insight, persuasion, suggestion, reassurance, and instruction so that the patients may see themselves and their problems more realistically and have the desire to cope with them. Strictly used, the term includes only techniques such as psychoanalysis or psychodrama that are utilized by specialists; more broadly, it is applied to any informal talk aimed at personal adjustment (Zadrozny 1959; Chaplin 1975). (RIS 27:375--15 entries)

psychotogenic

Producing HALLUCINATIONS and psychotic behavior (Chaplin 1975).

psychotomimetic

Characteristic of drugs that produce a state similar to or symptomatic of psychoses (Chaplin 1975). See hallucinogens.

psychotropic drugs

Term sometimes used broadly to refer to PSYCHOACTIVE SUBSTANCES; more generally used to refer just to the PSYCHOTHERAPEUTIC DRUGS.

Public Health Service hospitals

Two Federal treatment facilities, originally called Narcotic Farms, established in Lexington, Kentucky, in 1935, and in Ft. Worth, Texas, in 1938, which carried the major responsibility for the treatment of opiate addiction in the United States for a quarter of a century. Operated in a manner similar to minimum security penal institutions, the hospitals gave priority to the admission of Federal prisoners and probationers who were addicts sent for withdrawal and detoxification; voluntary patients were admitted when and if space was available. In 1945, the hospitals also began providing vocational, counseling, and psychiatric services. Withdrawal treatment was based on the extent of addiction and, at first, routinely consisted of subcutaneous injections of decreasing amounts of morphine over a period of 4 to 10 days. Subsequently, methadone was substituted for morphine, first through subcutaneous and later through oral administration. The hospitals were also authorized to investigate the cause, treatment, and prevention of drug addiction. Until the late 1960s, individuals desiring medical detoxification and withdrawal who could not afford private sanitariums had only these hospitals to which to turn. Soon after the hospitals opened, voluntary patients accounted for 75 percent of admissions, and a total of over 100,000 admissions were made to the hospitals during their years of operation. Although the programs have been criticized for their limited success and their prisonlike conditions, these hospitals did serve the goal of introducing the concept of treatment as a general goal and even as an officially stated Government responsibility and provided an atmosphere in which the addict was considered a patient rather than a lawbreaker at a time when addiction was heavily stigmatized (Cuskey et al. 1973: 200; Brown 1973:129-130). (RIS 27:395--34 entries)

punding

Term suggested by Swedish forensic psychiatrist Rylander for behavior, induced by massive doses of amphetamines, wherein the abuser loses the capacity to perform complex sequential acts in a rational manner. Instead, the abuser persists in repetitive and compulsive, but subjectively rewarding, manipulative tasks for hours or even days (Grinspoon and Hedblom 1975:103). See also stereotypy. (RIS 27:375--1 entry)

pusher

See dealing, drug.

pushing, drug

See dealing, drug.

PYRAMID Project

A prevention resource network developed by the National Institute on Drug Abuse. PYRAMID provides assistance, instruction, and support for the development of drug abuse prevention efforts throughout the country. PYRAMID staff and a nationwide network of resource people provide technical assistance, information, and technology transfer of workable models in prevention. Special areas of consultation are drugs and drug abuse, prevention strategies, prevention curriculum, program planning, needs assessment, community support, staff development, management/organizational development, evaluation, training, funding, research, conference/workshop planning, model programs, resource identification, special issues, and other technical services.

Western office: Pacific Institute for Research and Evaluation, 3746 Mt. Diablo Blvd., Suite 200, Lafayette, Calif. 94549; toll free (800)227-0438.

Eastern office: 7101 Wisconsin Avenue, Suite 1006, Bethesda, Md. 20014; (301)654-1194.

R

receptors

Sites within the body where chemical substances interact to produce pharmacological actions. The sites consist of large molecules on the surface of cells in functional,

or target, tissues. Receptors serve the two primary functions of (1) somehow recognizing a substance, distinguishing it from others, and (2) transmitting the signal indicating the presence of the substance, which brings about pharmacological action in the target tissue.

Early research on receptors centered around the hormone estrogen. With discovery of the estrogen receptors, research has expanded to find receptor sites for nearly all of the bodily hormones. In 1971 Avram Goldstein (1976a) and his staff discovered specific opiate receptors in the brains of rats. Human opiate receptor sites in the brain, spinal cord, and intestines have since been identified.

The discovery of opiate receptors led researchers to suspect that their affinity for exogenous opiate ALKALOIDS was only coincidental and that the receptors exist because the body produces its own endogenous opiatelike substances. In 1975 researchers reported the discovery of the two endogenous OPIOID peptides, or ENDORPHINS, labeled methionine-enkephalin and leucine-enkephalin (Hughes and Kosterlitz 1977). The discovery of other endorphins has followed, but still very little is known about where and how the endorphins are produced and what their exact role is in modulating mood and pain.

recreational drug use

See social-recreational drug use.

regimen

A schedule of treatment procedures designed to address ailment and to achieve a therapeutic result.

regulation

As opposed to PROHIBITION, generally refers to a situation in which use of a drug is permitted but regulated by orderly controls over such factors as potency, price, and the conditions of sale and licensing.

rehabilitation

The restoration of a person to the best possible level of functioning after suffering a behavioral disorder (Wolman 1973). (RIS 27:376--11 entries)

rehabilitation, drug

The technique of helping drug users give up the use of the drugs to which they are habituated or upon which they are dependent, and making them feel that they can be useful and respected among their families, friends, and communities (Zadrozny 1959). (RIS 27:376--11 entries)

reinforcement

In psychology, technically denotes the process or technique whereby a response to a stimulus is strengthened. See also conditioning.

relapse

A reversion to old habits of aberrant behavior (e.g., using heroin) following a seemingly satisfactory social adjustment. (RIS 27:332--42 entries)

reserpine

One of the ALKALOIDS found in *Rauwolfia serpentina* (or snakeroot), a plant indigenous to India and neighboring countries, and used in a variety of antipsychotic tranquilizers. Unlike some tranquilizers, it has no anticonvulsant or antihistaminic effects, although the phenothiazine derivatives such as CHLORPROMAZINE (Thorazine) are preferred in medical and psychiatric practice. Classification: antipsychotic tranquilizers.

residential treatment

A program in which the patient resides in the treatment facility, whether a hospital or THERAPEUTIC COMMUNITY. See also inpatient.

resistance, drug

The natural ability of an individual to ward off the effect of a drug (Winek 1971).

righteous dope fiend

A special type identified by Sutter (1966) to whom status is allocated according to the size of his or her heroin habit and success as a hustler. Righteous dope fiends prefer heroin above all other drugs and consider themselves members of the elite world of opiate users.

risks, drug related

The risks related to drug taking are affected by a wide variety of pharmacological, psychological, and sociocultural variables. Subsumed within the concept of drug-related risk were two basic components: (1) risk to health; and (2) risk of drug-induced behavior. Implicit in the concept of risk and embraced in these risk types are risk to the individual health, welfare, and safety, and risk to society in terms of the public health, wealth, and safety. Risk to the individual and public health is posed by such drug-taking consequences as acute reactions in the form of overdose and psychological trauma, or from diseases that may be directly or indirectly related to drug use and physical or psychological problems of short or long duration. Public safety risks of drug use arise primarily from the behavior induced

by the drug experience, such as crime or alterations of perception, judgment, or other mental functions, which may result in disordered or hazardous behavior such as loss of impulse control, which may lead to assaultive, aggressive, or violent acts, or impaired psychomotor function, which may result in hazardous activities such as inadequate operation of a motor vehicle (National Commission on Marihuana and Drug Abuse 1973:94). (RIS 27:376--12 entries)

ritual

Usually refers to the most directly observable, manifest, and salient part of a religious observance; more generally, any highly predictable sequence of behavior. Within the drug field, ritual can refer to a frequent pattern of marijuana smoking in which the users sit in a circle and pass a single cigarette from person to person (*Encyclopedia of Sociology* 1981; Agar 1977). Many heroin users are said to be addicted to the ritual of hypodermic injections and will not take a heroin substitute that does not involve injection. Peele (1978) theorizes that ritual is actually a part of the object of addiction.

roach

Slang. Marijuana cigarette butt.

Robinson v. California

A landmark 1962 Supreme Court decision resolving the constitutionality of a California statute making it a criminal offense to "be addicted to the use of narcotics." The court explicitly recognized that addiction constituted an illness rather than a crime, and that a sentence even as short as 90 days was cruel and thus unconstitutional if it were imposed as "punishment" for an "illness."

Rolleston Committee

The committee appointed in Britain after passage of the Dangerous Drugs Act in 1920 to recommend procedures for the distribution of opiates and the treatment of opiate addiction by the medical profession.

routes of administration

See administration, routes of.

run

Slang. Usually, a period of continuous, heavy use of a drug, especially injection of AMPHETAMINE, lasting 3 to 5 days and ending when the user sinks into protracted, exhausted sleep (Lingeman 1969).

runner's high

The unpredictable and sometimes fleeting

occurrence of extremely pleasurable and euphoric mental states experienced by runners while running. The runner's high has been described as a "euphoric sensation experienced during running, usually unexpected, in which the runner feels a heightened sense of well-being, enhanced appreciation of nature, and transcendence of barriers of time and space" (cited in Pargman and Baker 1980:342). Although not fully understood, the runner's high is believed by many to be associated with the enhanced production of the natural opiatelike substances called ENDORPHINS caused by running regularly. Also called jogger's high.

rush

Slang. The initial onset of euphoria and physical well-being felt immediately after a drug has been injected. Distinguished from HIGH, which is the continuing state of relaxation and well-being experienced while the drug is effective. Intravenous injection produces the quickest, most intense rush (Lingeman 1969).

S

San Pedro cactus

A tall branching cactus originally grown in South America. It is now grown and sold in the United States. San Pedro contains mescaline and has hallucinogenic effects when consumed; nausea is not an uncommon side effect.

sanctions

Rewards or punishments that are used to enforce conformity to the social norms and laws; a means of (SOCIAL) CONTROL. Sanctions are often categorized as positive (involving a reward) or negative (involving a penalty), diffuse (informal means of social control such as ridicule) or organized (formal methods employed by authorized officials).

SAODAP

See Special Action Office for Drug Abuse Prevention.

scheduled drugs

See under Drug Abuse Act of 1970.

screening, drug

See detection, drug.

secobarbital sodium

A short-acting BARBITURATE. Manufactured as Seconal. Classification: sedative/hypnotics. (RIS 27:223--4 entries; barbiturates, RIS 27:202--48 entries)

sedative/hypnotics

A major classification of nonnarcotic depressant drugs with such primary effects as calming, sedation, or induction of sleep (hypnosis). The sedative/hypnotics are usually divided into four categories: (1) barbiturates; (2) alcohol; (3) antianxiety tranquilizers; and (4) nonbarbiturate, proprietary drugs. The antianxiety tranquilizers and the nonbarbiturate sedative/hypnotics are often grouped together and are the most widely used drugs in medicine. The sedative/hypnotics are also often called anxiolytic sedatives, depressants, psycho-sedatives, or psycholeptics. (RIS 27:223--5 entries; barbiturates, RIS 27:202--28 entries; alcohol, RIS 27:198--118 entries; tranquilizers, RIS 27:224--18 entries; hypnotics, RIS 27:210--1 entry; sedatives, RIS 27:223--5 entries)

self-administration experiments in humans

Typically drugs are made available to volunteers with histories of drug abuse for ingestion under conditions that permit the gathering of empirical information concerning the patterns and effects of drug self-administration. These experiments are usually conducted over the course of several weeks, and the subject is sequentially exposed to different experimental conditions. These experimental procedures involving controlled laboratory environments were originally developed over 40 years ago in the analysis of ethanol self-administration, and they have subsequently been extended to the analysis of other drugs of abuse (Griffiths et al. 1978; Babor et al. 1976).

self-help groups

Self-help groups have been formed around many different problem areas in which behavior control is the primary reward for participation. Perhaps the most well-known self-help group is associated with alcoholism (Alcoholics Anonymous), but scores of groups exist across the country to deal with such varied problems as drug abuse, cigarette smoking, weight control, divorce, neurotic personality, compulsive gambling, ex-prisoner societal reentry, family crisis, terminal illness, and the like.

Although the problem areas may differ, self-help groups have many factors in common. Katz and Bender (1976:266) cite the following general characteristics:

"Self-help groups are voluntary, small group structures for mutual aid and the accomplishment of a special purpose. They are usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life-disrupting problem, and bringing about desired social and/or personal change. The initiators and members of such groups perceive that their needs are not, or cannot be, met by or through existing social institutions. Self-help groups emphasize face-to-face social interactions and the assumption of personal responsibility by members. They often provide material assistance, as well as emotional support; they are frequently 'cause'-oriented, and promulgate an ideology or value through which members may attain an enhanced sense of personal identity."

semantic representations, analysis of

Study of the verbal processes associated with certain groupings of words. Vocabulary tests, semantic differential scales (5- or 7-point bipolar scales such as hot/cold, good/bad, pleasant/unpleasant), and other techniques of verbal analysis are employed to determine the subjects' attitudes toward and depth of knowledge of the group of words being studied. This information is then often correlated with data obtained on subject behaviors.

Analyses of semantic representations of drug abuse terms have been made by several researchers (Baron and Galizio 1978; Haertzen et al. 1970, 1974; Newmeyer 1976). There is significant evidence that the degree of illicit drug use, the extent of familiarity with drug terms, and one's attitudinal persuasions about illicit drug use are positively correlated. The nature of this relationship is highly complex, as is noted by Baron and Galizio (1978): "The precise ways in which semantic representations and other verbal patterns contribute to more overt actions, such as the complex behaviors surrounding use of drugs, remain an enigma. One hypothesis is that language controls other behaviors through its discriminative and classifying functions. From this standpoint, the labels assigned to drugs allow the individual to respond differentially to subtle environmental and particularly intrapsychic changes. Conversely, labels may lead the individual to respond in common ways to events that differ widely in their stimulus properties. In any event, knowledge of the language of drugs allows the user to communicate with others who supply and use drugs, and on this basis alone must be regarded as an essential part of the entire pattern of drug-using behaviors."

sensation seeking

The process in which the individual actively seeks out stimulation from the environment. Zuckerman's (1964, 1972) Sensation-Seeking Scale measures five factors: general sensation seeking, thrill and adventure seeking, experience seeking, DISINHIBITION, and boredom susceptibility. According to Zuckerman (1972), drug usage is an aspect of general sensation seeking rather than any specific type; Kohn and Annis (1977) argue that drug use is specifically associated with a high optimum level for fantasies and unusual perceptual feelings. (RIS 27:381--13 entries)

sensitization

The reverse effect of drug TOLERANCE. The effect of increased responsiveness to a drug with repeated use. Subjects may under certain conditions experience sensitization to certain actions of cocaine, for example (Stripling and Ellinwood 1977). Also referred to as (REVERSE) TOLERANCE.

sequential treatment method

A pharmacologically oriented treatment approach proposed by Goldstein (1976b) in which clients go through a sequence of different treatments. The heroin addict is first maintained on methadone on a daily basis, then switched to LAAM on a three-times-a-week basis, detoxified and then placed on a pure antagonist such as naltrexone, and eventually becomes drug free. Clients can be repeatedly recycled through the sequence until they elevate to the level of becoming drug free. Goldstein (1976b) coined the acronym STEPS (sequential treatment employing pharmacologic supports) to symbolize this process.

serotonin

A vasoconstrictor neurohormone-like biochemical found in blood serum, many cells, and the central nervous system. It plays a role in the transmission of signals to the PARASYMPATHETIC NERVOUS SYSTEM.

serum

The fluid part of whole blood.

SES

See socioeconomic status.

set

The psychological state or underlying personality of an individual that may affect the qualitative response to a mind-altering drug or response to a questionnaire or other stimuli. Such factors as the person's expectations, motivations, and attitudes may influence drug effects (LeDain

et al. 1973). See also setting. (RIS 27:381--9 entries)

setting

The physical environment in which drug use takes place. Some researchers hold that the SET and setting determine the quality of a drug experience. A supportive and friendly setting, along with a favorable set, is considered most conducive to a positive experience. A supportive setting, however, does not guarantee against adverse reactions (Lingeman 1969). (RIS 27:381--9 entries)

shoot up

Slang. To inject a drug.

shooting gallery

Slang. A place where drug addicts regularly go to inject themselves with their purchases (Fiddle 1967).

side effects

All actions produced by a drug given at therapeutic dosage with the exception of the specific action for which the drug was administered.

significant other

An important person who plays a major role in the life of a subject in addition to the subject's spouse or close relatives or in lieu of a spouse or close relative. Significant others in the lives of clients are frequently identified and become a part of the case history established at INTAKE to drug treatment programs.

Single State Agency (SSA)

The primary agency recognized by NIDA, for funding purposes, for planning and coordinating drug abuse treatment and prevention projects and activities in each State. See also Statewide Services Contract.

sinsemilla

From the Spanish "sin" (without) and "semilla" (seed) (pronounced seen-seh-mee'-yah). Sinsemilla is the potent flowering top (excised of leaves) of the unpollinated and seedless female marijuana plant. Keeping the female plants unpollinated creates increasing quantities of a sticky substance containing a high concentration of THC (the psychoactive ingredient in marijuana) in their flowering tops in a vain attempt to trap pollen from the male plant and become fertilized. If the female plant becomes fertilized, it devotes a large portion of its chemical energies to making seeds and in the process lowers its THC content. The growth of sinsemilla requires

the identification and weeding out of the male plants before they begin pollination and the harvesting of the female plants at the peak of their pollen-luring secretions, both of which are difficult to determine. This process for cultivating marijuana has been used in Asia for centuries and is, for example, used to grow the marijuana contained in THAI STICKS. Its use in the West was popularized after the drug experiences of American soldiers in Vietnam in the 1960s.

THC concentrations in sinsemilla can reach 6 percent or more, while ordinary street marijuana sometimes contains less than 1 percent. To increase the potency, growers in California and elsewhere are reportedly using the *Cannabis indica* species of marijuana, which contains more THC than its botanical sibling *Cannabis sativa*. See also marijuana.

situational drug use

See circumstantial-situational drug use.

skin popping

Slang. Injecting a narcotic subcutaneously. The onset of the drug's effects is not so immediate as it is with MAINLINING (injecting intravenously). Skin popping is often used by neophyte users before they progress to mainlining; it is also used by older addicts whose veins are "used up" (Lingeman 1969).

SMSA

Standard Metropolitan Statistical Area.

sniffing

Inhaling drugs usually of the volatile solvent type (e.g., glue sniffing). See insufflation.

snorting

Slang. Inhaling a psychoactive drug, particularly cocaine or heroin. See also blow; insufflation.

sobriety

The quality or condition of being temperate or abstinent in the use of alcoholic beverages; or, the state of not being drunk (Keller and McCormick 1968).

social costs of drug use

Costs to society caused by drug use. Various econometric models have been developed that have totaled costs to society of addiction based on productivity losses (employment); criminal justice system expenditures such as judicial, penal, and law enforcement expenses and salaries; property crimes; drug education; treatment;

and rehabilitation (Lockwood 1977; Holahan 1970). (RIS 27:384--16 entries)

social controls

See controls, social.

social drug use

See social-recreational drug use.

social-recreational drug use

As defined by the U.S. National Commission on Marijuana and Drug Abuse, drug use that, like EXPERIMENTAL DRUG USE, occurs in social settings among friends or acquaintances who wish to share a pleasurable experience. Unlike experimental use, social and recreational use tends to be more patterned but considerably more varied in terms of frequency, intensity, and duration. It is a voluntary act and, regardless of the duration of use, tends not to escalate in either frequency or intensity (National Commission on Marijuana and Drug Abuse 1973:95). (social interactions, RIS 27:384--15 entries; sociocultural influences, RIS 27:385--55 entries)

socialization

The process whereby individuals learn and internalize the attitudes, values, behaviors, and expectations appropriate to persons functioning as social beings and as responsive, participating members of their society (Encyclopedia of Sociology 1981).

socially determined

A phenomenon is socially determined if it can be most adequately explained in terms of antecedent social conditions rather than by biological, chemical, geographical, or other physical or mechanical causes.

socioeconomic status

The relative position or prestige of an individual in a community that is derived from such factors as amount of income, wealth, or type of occupation (Zadrozny 1959; Chaplin 1975); a general designation of social standing (Encyclopedia of Sociology 1981). Abbreviated as SES. (socioeconomic factors, RIS 27:385--52 entries)

sociogenic drug use

An expression coined by Erich Goode for drug use, particularly marijuana use, that from inception is simultaneous with participation in a specific social group. Goode presents seven criteria for determining when a drug is sociogenic: (1) used typically in a group; (2) use is shared with intimates; (3) use is shared with those of long-term continuing relations; (4) the group shares many of the same values; (5) value convergence occurs as a result

of progressive group involvement; (6) drug use reaffirms group solidarity; and (7) users view use as legitimate basis for identity (Goode 1969:54).

sociological models

In regard to drug abuse, refers to explanatory theories that seek to identify those factors within society and social relations that promote drug use and stress such factors as differential association, anomie, and subcultural influences. Most sociological models of drug abuse rest on the assumption that people are drug abusers because of their inability to reach societal goals. Moreover, drug addiction is seen as a problem that is socially defined and perceived differently by different societal groups. Many of these models further stress that social problems such as drug use, crime, and prostitution meet certain societal needs and will remain in existence as long as those needs remain. These problems will be eliminated only when the basic societal arrangements that perpetuate them are changed (Jacobs 1976:114-115). The main criticism of sociological models is their failure to explain why only some people with a given sociological background become drug users and not others. See also psychological models; psychosocial models.

sociopathic personality

A personality disorder used to describe chronically antisocial persons who seem unable or unwilling to live within established social and moral frameworks and who tend to pursue self-determined goals regardless of the consequences to self or others. This particular label takes into account the fact that sociocultural norms may be flaunted by individuals so labeled. The term has been used interchangeably with PSYCHOPATHIC PERSONALITY, and both labels have been replaced by ANTI-SOCIAL PERSONALITY in the Diagnostic and Statistical Manual of Mental Disorders (1978). It has been thought by some researchers that the nature of the psychopathic/sociopathic personality makes the likelihood of significant improvement in therapy or treatment of any kind minimal. However, Vaillant (1975) states that the "real" sociopath is treatable and is distinguished from the psychopath by an apparent absence of anxiety, supposed lack of motivation for change, and inability to experience depression (Blaine and Julius 1977:5). (sociopathy, RIS 27:386--21 entries)

soft drugs

A vague, imprecise term that is sometimes

used to refer to all drugs other than the opiate narcotics, which are labeled HARD DRUGS.

solvents

Volatile (tending to evaporate easily) liquids that dissolve or that are capable of dissolving one or more substances, also referred to as "volatile solvents." A subclassification of inhalant drugs in which a large aggregate of chemically diverse substances come from a wide variety of sources, many of which are volatile HYDROCARBONS. Typical household solvents include glue (plastic cement), gasoline, paint thinner, nail polish, nail polish remover, lighter and cleaning fluids. The active ingredients used in these solvent products include acetone, the chlorated hydrocarbons such as carbon tetrachloride, and the petroleum hydrocarbons (toluene, benzene, naphtha, and gasoline). Solvents are CNS depressants and lower heart and breathing rate and impair judgment and muscle coordination. Like most inhalants, solvents such as glue, the most commonly used, generally produce a brief period of stimulation with giddiness, euphoria, and muscle tremors, followed by a more lengthy, dreamlike stupor. Effects tend to be short-lived and mild. The petroleum-based solvents such as paint thinner (toluene), lighter fluid (naphtha), and gasoline, generally produce the most extreme effects. Some of their components, like lead, are known to be quite toxic and to cause tissue or nervous system damage. A major cause of concern is the effect of solvents in the SUDDEN SNIFFING DEATH SYNDROME. Classification: volatile inhalants.

somatic

Pertaining to the body as opposed to mental or psychological origin.

somatic concerns (or complaints)

Preoccupation with bodily functions and real or imagined physical symptoms. See also PSYCHOSOMATIC.

soporific

Causing or inducing sleep.

spaced out

Slang. To be STONED or HIGH, particularly from a HALLUCINOGEN.

Special Action Office for Drug Abuse Prevention (SAODAP)

An agency no longer existing that was established in 1972 in the Executive Office of the President to review and evaluate the functions and policies of all Government agencies involved in the area of drug

abuse and to establish policies and provide direction necessary to properly coordinate all the Federal Government's efforts against drug abuse (treatment, rehabilitation, education, training, and research). The basic mission of the agency was twofold: (1) to reduce drug abuse in the shortest possible time; and (2) to develop a comprehensive long-term Federal strategy to combat drug abuse (Brown 1973:132; Sonnenreich et al. 1973:194).

speed

Slang. An AMPHETAMINE, usually Methedrine.

speedball

Slang. HEROIN and COCAINE or heroin and AMPHETAMINE injected as a mixture. The cocaine or amphetamine reportedly enhances the RUSH, while the heroin tempers the unpleasant extremes of the exhilaration and perhaps prolongs the effects.

spoon

Slang. Part of the drug paraphernalia, or "works," used by heroin addicts to prepare their drugs for injection. Usually made from a teaspoon whose handle is bent back and looped so that a finger may be inserted for a steady holding. The spoon and its contents are heated to prepare an injectable liquid from powdered heroin, or other solid psychoactive drug, and water. The term is also used as a crude unit of measure for the number of doses in a quantity ("bag") of heroin.

Standard Metropolitan Statistical Area (SMSA)

An area containing at least one central community of 50,000 or more, plus the county in which the central city is located, plus the contiguous counties that are defined to be economically closely related to the central city.

stash

Slang. A hiding place for drugs and drug-taking equipment. Also, the drug supply itself.

Statewide Services Contract (SWSC)

The primary mechanism through which community-based treatment services are funded by NIDA. The SWSC is a cost-sharing contract negotiated with Single State Agencies through which local drug treatment programs are subcontracted. This mechanism allows for drug abuse treatment services to be delivered within a State under the authority of the agency responsible for statewide planning.

Financial assistance is also provided to the States via formula grants (authorized under section 409 of Public Law 92-255) to plan, establish, and evaluate drug abuse treatment and prevention programs. Formula grants help the SSAs coordinate drug abuse programs in their respective States. The formula by which funds are allocated reflects relative population and financial and programmatic need. State plan updates are prepared by the SSAs and reviewed annually.

NIDA has transferred most of the responsibility for supervising federally supported treatment programs to the States. The SWSC is the principal funding mechanism NIDA has used to transfer these responsibilities. Contracting with States serves to--

- Transfer responsibilities for administering federally funded treatment services to the States, where these responsibilities may be better coordinated with other drug abuse services.
- Improve the consistency and coordination of drug abuse treatment with other non-drug-related health care delivery systems within the State.
- Allow NIDA to more efficiently leverage limited Federal administrative resources by working through State government.
- Provide States with greater flexibility in determining how Federal funds are translated into service delivery at the local level.

statistics, drug abuse

See Client Oriented Data Acquisition Process (CODAP), Drug Abuse Reporting Program (DARP), Drug Abuse Warning Network (DAWN), Monitoring the Future, National Drug Abuse Treatment Utilization Survey (NDATUS), and National Survey on Drug Abuse.

stepping-stone hypothesis

The theory that the use of one drug increases the likelihood of the use of other more serious drugs. Often used in the past to relate the use of marijuana to later use of heroin. Although there is no definitive evidence that use of marijuana necessarily leads to the use of heroin or any other drugs, there is evidence that an initial interest in drugs may lead to an expansion of the one-time users' drug interests and possibly to a commitment to a way of life that revolves around or is

focused on drugs (Grinspoon 1977:251; O'Donnell and Clayton 1981). (RIS 27:387--1 entry)

STEPS

An acronym meaning Sequential Treatment Employing Pharmacologic Supports. See sequential treatment method.

stereotyped behavior

A behavior that is generally elicited uniformly in a particular problem situation and is rarely altered by attendant circumstances or motivation, or by the outcome (English and English 1958). (RIS 27:387--6 entries)

stereotypy

The persistent repetition of senseless acts or words. The pathological condition in which the individual manifests mannerisms, irrational and delusional forms of thinking, and inflexibility in behavior patterns. Some degree of stereotypy is characteristic of most of the neuroses and psychoses and often of amphetamine abuse (Dorland's Illustrated Medical Dictionary 1974; Chaplin 1975). See also punding.

stimulants

A major classification of drugs that stimulate the central nervous system (CNS) and excite functional activity in the body, producing an elevation of mood (euphoria), a state of wakefulness, increased mental activity, energy, alertness and tension, and suppressing appetite. Sympathetic NERVOUS SYSTEM effects include increased heart and pulse rates and sweating. Stimulants are often divided into two main sub-categories: (1) the primary stimulants, which act mainly on the CNS and only secondarily on the sympathetic nervous system, and include the AMPHETAMINES, AMPHETAMINE RELATIVES, and COCAINE; (2) the secondary stimulants, which also affect the CNS but exert their primary influence on the sympathetic nervous system, and include NICOTINE, CAFFEINE, and KHAT. (RIS 27:223--19 entries; stimulant reactions, RIS 27:387--49 entries)

stillbirth

The birth of a dead fetus.

stoned

Slang. In a state of drug-induced intoxication, elation, or euphoria. See also high; spaced out.

STP

Slang. DIMETHOXYMETHAMPHETAMINE (DOM).

street addicts

Persons belonging to a well-developed street subculture who see themselves as addicts and organize their behavior around that self-image (Stephens and McBride 1976). A particular type of addict--lower class, slum-dwelling, usually a member of a minority group, who adheres to a deviant set of values, and whose chief attributes are the "cool cat" stance, conning, and ANTISOCIAL BEHAVIOR (Stephens and Levine 1971:351). The phrase "on the street" implies an idle or homeless person in an urban area who might very well be "down one's street"--that is, doing something suited to one's taste (Siegel 1978). A distinction is often made between the "physician addict" or upper class addict and the street level or "street addict" by asserting that street addicts belong to a "subculture" that is insulated from the general culture by a set of unique "values" and the need to support the habit, whereas physicians or upper class addicts still belong to the larger culture because they can afford to support their habits by legal means. Thus it is common for scholars to lump the street or "subcultural addict" and the criminal addict together. Doing so, however, fails to discriminate between different social patterns of drug involvement on the street scene. See righteous dope fiend; career, addiction; subculture, drug. (RIS 27:295--8 entries)

strung out

Slang. Thin and sick looking because of long-term drug use; also, the inability to obtain sufficient drugs to keep comfortable (Lingeman 1969).

stupor

A state of semiconsciousness in which the individual is unaware of what is going on in his or her surroundings; one of the major symptoms of nonfatal drug OVERDOSE.

subculture, drug

A subculture of society whose members share norms legitimating the use of drugs that are disapproved by the dominant culture and structured around norms regulating the type of drugs used as well as the frequency and mode of use. Subcultural theorists studying the onset of adolescent drug use stress the importance of interpersonal influences and participation in an adolescent subculture that has a distinctive set of values and conduct norms that are at odds with the more conventional values of the adult or parent culture (Johnson 1973; Goode 1972). Subcultural

theorists focus on the shared norms, values, role definitions, and patterns of behavior governing consumption of illicit drugs and thus provide a bridge between sociological and psychological theories. The drug subculture is seen as providing a person with an alternative lifestyle centering around knowledge of how to obtain and use drugs and how to evaluate the experience. In addition, it provides a set of values and norms and gives respect and admiration to those who adhere to these behavioral prescriptions (Preble and Casey 1969:21; Stephens and Levine 1971). (RIS 27:332--44 entries; college subcultures, RIS 27:311--5 entries; deviant subcultures, RIS 27:322--6 entries)

subcutaneous

Beneath the skin. Subcutaneously injecting drugs is also called SKIN-POPPING.

subjective

Relating to internal mental states, such as emotions, feelings, attitudes or concepts; especially, interpreting experience in terms of such states (Fairchild 1976). See objective.

substance abuse

Operationally defined by the Committee on Substance Abuse and Habitual Behavior of the National Research Council to encompass four behavioral patterns: overeating, cigarette smoking, alcohol abuse, and drug abuse (Krasnegor 1979). See also operational definition.

sudden sniffing death (SSD) syndrome

The most prominent threat to health associated with inhalant abuse is the sudden sniffing death (SSD) syndrome related to sniffing the fluorocarbons contained in aerosols. The term SSD syndrome was coined by Bass (1970) to describe over 100 deaths during the sixties he had researched and found to be related to aerosol sniffing. The SSD syndrome is caused when the fluorocarbons (particularly trichlorofluoromethane) sensitize the heart to the adrenal hormone epinephrine, which is in itself a strong cardiac stimulant. By potentiating the effect of epinephrine on the heart, wildly erratic heartbeat and increased pulse occur, resulting in the case of the SSD syndrome in heart failure and death. The use of fluorocarbons as propellants in household aerosol products has been banned by the U.S. Environmental Protection Agency since March 16, 1978.

suicide

The act of intentionally taking one's own life. The person who kills himself or her-

self (Fairchild 1976). (RIS 27:388--35 entries)

supply reduction strategy

Federal drug abuse policy goals are geared toward reducing both the demand and the supply of illicit drugs. The supply reduction strategy outlines the Government's plan for reducing the production, importation, and flow of illicit drugs in the country. The domestic component of the supply reduction strategy consists of law enforcement involving the investigation, prosecution, and seizure of assets of drug traffickers. International activities include border interdiction efforts and, through diplomacy and cooperation with foreign governments and international organizations, encouragement of crop eradication programs with income substitution and rural development programs, support of international law enforcement programs, support of international narcotics control programs by other governments, and support for international prevention, treatment, and rehabilitation programs. See also demand reduction strategy; Federal drug abuse policy.

survey, drug

A study that selects a sample from some larger population in order to ascertain the prevalence, incidence, and interrelations of selected drug-use-related variables. A survey may be any of three types: descriptive, exploratory, and explanatory.

sympathomimetic

A drug that primarily produces effects similar to (or that mimic) those resulting from stimulation of the sympathetic NERVOUS SYSTEM. Only those sympathomimetic drugs that also excite the central nervous system (CNS), such as the AMPHETAMINES, are used as recreational drugs. Also called adrenomimetic drugs. See also nervous system; neurotransmission.

sympathetic nervous system

See nervous system.

symptom

An indicator of the presence of a disease or disorder; more generally, any event that indicates the presence of another event. A symptom cluster or SYNDROME is a group of related symptoms that typically appear together.

symptom, drug toxicity

A sign observed or reported by subject (e.g., depression) indicating a toxic drug

reaction. The table on this page shows the signs and symptoms of toxic reactions to the major classes of abused drugs, as outlined by DeAngelis (1976:10).

Synanon

A THERAPEUTIC COMMUNITY for the rehabilitation of drug addicts established in 1959 in California. As originally established, the members of Synanon stayed as long as they liked and were discouraged from leaving until they were judged capable of remaining off drugs, although no "cures" were claimed. Synanon has developed into a lifestyle movement for both addicts and nonaddicts who live within its structure and rules as an alternative society and social system (Deitch 1973). See also Daytop Village.

syndrome

A group of related symptoms that typically occur together; the pattern of symptoms that characterizes a particular disorder or disease; a symptom complex (Dorland's Illustrated Medical Dictionary 1974; Encyclopedia of Sociology 1981).

synergistic effects

The joint action of two or more separate entities, such as drugs, resulting in a total effect greater than the sum of the individual effects. Distinguished from ADDITIVE EFFECT, in which the effects of the two are only added together, and from POTENTIATION, in which the action of one drug is induced, or its effect

enhanced, by combination with another (Keller and McCormick 1968). (RIS 27: 388--25 entries)

synthetic drug

Made by chemical process. Contrast with organic drug.

tachyphylaxis

See tolerance, evanescent.

taking care of business

Slang. Succeeding in what one is doing. Among street addicts this expression is often used to refer to the daily petty hustles used to supply their drug habits. Preble and Casey (1969:2) view the addict's "taking care of business" hustle as adding significant meaning to the lives of many, particularly lower class, addicts. According to them, "Their behavior is anything but an escape from life. They are actively engaged in meaningful activities and relationships seven days a week. The brief moments of euphoria after each administration of a small amount of heroin constitute a small fraction of their daily lives. The rest of the time they are aggressively pursuing a career that is exacting, chal-

Common signs and symptoms of patients with mind-/mood-altering drug toxicity

Signs and symptoms	Sedative/ hypnotics	Narcotics	Hallu- cinogens	Stimu- lants	Solvents	Tran- quilizers	Alcohol
Coma in overdose	•	•			•	•	•
Convulsions	•					•	•
Depression	•			•			
Hallucinations	•		•	•			•
Agitation (restlessness)	•	•	•	•	•	•	•
Aggressive behavior	•		•	•			•
Paranoia/panic	•		•	•	•		•
Psychosis	•		•	•	•		•
Disorientation	•		•	•	•		•
Ataxia	•	•	•	•	•	•	•
Pain masking	•	•	•	•	•	•	•
Parkinsonism						•	
Slurred speech	•	•			•		•
Lacrymation		•			•		•
Nystagmus, lateral	•						

lenging, adventurous, and rewarding."
See career, addiction.

talking-down method

A treatment method employed with persons who are experiencing a drug PANIC REACTION or a "bad trip." It is applied when the subject is awake and responsive and utilizes a liberal amount of verbal reassurance that what the subject is experiencing is transitory and will end once the drug has run its course. Green and Levy (1976) give the following description of the process:

"This method is the treatment of choice provided the youth is not overly aggressive, psychotic, convulsive, or showing respiratory depression. The goal is to counteract the anxiety, panic, paranoia, depression and confusion of the bum trip. The manner of the parent should be quiet, relaxed and sympathetic. The youth must be made to feel welcome and to sense that he is wanted. What is needed is rest, reassurance, sympathy and support.

"The youth must be reassured that his mental condition at the moment is due to the drug and will return to normal. The distortions and frightening experiences are related only to the drug itself and do not indicate an emotional illness. The youth may need help in verbalizing his experience. The parent can assist in this by reviewing for the youth what is going on in the trip, outlining the probable time schedule of events, and emphasizing the self-limiting aspects.

"Simple and concrete statements should be reiterated; who is there, where he is, what is happening, identification of familiar objects such as books, lamps, table, etc. This assists in the process of self-identification and permits reality to be reassembled."

TASC

Treatment Alternatives to Street Crimes, a federally funded pilot treatment program through which, if local law enforcement authorities approve, a drug-dependent person who has been arrested may enter treatment as a condition of release. When the case comes up for trial, the court may take into account the user's cooperation and success in the treatment program and may determine that he or she should remain in the program as an alternative to prosecution or possible incarceration subsequent to prosecution. The TASC treatment units are linked to community programs and use various treatment approaches (Brown 1973: 133). (RIS 27:391--3 entries)

tea

The principal chemical constituents of tea are CAFFEINE, tannin, and essential oil; caffeine supplies the stimulating quality, tannin the strength of the beverage, and essential oil the flavor and aroma. An average tea may contain 3.5 percent caffeine, 15 percent tannin, and a small percentage of theophylline (the essential oil) (Green and Levy 1976).

teetotal (t-total)

Complete abstinence from alcoholic beverages. A teetotaler is one practicing or pledged to total abstinence from alcoholic beverages. The first syllable "tee-" is a reduplication for emphasis of the initial sound in the word "total." The term first appeared in 1834 in a letter to the Preston Temperance Advocate (Britain) signed "A Lover of Sociality, and a 'Tee-Total' Abstainer" (Oxford English Dictionary 1971).

temperance

The practice of moderation; often used in reference to food and drink, particularly alcoholic beverages. The Temperance Movement was a popular movement to restrict or prohibit the use of alcoholic beverages that became widespread in Northern Europe and North America beginning in 1800 and culminated in the passage of the Prohibition Amendment in the United States in 1919, and in prohibition, partial prohibition, or lesser restrictions in the Scandinavian countries around World War I. Temperance should not be equated with PROHIBITION. While many of the various 19th-century temperance advocates became prohibitionists, calling for total abstention from all alcoholic beverages, many only called for moderation in use, or moderation in the use of beer and wine and abstention from spirits (Austin 1978).

teratogenic drugs

Drugs that can cause birth defects.

tetanus

An acute infectious disease that results in "lockjaw," generalized muscle spasm, arching of the back, and seizures. It is caused by the specific toxin of a bacillus (Clostridium tetani), which is usually introduced through a wound (Dorland's Illustrated Medical Dictionary 1974).

tetrahydrocannabinol

See THC.

Thai sticks

Potent, seedless marijuana grown in Thailand, Vietnam, and Nepal that is packaged and tied in bundles that resemble sticks. See sinsemilla.

THC (delta-9-THC)

Tetrahydrocannabinol, a psychoactive ALKALOID of the CANNABIS plant, first synthesized in 1965. One of many cannabis derivatives, it is believed to produce the primary psychoactive effects. Hashish usually contains about 12 percent THC, and HASH OIL up to 40 percent. As pure THC is very expensive to produce and loses its potency rapidly upon exposure to air, much of what is sold on the streets as THC is PCP or LSD. See marijuana; cannabis. Classification: cannabis.

Therapeutic Communities of America

The national association of therapeutic community drug abuse treatment programs. It promotes the drug-free TC concept, publishes a newsletter, sponsors and participates in conferences, and has become a central voice for the TC movement. The headquarters of the Therapeutic Communities of America are located at 118-21 Queens Blvd., Forest Hills, N.Y. 11375; (212) 520-5205.

therapeutic community

A generic term describing a wide spectrum of residential treatment approaches and clients, all of which embrace the fundamental need for individual change through a communal living milieu in order to render stable changes in lifelong self-destructive and socially destructive behavior. The TC concept was first pioneered by Dr. Maxwell Jones and others in Britain in 1947 as a program for social deviants and again, independently, by Chuck Dederick at SYNANON in California in 1958 using drug addicts. In the United States the term has become largely associated with the treatment of drug addiction, but the basic concept can be, and has been, applied to various types of deviant or maladjusted behavior. All TCs, however, as noted by Dr. Jones (1979:147), have basic similarities:

"All subscribe to the power of the client peer group; all started as residential communities, although later developments include day centers, clubs, etc.; all claim to espouse a democratic social organization and democratic ideals although in practice this is often open to question; all avoid the extreme professionalism of the kind seen in departments of psychiatry in medical schools and some, like Synanon, repudiate professionals altogether."

Generally, drug abuse TCs are operated as long-term, live-in, 24-hour-a-day residential abstinence treatment experiences, in which individuals help cure each other through group therapy, mutual reinforce-

ment, companionship, and social pressure. The interactions between members, and between individuals and the group, are utilized to reinforce and strengthen continued abstinence. Two types of GROUP THERAPY are usually employed. The first is confrontation or ENCOUNTER GROUP therapy, in which community members meet in regular and frequent sessions in order to analyze each other's past drug-taking behavior and conduct in the program. MILIEU THERAPY is aimed at further strengthening internalization of community values. Two of the major modern therapeutic communities are SYNANON (est. 1959) and DAYTOP VILLAGE (est. 1963). While the traditional abstinence community requires persons to stay for an extended period, usually 1 to 2 years, short-term communities have also been established. In MULTIMODALITY TREATMENT communities (such as TINLEY PARK), methadone maintenance and abstinent patients have been combined in the same setting (Deitch 1973; DeLeon and Beschner 1977:7-9). See Henderson Hospital; Asklepieion. (RIS 27:389--19 entries)

therapeutic dose

Amount of drug prescribed for a patient to induce the desired drug action (Winek 1971). See also marijuana. (therapeutic uses, RIS 27:390--44 entries)

therapeutic index

The ratio between an effective dose of a drug and a dose that will be TOXIC.

therapeutic intervention

The belief that with respect to "deviants" the law should not be concerned with questions of guilt and its degrees or with determining a fit punishment, but should humanely apply whatever measures are necessary to protect society from further transgressions by the same individual. This model, which was given approval by ROBINSON v. CALIFORNIA, is often extended to include the concept of therapeutic prevention as well as correction, and applied to the eradication of self-harming as well as society-harming conduct (Wexler 1975:67).

thiopental sodium

An ultra-short-acting BARBITURATE, manufactured as Pentothal. Classification: sedative/hypnotics.

thioridazine hydrochloride

An (ANTIPSYCHOTIC) TRANQUILIZER, manufactured as Mellaril. (RIS 27:223--1 entry)

thiothixene

An (ANTIPSYCHOTIC) TRANQUILIZER, manufactured as Navane.

third-party payment

A payment made to a service provider, such as a drug abuse treatment agency, for (all or part of) the services provided to a client, by a source external to the transaction (the third party), such as by an insurance company or government or employer health program.

thrill seeking

See sensation seeking.

time perception

The ability to judge or apprehend the passage of time by the order of occurrence of experiences, physiological rhythms (Chaplin 1975).

time-response relationship

The relation between the time that has elapsed since the administration of a drug and the effect produced in that time. Such a temporal analysis may be restricted to short-term (acute) effects of a single dose, or may be extended to include the long-term effects of persistently repeated (chronic) use of a drug (LeDain et al. 1973).

tincture

A preparation consisting of a drug in an alcohol solution, such as LAUDANUM, which is a tincture of opium.

Tinley Park

The first THERAPEUTIC COMMUNITY based on a MULTIMODALITY TREATMENT approach, founded in Tinley Park, Illinois, in 1968, expanding the residential abstinence model to include CHEMOTHERAPY. Both abstinent and methadone maintenance patients who need group psychotherapy are combined in the same communal setting (Deitch 1973).

TMA

Trimethoxyamphetamine, a synthetic hallucinogen with stimulant properties, which is taken orally or injected. More powerful than Mescaline, but less so than LSD. Classification: hallucinogens.

tobacco

Dried leaves of the plant *Nicotiana tabacum*, which are most often inhaled but have been chewed. The three main constituents of tobacco smoke are NICOTINE, carbon monoxide, and tar. Nicotine, the main active ingredient, makes up about 1.5 percent of the average cigarette. Long-term use has

been shown to have numerous adverse effects, principally on the bronchopulmonary and cardiovascular systems. Smoking is now believed to be the main cause of lung cancer, is associated with cancers of the mouth and respiratory tract, and facilitates respiratory infections. Smokers are also much more likely than nonsmokers to develop coronary heart disease, cerebrovascular disorders, and peripheral vascular disease. Overwhelming evidence indicates that tobacco smoking is a major health hazard. Pipe and cigar smoking in which tobacco is not regularly inhaled, are less hazardous. Tobacco smoking is almost a worldwide phenomenon. Generally, no country's inhabitants, once introduced to tobacco, have given it up, nor have other smoking substances been successfully substituted. See substance abuse. (RIS 27: 223--14 entries)

tolerance

A decrease in response to a drug dose that occurs with continued use. It can be caused by both physiological and psychosocial factors. Tolerance has been shown to be both relative and highly subject to change, and it is now believed that heroin users can lose their tolerance in several days (Lettieri and Backenheimer 1974). Thus many addicts enter treatment programs specifically for the purpose of bringing down their tolerance to manageable levels. See also cross-tolerance; tolerance, reverse.

Dews (1978) points out that tolerance may develop under a variety of circumstances other than drug use, including exposure to heat, cold, electric shock, hunger, and the like. He delineates three types of pharmacological tolerance: dispositional, physiological, and behavioral.

According to Dews, in the case of dispositional tolerance, as a result of exposure to a drug, the physicochemical processes handling the drug in the body are so modified that reduced concentrations of the drug reach the receptive cells, as in the case of an increased rate of metabolism of the drug following repeated administration, as by the induction of higher activity of metabolizing enzymes.

Dews defines physiological tolerance as a change in the receptor cells, or related cells, such that the effects of a dose of the drug are reduced, even though the receptor cells are subjected to the same concentration of the drug.

Behavioral tolerance is defined as a change in the effect of a drug due to alteration

of environmental constraints. Behavioral tolerance results from behavioral mechanisms in the user's environment. (RIS 27:390--17 entries)

tolerance, evanescent

Tolerance toward drugs that lasts for only a short time (a few hours). Also termed tachyphylaxis (Wineck 1971).

tolerance, reverse

A condition in which the response to a certain dose of a drug increases with repeated use. See also cross-tolerance.

toluene

Methyl BENZENE, the main active ingredient in glue and paint thinner. Classification: volatile inhalants. See solvents; glue sniffing.

toxic

Poisonous. Toxicity refers to the quality of being poisonous, and toxicology is the science that deals with poisons and their effects. (toxicity, RIS 27:391--11 entries)

toxicomania

An extremely strong need or desire for TOXIC substances, including drugs and alcohol.

tracks

Slang. The linear scar marks and VENOUS THROMBOSIS that occur after repeated injections of heroin into the veins of the arms. A readily visible indicator of sustained illicit drug use, often tattooed over or covered with long sleeves in attempts to conceal them.

trafficking, drug

The obtaining, transporting, and selling of illicit drugs for commercial purposes. See also dealing, drug.

tranquilizers

A general term for a varied and complex group of drugs that have a CNS depressant effect, relieving anxiety and tension, and sometimes relaxing the skeletal muscles, which were developed since the 1940s as hopeful replacements for the BARBITURATES and other DEPRESSANTS that had undesirable side effects. However, tranquilizers have been shown to have undesirable side effects also, to be habituating, and to be widely misused. Tranquilizers are particularly dangerous as they potentiate (see POTENTIATION) the effects of other depressants such as the opiates, barbiturates, and alcohol, and a safe dose of either when taken together can cause coma and even death. Unlike SEDATIVE/

HYPNOTICS, such as barbiturates, they do not generally cause hypnosis, drowsiness, or loss of alertness, although there are many exceptions, especially when taken in amounts larger than necessary. Tranquilizers are usually classified according to their therapeutic use into two categories: (1) (ANTI-ANXIETY) TRANQUILIZERS or "agents" (formerly called "minor tranquilizers") such as DIAZEPAM (Valium) and CHLORDIAZEPOXIDE HYDROCHLORIDE (Librium); and (2) (ANTI-PSYCHOTIC) TRANQUILIZERS or "agents" (formerly called "major tranquilizers") such as RESERPINE (Serpasil) and CHLORPROMAZINE (Thorazine). Much confusion is caused by the nonspecific use of the general label "tranquilizers," particularly as the anti-anxiety and anti-psychotic tranquilizers are quite dissimilar chemically and pharmacologically in respect to their uses and effects. The anti-anxiety tranquilizers are classified as SEDATIVE/HYPNOTICS; the anti-psychotic tranquilizers are classified separately. (RIS 27:224--18 entries)

tranquilizers, anti-anxiety

Those TRANQUILIZERS prescribed as sedatives to reduce ANXIETY and tension, sometimes called minor tranquilizers, as distinct from the major or (ANTI-PSYCHOTIC) TRANQUILIZERS. They are widely prescribed as sedatives that have relatively few other significant effects on emotional, cognitive, or perceptual processes, although there is much disagreement surrounding the extent to which they achieve this goal. Unlike the anti-psychotic tranquilizers, which do not produce euphoria or other pleasant effects and are rarely used nonmedically, the anti-anxiety tranquilizers produce effects subjectively similar to alcohol and barbiturates and are often used nonmedically. In much of the scientific literature, the term is restricted to use of the benzodiazepine derivatives chlordiazepoxide hydrochloride (Librium) and diazepam (Valium), and of the propandiol derivative meprobamate (Equanil and Miltown). Sometimes the term is used in a broader sense to refer to other of the new nonbarbiturate sedatives such as glutethimide (Doriden) and methaqualone (Quaalude; Mequin). The anti-anxiety tranquilizers should not be confused with the ANTIDEPRESSANTS. Classification: sedative/hypnotics.

tranquilizers, anti-psychotic

A major classification of drugs commonly used to treat psychiatric problems falling under the rubric of psychosis. Consists of four classes of drugs: (1) phenothiazines, such as chlorpromazine (Thorazine);

(2) Rauwolfia compounds, such as reserpine (Serpasil); (3) butyrophenones, such as haloperidol (Haldol); and (4) thioxanthenes, such as Navane. Rarely used non-medically, they lack euphoric properties and generally produce unpleasant side effects. Preferred to BARBITURATES as calming agents because in moderate doses they calm without inducing sleep, they do not cause physical dependence, and even in large doses they do not induce coma or anesthesia. Also called major tranquilizers, antipsychotic agents, or NEUROLEPTICS.

tranylcypramine sulfate

An MAO INHIBITOR used in the treatment of severe mental depression. Manufactured as Parnate. Classification: antidepressants.

Treatment Alternatives to Street Crimes

See TASC.

treatment, ambulatory

Program in which the patient visits the treatment facility at periodic intervals on an OUTPATIENT basis. (treatment, outpatient, RIS 27:298--34 entries)

treatment, community-based

Any treatment program that takes place in a community setting, for example, HALF-WAY HOUSES, parole and probation programs, outpatient METHADONE MAINTENANCE programs, or THERAPEUTIC COMMUNITIES. Contrast with civil commitment. (RIS 27:312--3 entries)

treatment, compulsory

Involuntary treatment; treatment in which the patient is compelled to initiate treatment, or to continue it, or both. Includes both medical and court authorizations for treatment that do not require consent of the client. See also civil commitment; criminal commitment; diversion. Contrast with treatment, voluntary. (RIS 27:312--7 entries; treatment, nonvoluntary, RIS 27:298--11 entries)

treatment, drug abuse

Generally, treatment modalities may be classified as drug free or maintenance; residential or ambulatory; medical or nonmedical; selective or nonselective; voluntary or involuntary. In practice, treatment programs can and do offer virtually any combination of these methods, at times mixing together seemingly opposing elements (National Commission on Marijuana and Drug Abuse 1973:315). See also treatment outcome. (RIS 27:296--55 entries; treatment, inpatient, RIS 27:297--106 entries; treatment programs, RIS 27:394--31 entries)

treatment, drug-free

Treatment that calls for complete abstinence from drug use of any kind. See also detoxification.

treatment modalities

Treatment methods, techniques. Drug treatment modalities include therapeutic communities, residential centers, outpatient drug-free treatment clinics, detoxification clinics, and methadone maintenance clinics. Modalities also refers to the processes used in treatment, such as group therapy, individual counseling, family therapy, and psychopharmacological agents (Blaine and Julius 1977:12). See also multimodality treatment; community-based treatment; maintenance treatment. (treatment models, RIS 27:392--18 entries)

treatment outcome

Refers to the success of a given treatment program in achieving its goals, usually defined in terms of continued abstinence from the use of the drug for which the client is being treated, but also such factors as increased employment and decreased criminality. In 1973 Cuskey et al. emphasized the need for more thorough evaluation of all treatment modalities, observing that for the most part the standards and goals of treatment programs have not been well defined, well evaluated, or well measured. All claim success but define success differently, and often programs ignore attrition and relapse rates, attract or admit only certain kinds of personalities and eliminate those prone to failure (Cuskey et al. 1973:202-4). O'Donnell (1965) describes the problem of comparing outcomes of treatment of opiate-dependent individuals. Differences in criteria of improvement, length of followup, and nature of the population studied are often so great that comparisons may be invalid. He also points out that failure may be registered by events other than drug use and that many addicts who return to drug use at one point in time again may become abstinent yet remain registered as relapsed. See ex-addict. (RIS 27:392--112 entries)

treatment, voluntary

Treatment in which the patient both initiates and continues treatment by choice.

tremor

A trembling or shaking usually from weakness or disease; a feeling of uncertainty or insecurity. See also delirium tremens.

trichloroacetaldehyde

See chloral hydrate.

trichloromethane
See chloroform.

tricyclic compounds
A major category of ANTIDEPRESSANTS.

trifluoperazine hydrochloride
An (ANTI-ANXIETY) TRANQUILIZER.
Manufactured as Stelazine.

tripelennamine hydrochloride
An antihistamine that has recently come into use in combination with PENTAZOCINE as a substitute for HEROIN. See Ts and Bs.

tryptamine
Nonhallucinogenic chemical from which the hallucinogenic drugs DIMETHYLTRYPTAMINE (DMT), LSD, and PSILOCYBIN can be derived.

Ts and Bs
Slang name for an injected compound made from the brand-name drugs Taiwin (PENTAZOCINE) and Pysibenzamine (tripelennamine). Pentazocine is a pain killer, and tripelennamine is an antihistamine. When ground, bound together, "cooked," and injected intravenously, it produces a RUSH described by users as equivalent to good quality heroin. Ts and Bs is experiencing increasing use nationally among heroin addicts because it costs less than one-quarter the price of heroin and, unlike street heroin, its potency can be determined and controlled. There are major health risks associated with the use of Ts and Bs, including damage to the small blood vessels of the lungs, eyes, and brain; seizures and convulsions, and fatality due to overdose. Other slang names include Tops and Bottoms, Teddies and Betties.

tybamate
An (ANTI-ANXIETY) TRANQUILIZER, similar to but possibly more effective than MEPROBAMATE. Manufactured as Tybatron. Classification: sedative/hypnotics.

typology
A classification scheme containing two or more categories (types) based on characteristics of the things being classified that are considered by the classifier to be of importance. The criteria most often used in evaluating typologies are "exhaustiveness"—the extent to which all items being classified can be placed in the scheme—and "mutual exclusiveness"—the absence of overlapping between the categories. Typologies can describe individuals, groups, or whole societies (Encyclopedia of Sociology 1981). (RIS 27:394--35 entries)

U

unconventional drug use
Drug use seen as outside the accepted social bounds of drug-using patterns. This term was proposed by Josephson (1974:xvi) as a substitute for DRUG ABUSE.

Uniform Crime Reports (UCR)
Periodical statistical bulletins issued annually by the Federal Bureau of Investigation since 1932 that contain data on various categories of law-breaking and law enforcement compiled from reports sent in regularly and according to a uniform plan by police agencies throughout the Nation. Critics argue that the statistics fail as adequate measures of the magnitude and trends of crime, that a vast amount of crime remains hidden, that much crime that is detected is not reported, and that much that is reported is not recorded (Inciardi and Chambers 1972).

Uniform State Narcotic Drug Act
An act drafted and promulgated in 1932 by the National Conference of Commissioners on Uniform State Laws, a private semi-official body that proposes a wide variety of uniform laws for enactment by States. Enacted by most of the States between 1933 and 1937, the act sought to eliminate the amalgam of conflicting State narcotic laws and the weaknesses of State enforcement procedures. In this act, marijuana was classified with opiates and cocaine as a narcotic drug. At the time the act was being drafted, the Federal Bureau of Narcotics was under pressure to regulate marijuana consumption, but the agency itself was not eager to take on this task and suggested that an optional clause criminalizing marijuana should be included in the Uniform State Narcotic Drug Act. It was also proposed to define all the drugs as "habit forming" and to rename the act the Uniform Habit-Forming Drug Act, but this proposal was defeated because of uncertainty over what defined a habit-forming drug. As a result, marijuana came to be classified as a narcotic in subsequent State legislation (Bonnie and Whitebread 1974).

United States Adopted Names Council
The semi-official organization that confers

and keeps track of the generic names of new drugs undergoing clinical investigation. See also National Formulary; U.S. Pharmacopeia.

untoward effects

See adverse drug reactions.

uppers

Slang. AMPHETAMINE pills; sometimes cocaine. Also called "ups."

urinalysis

In its more comprehensive medical meaning, urinalysis consists of a group of techniques for providing information on a urine specimen on a broad range of biochemical and biomedical health indicators, such as the pH level, presence of sugar, and germ count. In the drug abuse field, however, urinalysis has come to be used synonymously with testing for the presence of illicitly used drugs. See also urine testing for drugs.

urine temperature

See certified urine.

urine testing for drugs

The first major use of urine testing to screen for the illicit use of drugs was by Drs. Dole and Nyswander as part of their methadone maintenance treatment regimen. At present over 20 million of these tests are routinely performed annually as part of drug abuse treatment and military, business, and penal drug screening programs.

If an individual uses a drug illicitly, traces of it or its metabolite will show up in the urine. Catlin (1973:2) describes this process as follows:

"Whatever the route of entry into the body, the drug is carried by the blood stream to the brain, liver, kidneys, and other organs. Once the drug is in the body, two processes begin: metabolism and excretion. Metabolism refers to the changes in the chemical form of the drug. For example, as soon as heroin enters the body it is metabolized into morphine, and in turn morphine is metabolized into morphine glucuronide. In fact, although heroin is the drug taken by the addict, little or no heroin is found in the urine. What is found are the principal metabolites of heroin—morphine and morphine-glucuronide. Therefore, to detect heroin use, the tests are designed to detect either morphine, morphine-glucuronide, or both. Similarly, little or no cocaine is found in the urine; the tests are designed to detect a cocaine metabolite. In the case of barbiturates

and amphetamine, both the drugs and their metabolites are found in the urine."

Other body fluids such as blood, sweat, and saliva, body tissue, and even the SYMPATHETIC NERVOUS SYSTEM (e.g., the Narcan test) can be used to screen for the presence of drugs. Urine testing has become the preferred procedure by many programs because specimens can be easily obtained with minimal facilities and by an unskilled technician, the process is painless, it can provide highly reliable results, and it is relatively inexpensive.

Of the many different drug urine tests in use today, two characteristics are basic to all of them--their sensitivity and their specificity in detecting various drugs. The sensitivity of a test is determined by the smallest concentration of a drug or metabolites that can be detected and is expressed in micrograms per milliliter of undiluted urine. The specificity of a test refers to the degree to which it can discriminate between closely related drugs, metabolites, or naturally occurring substances (Catlin 1973).

New techniques are still being developed, but the most widely used urine tests for drugs currently in use are (Catlin 1973; DeAngelis 1976)--

Chromatography

Thin layer

Gas-liquid

Spectrophotofluorometric (SPF) tests

Immunoassays

Free radical assay technique (FRAT)

Enzyme multiplied immunoassay technique (EMIT)

Radioimmunoassay (RIA)

Hemagglutination Inhibition (HI)

Mass spectrometry

Drug screening kits

FPN Universal Test

See certified urine; dirty urine; false positive; false negative.

U.S. Pharmacopeia (USP)

Legally recognized book of standards for drugs published by the United States Pharmacopeial Convention, Inc. It contains standards for strength and purity and formulas for making nearly all drugs currently in use. The USP, first published in 1820, is revised every 5 years. Standards contained in the USP were given legal status under the National Food and Drugs Act of 1907. See also National Formulary; United States Adopted Names Council.



value orientation

A person's disposition toward making certain value choices, observing certain norms, and using certain criteria for the selection of objects toward which to act in a given social situation (Zadrozny 1959). (RIS 27:395--35 entries)

venous thrombosis

A condition characterized by swollen and blocked veins, often seen among long-term heroin addicts, resulting from frequent injections in a vein (Lingeman 1969).

victimless crimes

Illegal activities in which the participants consent to be involved and in which, therefore, there is technically no victim. Also called "consensual crimes." Examples include homosexuality, prostitution, gambling, and drug use (Schur 1965). Brecher (1972:45) prefers the expression "crimes without complaints." As the principals in these acts have voluntarily, often eagerly, exchanged prohibited goods and services, few complaints to law enforcement authorities come forward. The attempt to prohibit such crimes has thus been criticized as an impossible goal and one inevitably leading to law enforcement corruption and illegal behavior stemming from the police's zeal to enforce the unenforceable and because of the unlimited opportunities for enrichment that these crimes present (Blumberg 1973:109).

Vietnam veterans

Drug use (opiates and cannabis) among American soldiers stationed in Vietnam took place on a fairly wide scale according to published reports. Lee Robins in her extensive studies of drug use patterns among Vietnam veterans found that, in a sample of 898 veterans, 386 had used opiates while stationed in Vietnam (Robins and Helzer 1975; Robins et al. 1974).

One by-product on the American drug scene of thousands of Vietnam veterans has been the introduction of drug practices used in the Orient, such as the SINSEMILLA method of cultivating marijuana and the use of the more potent Cannabis indica variety of marijuana. Another by-product has been the serious rethinking of the

"intractable" nature of opiate addiction. Of the 386 opiate users in the Robins study, for example, 189 were addicted users while in Vietnam, but only 5 percent continued their addiction after returning to the United States. The others simply stopped using drugs or shifted their drug use patterns to other drugs such as alcohol, amphetamines, or barbiturates. Continued drug use has been found to be associated with a high incidence of difficulties reintegrating into civilian life. These findings have been verified by others such as Nance et al. (1980) and Mintz et al. (1979).

Vin Mariani

A concoction made from coca leaves and wine, developed by Angelo Mariani, widely used and acclaimed in the late 19th century.

viper

Slang. Habitual, long-term marijuana user.

vocational rehabilitation

A program of retraining persons with physical defects and handicaps for profitable employment. This term has also been applied to the retraining of addicts; often vocational rehabilitation is one of the goals of addict treatment programs. (RIS 27: 396--9 entries)

vocational training

Training that sees as its goal directing participants toward acquiring the proper attitudes, habits, and skills necessary for those occupations that demand some degree of special technical knowledge and skills (Fairchild 1976; Encyclopedia of Sociology 1981).

volatile inhalants

A major classification of DEPRESSANT drugs incorporating an aggregate of chemically diverse substances perhaps best described as being volatile (tending to evaporate easily) SOLVENTS and gases that are usually inhaled and whose effects are short-lived. Some of these drugs have been called deliriants although delirium is only one of many potential effects and is clearly not restricted to these substances. Many are quite similar in effect to the sedative group; some have certain psychedelic or hallucinogenic effects. Most of these substances are not used medically, although several have been employed as surgical anesthetics. (inhalants, RIS 27: 210--5 entries)

voluntary treatment

See treatment, voluntary.

W

wild lettuce

Wild lettuce, also known as lettuce opium (*Lactuca virosa*), and even crisp lettuce (*Sativa capita*) found at the supermarket, contains small amounts of the chemical lactucarium, a mild sedative/hypnotic. When extracted and consumed lactucarium produces a very mild psychoactive effect described as similar to that obtained from weak opium.

wine

An alcoholic beverage obtained by the FERMENTATION of the juice of grapes, usually containing 8 to 14 percent natural alcohol by volume. Also refers to the fermented juice of any other fruit, or of other plants and fermentable substances, except those fermented from grains, which are called beers. Classification: sedative/hypnotics.

withdrawal syndrome (or symptoms)

A cluster of characteristic reactions and behavior, of varying intensity, depending on the amounts of the drug taken and the length of time used, sometimes fatally severe, which ensue upon abrupt cessation of a drug upon which the body has developed (PHYSICAL) DEPENDENCE (Lingeman 1969). The traumatic bodily upheaval that can result from cessation of regular administration of a drug. Like tolerance, withdrawal is difficult to define in precise medical terms as it is most readily defined by observation of the behavior of the drug user (Peele 1977). For opiates, withdrawal symptoms include anxiety, restlessness, generalized body aches, insomnia, perspiration, hot flashes, nausea, diarrhea, rise in respiratory rate, cramps, dehydration, and loss of body weight. For barbiturates,

symptoms include tremor, progressive weakness, dizziness, visual distortion, weight loss, nausea, sudden drop in blood pressure, anxiety, convulsions, epilepsylike seizures, and psychotic reactions (Lingeman 1969). There is a serious debate over the severity and frequency of the appearance of extreme withdrawal. There is much evidence to indicate that withdrawal is to a significant extent a function of social surroundings and not simply dependent on the amount and length of time a drug is taken. Among U.S. soldiers using heroin in Vietnam, researchers have found that withdrawal occurred similarly within a unit, but that it differed between units; returning soldiers also underwent far less withdrawal than was expected. Within the therapeutic community of DAYTOP VILLAGE, the complete suppression of withdrawal has been reported among individuals who experienced extreme withdrawal in prison. Extreme withdrawal seems to be rather rare among street users; also, hospital patients receiving narcotics dosages stronger than those available on the street rarely show evidence of withdrawal (Peele 1978:63). Grinspoon and Hedblom (1975: 153) emphasize that a withdrawal reaction "is no more than a fairly well-defined set of physiological symptoms, different to different drugs," which is neither the major cause nor the most important medical or social consequence of drug use. Studies by Martin and Jasinski (1969) indicate that a protracted opiate withdrawal syndrome consisting of decreased blood pressure, pulse rate, pupil diameter, and body temperature can last up to 6 months. See also Himmelsbach test; abstinence. (RIS 27:396--24 entries)

works

Slang. Drug use PARAPHERNALIA for intravenous injection of opiates or other illicit substances. Usually includes items such as a homemade syringe, a tourniquet (belt, rubber hose, string), and a candle and spoon for "cooking" the injected solution.

REFERENCES

- Abelson, H.I.; Fishburn, P.M.; and Cisin, I. National Survey on Drug Abuse: 1977. Vol. 1. National Institute on Drug Abuse. DHEW Pub. No. (ADM) 78-618. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1977.
- Abronsky, A., and McCarthy, F.B. Civil commitment of non-narcotic addicts: Parens patriae; a valid exercise of a state's police power; or an unconscionable disregard of individual liberty? University of Pittsburgh Law Review, 38(3):477-503, 1977.
- Agar, M. One-up, one-down, even-up: Some features of an ethnographic approach. Addictive Diseases, 2(4):619-626, 1976.
- Aldrich, M., and Barker, R. Historical aspects. In: Mule, S.J., ed. Cocaine. Cleveland, Ohio: CRC Press, 1976. Pp. 1-11.
- American Journal of Drug and Alcohol Abuse, 5(3), 1978. (This issue is devoted to a conference held at the Eagleville Hospital on the topic "Abstinence and Controlled Use as Treatment Objectives for Alcoholics and Substances Abusers.")
- American Medical Association. Dependence on amphetamines and other stimulant drugs. Journal of the American Medical Association, 197:193-197, 1966.
- Anderson, L.C. A study of systematic wood analysis in cannabis. Harvard Botanical Museum Leaflets, 24:29-36, 1974.
- Anderson, L.C. Leaf variations among cannabis species from a controlled garden. Harvard Botanical Museum Leaflets, 28:61-69, 1980.
- Archibald, H.D. Alcohol and drugs: Government responsibility. In: Whitney, E., ed. World Dialogue on Alcohol and Drug Dependence. Boston: Beacon Press, 1970. Pp. 238-256.
- Arnon, D., et al. Psychological differentiation in heroin addicts. The International Journal of the Addictions, 9(1):151-159, 1974.
- Austin, G. Perspectives on the History of Psychoactive Substance Use. NIDA Research Issues 24. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1978.
- Babor, T.F.; Meyer, R.E.; Mirin, S.M.; McNamee, H.B.; Davies, M. Behavioral and social effects of heroin self-administration and withdrawal. Archives of General Psychiatry, 33:363-367, 1976.
- Balter, M. Drug abuse: A conceptual analysis and overview of the current situation. In: Josephson, E., and Carroll, E., eds. Drug Use: Epidemiological and Sociological Approaches. Washington, D.C.: Hemisphere, 1974. Pp. 3-21.
- Baron, A., and Galizio, M. Semantic representations of drug terms by individual workers. Journal of Clinical Psychology, 34(2):543-554, 1978.
- Bass, M. Sudden sniffing death. Journal of the American Medical Association, 212(12):2075-2079, 1970.
- Bean, P. The Social Control of Drugs. London: Martin Robertson, 1974.

- Beatty, D. Contingency contracting with heroin addicts. The International Journal of the Addictions, 13(4):509-527, 1978.
- Becker, H. Outsiders: Studies in the Sociology of Deviance. New York: Free Press, 1963.
- Beckett, G., and Thomas, E. Understanding honored: Court dispositions of early, drug free discharges from California Civil Addict Program. Journal of Drug Issues, 6(2):191-195, 1976.
- Beecher, H.K. Evidence for increased effectiveness of placebos with increased stress. American Journal of Physiology, 187(1):163-169, 1956.
- Bejerot, N. Drug Abuse and Drug Policy. Copenhagen: Munksgaard, 1975.
- Bell, D.S. Comparison of amphetamine psychosis and schizophrenia. British Journal of Psychiatry, 111:701-707, 1965.
- Berecochea, J., and Sing, G. The effectiveness of a halfway house for civilly committed narcotic addicts. The International Journal of the Addictions, 7(1):123-132, 1972.
- Blaine, J., and Julius, D. Introduction. In: Blaine, J., and Julius, D., eds. Psychodynamics of Drug Dependence. NIDA Research Monograph 12. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1977. Pp. 1-10.
- Blaine, J., and Renault, P., eds. Rx: 3x/week. LAAM. Alternative to Methadone. NIDA Research Monograph 8. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1976.
- Blum, R. To wear a Nostradamus hat: Drugs and America. Journal of Social Issues, 27(3):89-106, 1971.
- Blumberg, A. The politics of deviance: The case of drugs. Journal of Drug Issues, 3(2):105-114, Spring 1973.
- Bonnie, R., and Whitebread, C. The Marihuana Conviction. Charlottesville, Va.: University Press of Virginia, 1974.
- Bourguignon, E. Altered states of consciousness, myths and rituals. In: DuToit, B., ed. Drugs, Rituals, and Altered States of Consciousness. Rotterdam: A.A. Balkema, 1977. Pp. 7-23.
- Brotman, R., and Freedman, A. A Community Mental Health Approach to Drug Addiction. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1968.
- Brown, A., and Stickgold, A. Marijuana flashback phenomena. Journal of Psychedelic Drugs, 8(4):275-283, 1976.
- Brown, B. The treatment and rehabilitation of narcotic addicts in the United States. In: National Commission on Marihuana and Drug Abuse. Drug Use in America: Problem in Perspective. Appendix 4. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1973. Pp. 127-142.
- Brown, B.S., and Ashery, R.S. Aftercare in drug abuse programing. In: DuPont, R.L.; Goldstein, A.; and O'Donnell, J. Handbook on Drug Abuse. Rockville, Md.: National Institute on Drug Abuse, 1979.
- Bruun, K., et al. Alcohol Control Policies in Public Health Perspective. New Brunswick, N.J.: Rutgers University Center for Alcohol Studies, 1975.
- Bryant, T., et al. A Perspective on "Get Tough" Drug Laws. Washington, D.C.: Drug Abuse Council, 1973.
- Carroll, D. The Complete Book of Natural Medicines. New York: Summit Books, 1980.

- Catlin, D.H. A Guide to Urine Testing for Drugs of Abuse. Special Action Office Monograph, Series B, No. 2. Washington, D.C.: Executive Office of the President, Special Action Office for Drug Abuse Prevention, 1973.
- Chambers, C.D., and Hunt, L.G. Epidemiology of drug abuse. In: Pradhan, S.N., and Samarendra, N.D., eds. Drug Abuse: Clinical and Basic Aspects. St. Louis, Mo.: C.V. Mosby, 1977.
- Chaplin, J.P. Dictionary of Psychology. Revised ed. New York: Dell, 1975 (orig. pub. 1968).
- Child, I., et al. A cross cultural study of drinking, I: Descriptive measurements of drinking customs. Quarterly Journal of Studies on Alcohol, Supplement 3:1-28, 1965.
- Clark, W. Conceptions of alcoholism. Addictive Diseases, 1(4):295-430, 1975.
- Cohen, A.Y. Alternatives to Drug Abuse: Steps Toward Prevention. Rockville, Md.: National Clearinghouse for Drug Abuse Information, 1975.
- Cohen, S. The Drug Dilemma. Revised ed. New York: McGraw-Hill, 1976.
- Cohen, S. Cannabis: Effects upon adolescent motivation. In: National Institute on Drug Abuse. Marijuana and Youth: Impacts on Maturation and Learning. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., in press.
- Colbert, P., and Kirchberg, S. Operating a criminal justice unit within a narcotics treatment program. Federal Probation, 37(4):46-51, 1973.
- Cuskey, W., et al. An inquiry into the nature of changes in behavior among drug users in treatment. In: National Commission on Marihuana and Drug Abuse. Drug Use in America. Problem in Perspective. Appendix 4. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1973. Pp. 198-357.
- Dax, E.C. Towards a quantitative definition of alcoholism. Journal of Drug Issues, 7(4):419-425, 1977.
- DeAngelis, G.G. Testing and Screening for Drugs of Abuse: Techniques, Issues, and Clinical Implications. New York: Marcel Dekker, 1976.
- Deitch, D.A. Treatment of drug abuse in the therapeutic community. In: National Commission on Marihuana and Drug Abuse. Drug Use in America: Problem in Perspective. Appendix 4. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1973. Pp. 158-175.
- DeLeon, G., and Beschner, G. The therapeutic community. In: National Institute on Drug Abuse. Proceedings of Therapeutic Communities of America Planning Conference, January 29-30, 1974. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1977.
- Dews, P.B. Behavioral tolerance. In: Krasnegor, N.A., ed. Behavioral Tolerance: Research and Treatment Implications. NIDA Research Monograph 18. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1978.
- Diagnostic and Statistical Manual of Mental Disorders. 3rd ed. Washington, D.C.: American Psychiatric Association, 1978.
- Dole, V., and Nyswander, M. A medical treatment for diacetylmorphine (heroin) addiction. Journal of the American Medical Association, 193:646-650, 1965.
- Dole, V., and Nyswander, M. Heroin addiction--A metabolic disease. Archives of Internal Medicine, 120:19-24, 1967.
- Dorland's Illustrated Medical Dictionary. 25th ed. Philadelphia, Pa.: W.B. Saunders, 1974.
- Drug Policy Office. Annual Report on the Federal Drug Program: 1980. Washington, D.C.: The White House, Domestic Policy Staff, 1980.

- DuPont, R. Heroin addiction treatment and crime reduction. American Journal of Psychiatry, 128(7):856-860, 1972.
- DuToit, B., ed. Drugs, Rituals, and Altered States of Consciousness. Rotterdam: A.A. Balkema, 1977.
- Eddy, N.B., et al. Drug dependence: Its significance and characteristics. Bulletin of the World Health Organization, 32:721-733, 1965.
- Einstein, S., and Garitano, W. Treating the drug abuser. The International Journal of the Addictions, 7(2):321-331, 1972.
- Ellinwood, E.H. The epidemiology of stimulant abuse. In: Josephson, E., and Carroll, E., eds. Drug Use: Epidemiological and Sociological Approaches. Washington, D.C.: Hemisphere, 1974. Pp. 303-329.
- Encyclopedia of Sociology, New & Updated. Guilford, Conn.: Dushkin Publishing Group, 1981.
- English, H.B., and English, A.C. A Comprehensive Dictionary of Psychological and Psychoanalytic Terms. New York: David McKay Co., 1958.
- Erickson, P.G. Deterrence and deviance. The example of cannabis prohibition. Journal of Criminal Law and Criminology, 67:222-232, 1976.
- Fairchild, H.P., ed. Dictionary of Sociology and Related Sciences. Totowa, N.J.: Littlefield, Adams, 1976 (orig. pub. 1944).
- Falco, M. Methaqualone: A Study of Drug Control. Washington, D.C.: The Drug Abuse Council, 1975.
- Farkas, C.S. Caffeine intake and potential effect on health of a segment of northern Canadian indigenous people. The International Journal of the Addictions, 14(1):27-43, 1979.
- Fazey, C. The Aetiology of Psychoactive Substance Use. New York: United Nations Educational, Scientific and Cultural Organization, 1977.
- Finnegan, L.P., ed. Drug Dependence in Pregnancy: Clinical Management of Mother and Child. Services Research Monograph Series. Pub. No. (ADM)79-678. Rockville, Md.: National Institute on Drug Abuse, 1979.
- Gendreau, P., and Gendreau, L.P. The "addiction-prone" personality: A study of Canadian heroin addicts. Canadian Journal of Behavioral Science, 2(1):18-25, 1970.
- Gerstein, D.R.; Judd, L.L.; and Rovner, S.A. Career dynamics of female heroin addicts. American Journal of Drug and Alcohol Abuse, 6(1):1-23, 1979.
- Gilbert, R.M. Caffeine as a drug of abuse. In: Gibbon, R., et al., eds. Research Advances in Alcohol and Drug Problems. Vol. 3. Toronto: Wiley, 1976. P. 49.
- Gold, M.S.; Pottash, A.L.C.; Sweeney, D.R.; and Kleber, H.D. Efficacy of clonidine in opiate withdrawal: A study of thirty patients. Drug and Alcohol Dependence, 6:201-208, 1980.
- Gold, M.S.; Redmond, D.E., Jr.; and Kleber, H.D. Clonidine blocks acute opiate-withdrawal symptoms. The Lancet, Sept. 16, 1978. Pp. 599-601.
- Goldenson, R.M. The Encyclopedia of Human Behavior. Garden City, N.Y.: Doubleday, 1970.
- Goldstein, A. Opioid peptides (endorphins) in pituitary and brain. Science, 193(4258):1081-1086, 1976a.
- Goldstein, A. Heroin addiction, sequential treatments employing pharmacologic supports. Archives of General Psychiatry, 33:353-358, 1976b.

- Goode, E. Drugs in American Society. New York: Knopf, 1972.
- Gottschalk, L., et al. Guide to the Investigation and Reporting of Drug-Abuse Deaths. DHEW Pub. No. (ADM) 77-386. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1977.
- Green, H.I., and Levy, M.H. The "harmless" stimulants (tea, coffee, and cocoa). In: Drug Misuse . . . Human Abuse. New York: Marcel Dekker, 1976.
- Greenblatt, D.J., and Shader, R.I. Bad trips. In: Shader, R.I., ed. Manual of Psychiatric Therapeutics. Boston: Little, Brown, 1975.
- Grenden, J.F. Anxiety or caffeinism, a diagnostic dilemma. American Journal of Psychology, 131:1089, 1974.
- Griffiths, R.R.; Bigelow, G.E.; and Liebson, I. Experimental drug self-administration: Generality across species and type of drug. Self-Administration of Abused Substances: Methods for Study. NIDA Research Monograph 20. Pub. No. (ADM)78-727. Rockville, Md.: National Institute on Drug Abuse, 1978.
- Grinspoon, L. Marihuana Reconsidered. 2nd ed. Cambridge, Mass.: Harvard University Press, 1977.
- Grinspoon, L., and Hedblom, P. The Speed Culture. Cambridge, Mass.: Harvard University Press, 1975.
- Haertzen, C.A.; Hooks, M.S.; and Pross, M. Drug associations as a measure of habit strength for specific drugs. Journal of Nervous and Mental Diseases, 158:189-197, 1974.
- Haertzen, C.A.; Monroe, J.J.; Hooks, N.T.; and Hill, H.E. The language of addiction. The International Journal of the Addictions, 5:115-129, 1970.
- Harding, W., and Zinberg, N. The effectiveness of the subculture in developing rituals and social sanctions for controlled drug use. In: DuToit, B., ed. Drugs, Rituals, and Altered States of Consciousness. Rotterdam: A.A. Balkema, 1977. Pp. 111-133.
- Hastings, A.C.; Fodiman, J.; and Gordon, J.S.; eds. The Complete Guide to Holistic Medicine: Health for the Whole Person. Boulder, Colo.: Westview Press, 1980.
- Helisten, C. Drug analysis results. The PharmChem Newsletter, 6(2):1-6, 1977.
- Helmer, J. The connection between narcotics and crime. Journal of Drug Issues, 7(4):405-418, 1977.
- Himmelsbach, C.K. Clinical studies of drug addiction: II. "Rossium" treatment of drug addiction. Public Health Reports, Supplement 125. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1937.
- Hoffman, M. Drug addiction and "hypersexuality." Comprehensive Psychiatry, 5(4):262-270, 1964.
- Holahan, J. The Economics of Drug Addiction and Control in Washington, D.C.: A Model for Estimation of Costs and Benefits of Rehabilitation. Washington, D.C.: District of Columbia, Department of Corrections, November 1970.
- Hoult, T. Dictionary of Modern Sociology. Totowa, N.J.: Littlefield, Adams, 1969.
- Hughes, J., and Kosterlitz, H.W. Opioid peptides. British Medical Bulletin, 33:157-161, 1977.
- Hughes, P., et al. The social structure of a heroin coping community. American Journal of Psychiatry, 128(5):551-558, 1971.
- Iiyama, P., et al., eds. Drug Use and Abuse Among U.S. Minorities: An Annotated Bibliography. New York: Praeger, 1976.

- Inciardi, J., and Chambers, C. Unreported criminal involvement of narcotic addicts. Journal of Drug Issues, 2(2):557-558, 1972.
- Inhorn, M.C. The wide world of OTCs, part one, why the market is growing. Drug Topics, 125(3):27-31, 1981.
- Jacobs, P. Epidemiology abuse: Epidemiological and psychosocial models of drug abuse. Journal of Drug Issues, 6(2):113-122, 1976.
- Jacobson, R., and Zinberg, N.E. The Social Basis of Drug Abuse Prevention. Washington, D.C.: Drug Abuse Council, 1975.
- Jaffe, A. Reform in American medical science: The inebriety movement and the origins of the psychological disease theory of addiction, 1870-1920. British Journal of Addiction, 73:139-147, 1978.
- Jaffe, J. Drug addiction and drug abuse. In: Goodman, L.S., and Gilman, A., eds. The Pharmacological Basis of Therapeutics. 2nd ed. New York: Macmillan, 1958.
- Jaffe, J. Drug addiction and drug abuse. In: Goodman, L.S., and Gilman, A., eds. The Pharmacological Basis of Therapeutics. 4th ed. New York: Macmillan, 1970.
- Jaffe, J. Drug addiction and drug abuse. In: Goodman, L.S., and Gilman, A., eds. The Pharmacological Basis of Therapeutics. 5th ed. New York: Macmillan, 1970.
- Janssen, P.A.J., and Van Bever, W.F.M. Advances in the search for improved neuroleptic drugs. In: Essman, W.B., and Valzelli, L., eds. Current Developments in Psychopharmacology. Vol. 2. New York: Spectrum Publications, 1975.
- Jellinek, E.M. The Disease Concept of Alcoholism. New Haven: Hillhouse Press, 1960.
- Jessor, R., et al. Society, Personality, and Deviant Behavior: A Study of a Tri-Ethnic Community. New York: Holt, Rinehart, and Winston, 1968.
- Johnson, B. Marihuana Users and Drug Subcultures. New York: Wiley, 1973.
- Johnson, B. Once an addict, seldom an addict. Contemporary Drug Problems, 7(1):35-53, 1978.
- Jones, K.L.; Shainberg, L.W.; and Byer, C.O. Drugs and Alcohol. New York: Harper & Row, 1979.
- Jones, M. Therapeutic communities, old and new. American Journal of Drug and Alcohol Abuse, 6(2):137-149, 1979.
- Jones, R.T. Human effects: An overview. In: National Institute on Drug Abuse. Marijuana Research Findings: 1980. NIDA Research Monograph 31. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1980.
- Josephson, E. Introduction. In: Josephson, E., and Carroll, E., eds. Drug Use: Epidemiological and Sociological Approaches. Washington, D.C.: Hemisphere, 1974.
- Judson, B.A.; Himmelberger, D.U.; and Goldstein, A. Measurement of urine temperature as an alternative to observed urination in a narcotic treatment program. American Journal of Drug and Alcohol Abuse, 6(2):197-205, 1979.
- Julius, D., and Renault, P. Narcotic Antagonists: Naltrexone. Progress Report. NIDA Research Monograph 9. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1976.
- Kandel, D. The measurement of "ever use" and "frequency-quantity" in drug use surveys. In: Elinson, J., and Nurco, D., eds. Operational Definitions in Socio-Behavioral Drug Use Research, 1975. NIDA Research Monograph 2. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1975. Pp. 27-35.

- Karch, R., and Lasagna, L. Evaluating adverse drug reactions. Adverse Drug Reaction Bulletin, 59:204-207, 1976
- Katz, A.H., and Bender, E.I. Self-help groups in Western society: History and prospects. Journal of Applied Behavioral Science: Special Issue, 1976. Pp. 265-281.
- Kaufman, E. Polydrug abuse or multidrug misuse: It's here to stay. British Journal of Addiction, 72:339-347, 1977.
- Keeler, M.D.; Reifler, C.B.; and Lipzin, M.D. Spontaneous recurrence of the marijuana effect. American Journal of Psychiatry, Vol. 125, 1968.
- Keller, M. Definition of alcoholism. Quarterly Journal of Studies on Alcohol, 21:125-134, 1960.
- Keller, M., and McCormick, M. A Dictionary of Words About Alcohol. New Brunswick, N.J.: Publications Division, Rutgers Center of Alcohol Studies, 1968.
- Kinkade, R.G. Thesaurus of Psychological Index Terms. Washington, D.C.: American Psychological Association, 1974.
- Klein, D., and Goldstone, S., eds. Primary Prevention. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1977.
- Kohn, P., and Annis, H. Drug use and four kinds of novelty seeking. British Journal of Addiction, 72(2):135-141, 1977.
- Kramer, J. The state versus the addict: Uncivil commitment. Boston University Law Review, 50(1):1-22, 1970.
- Krasnegor, N.A. Behavioral Analysis and Treatment of Substance Abuse. NIDA Research Monograph 25. Pub. No. (ADM)79-839. Rockville, Md.: National Institute on Drug Abuse, 1979.
- Kusyszyn, I. "Compulsive" gambling: The problem of definition. The International Journal of the Addictions, 13(7):1095-1101, 1978.
- Laurie, P. Drugs: Medical, Psychological and Social Facts. 2nd ed. New York: Penguin Books, 1971.
- LeDain, G.; Lehmann, H.; Bertrand, M.; Campbell, I.; and Stein, J. Final Report of the Commission of Inquiry into the Non-Medical Use of Drugs. Ottawa: Information Canada, 1973.
- Ledermann, S. Alcool, Alcoolisme, Alcoolisation. Paris: Presses Universitaires de France, 1956.
- Lehrman, J.W.; Ruhf, L.L.; and Mellor, E.T. A Practical Guide for Handling Drug Crises. Springfield, Ill.: Thomas, 1980.
- Lemert, E.M. Social Pathology. New York: McGraw-Hill, 1951.
- Lettieri, D., and Backenheimer, M. Methodological considerations for a model reporting system of drug deaths. In: Josephson, E., and Carroll, E., eds. Drug Use: Epidemiological and Sociological Approaches. Washington, D.C.: Hemisphere, 1974. Pp. 160-173.
- Lingeman, R. Drugs From A to Z: A Dictionary. New York: McGraw-Hill, 1969.
- Lockwood, R. The United States drug problems and international trafficking. Part I. The need for more rigorous controls. The International Journal of the Addictions, 12(5):633-650, 1977.
- Ludwig, A.M. Altered state of consciousness. In: Tart, C.T., ed. Altered States of Consciousness. Garden City, N.Y.: Anchor Books, 1972.

- Lukoff, I. Consequences of use: Heroin and other narcotics. In: Rittenhouse, J., ed., The Epidemiology of Heroin and Other Narcotics. NIDA Research Monograph 16. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1977. Pp. 195-227.
- Maglin, A. Milieu therapy in a methadone program. In: Schecter, A.; Alksne, H.; and Kaufman, E.; eds. Drug Abuse: Modern Trends, Issues, and Perspectives. New York: Marcel Dekker, 1975.
- Margolis, J. Complete Book of Recreational Drugs. Los Angeles, Calif.: Cliff House, 1978.
- Martin, W.R. Pathophysiology of narcotic addiction: Possible roles of protracted abstinence in relapse. In: Zarafonitis, C.J.D., ed. Drug Abuse--Proceedings of the International Conference. Philadelphia: Lea and Febiger, 1972. Pp. 153-159.
- McAuliffe, W.E. Beyond secondary deviance: Negative labeling and its effects on the heroin addict. In: Gove, W., ed. The Labeling of Deviance. Beverly Hills, Calif.: Sage, 1975.
- McGlothlin, W. California civil commitment: A decade later. Journal of Drug Issues, 6(4):368-379, 1976.
- McGlothlin, W.H., and West, L.J. The marijuana problem. An overview. American Journal of Psychiatry, 125:1126-1134, 1968.
- Meier, R.F., and Johnson, W.T. Deterrence as social control: The legal and extralegal production of conformity. American Sociological Review, 42(2):292-304, 1977.
- Mellinger, G., et al. An overview of psychotherapeutic drug use in the United States. In: Josephson, E., and Carroll, E., eds. Drug Use: Epidemiological and Sociological Approaches. Washington, D.C.: Hemisphere, 1974. Pp. 333-366.
- Mellinger, G., et al. The amotivational syndrome and the college student. Annals of the New York Academy of Sciences, 282:37-55, 1976.
- Merton, R.K. Social Theory and Social Structure. Revised ed. New York: Free Press, 1957.
- Miller, J.D., and Cisin, I.H. Highlights From the National Survey on Drug Abuse: 1979. Rockville, Md.: National Institute on Drug Abuse, 1979.
- Mintz, J.; O'Brien, C.P.; and Pomerantz, B. The impact of Vietnam service on heroin-addicted veterans. The American Journal of Drug and Alcohol Abuse, 6(1):39-52, 1979.
- Modell, W. Mass drug catastrophies and the roles of science and technology. Science, 156:346-351, 1967.
- Nace, E.P.; O'Brien, C.P.; Mintz, J.; Meyers, A.L.; and Ream, N. Follow-up of Vietnam veterans. II. Social adjustment. Drug and Alcohol Dependence, 6:209-214, 1980.
- Naditch, M. Acute adverse reactions to psychoactive drugs, drug usage and psychopathology. Journal of Abnormal Psychology, 83(4):394-403, 1974.
- National Commission on Marihuana and Drug Abuse. Marihuana: A Signal of Misunderstanding. Vols. I and II. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1972.
- National Commission on Marihuana and Drug Abuse. Drug Use in America: Problem in Perspective. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1973.
- National Institute of Mental Health, Workgroup on Definitions. Definitions for Use in Federal, State, and Local Mental Health Information Systems. Draft. NIMH Mental Health Statistics Series C, No. 8. Washington, D.C.: the Institute, Division of Biometry and Epidemiology, May 1977.
- National Institute on Drug Abuse. Primary Prevention in Drug Abuse: An Annotated Guide to the Literature. DHEW Pub. No. (ADM) 76-350. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1977.

- National Institute on Drug Abuse. Contamination of Marijuana With Paraquat: Preliminary Report. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1978.
- New Jersey State Police Uniform Crime Reporting Unit. Drug Abuse and Crime in New Jersey. New Jersey: State Law Enforcement Planning Agency, 1971.
- New York City, Office of the Mayor, Criminal Justice Coordinating Council. Criminal commitment of narcotic addicts under state law. In: Simmons, L., and Gold, M., eds. Discrimination and the Addict. Beverly Hills, Calif.: Sage, 1973. Pp. 277-297.
- Newmeyer, J.A. Addicts' attitude toward drugs: A semantic-differential study. Drug and Alcohol Dependence, 1:255-262, 1975/76.
- Nimmer, R. Diversions: The Search for Alternative Forms of Prosecution. Chicago: American Bar Foundation, 1974.
- O'Donnell, J. The relapse rate in narcotic addiction: A critique of follow-up studies. In: Wilner, D., and Kassebaum, G., eds. Narcotics. New York: McGraw-Hill, 1965. Pp. 226-246.
- O'Donnell, J. Effects of drug use. In: Elinson, J., and Nurco, D., eds. Operational Definitions in Socio-Behavioral Drug Use Research, 1975. NIDA Research Monograph 2. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1975. Pp. 46-48.
- O'Donnell, J.A., and Clayton, R.R. The stepping-stone hypothesis: Marijuana, heroin and causality. Addictive Diseases, 4(3), 1981.
- Oxford English Dictionary. New York: Oxford University Press, 1971.
- Paredes, A. The history of the concept of alcoholism. In: Tarter, R., and Sugarman, A., eds. Alcoholism: Interdisciplinary Approaches to an Enduring Problem. Reading, Mass.: Addison-Wesley, 1976.
- Pargman, D., and Baker, M.C. Running high: Enkephalin indicted. Journal of Drug Issues, 10(3):341-349, 1980.
- Peele, S. Love and Addiction. New York: New American Library, 1976.
- Peele, S. Redefining addiction. I. Making addiction a scientifically and socially useful concept. International Journal of Health Services, 7(1):103-124, 1977.
- Peele, S. Addiction: The analgesic experience. Human Nature, 1(9):61-67, 1978.
- Perlman, H., and Jaszi, P. Legal Issues in Addict Diversion. Lexington, Mass.: Lexington Books, 1976.
- Petersen, R. Cocaine: An overview. In: Petersen, R., and Stillman, R., eds. Cocaine: 1977. NIDA Research Monograph 13. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1977. Pp. 5-16.
- Petersen, R., and Stillman, R., eds. Phencyclidine (PCP) Abuse: An Appraisal. NIDA Research Monograph 21. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1978.
- Pollin, W. Health Consequences of Marijuana Use. Statement before the Select Committee on Narcotics Abuse and Control, U.S. House of Representatives. Rockville, Md.: National Institute on Drug Abuse, 1979.
- Powell, D. A pilot study of occasional heroin users. Archives of General Psychiatry, 28:586-594, 1973.
- Preble, E., and Casey, J.J. Taking care of business--the heroin user's life on the street. The International Journal of the Addictions, 4(1):1-24, 1969.

- Primm, B.J., and Bath, P.E. Pseudoheroinism. The International Journal of the Addictions, 8(2):231-242, 1973.
- A Psychiatric Glossary. 4th ed. Washington, D.C.: American Psychiatric Association, 1975.
- Rado, S. The psychic effect of intoxicants. International Journal of Psychoanalysis, 7:396-413, 1926.
- Rappolt, R.G. Drug abuse. In: Singh, J.M., et al., eds. Drug Addiction: Clinical and Socio-legal Aspects. Vol. 2. Mt. Kisco, N.Y.: Futura Publishing, 1972. Pp. 125-132.
- Resnick, R.B., and Schuyten-Resnick, E. A point of view concerning treatment approaches with narcotic antagonists. In: Julius, D., and Renault, P., eds. Narcotic Antagonists: Naltrexone Progress Report. Research Monograph Series No. 9. Pub. No. (ADM)76-387. Rockville, Md.: National Institute on Drug Abuse, 1976. P. 84.
- Retka, R. Cost Accountability in Drug Abuse Prevention. NIDA Technical Paper, Office of Program Development and Analysis. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1977.
- Richards, L. Psychological sophistication in current drug abuse education. In: Wittenborn, J.R., et al., eds. Communication and Drug Abuse. Springfield, Ill.: Thomas, 1970. Pp. 43-54.
- Richards, L., and Cisin, I. Measures of currency or recency (in drug use surveys). In: Elinson, J., and Nurco, D., eds. Operational Definitions in Socio-Behavioral Drug Use Research, 1975. NIDA Research Monograph 2. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1975. Pp. 25-26.
- Richman, A. Ecological studies of narcotic addiction. In: Richards, L., and Blevens, L., eds. Epidemiology of Drug Abuse. NIDA Research Monograph 10. Washington, D.C.: Supt of Docs., U.S. Govt. Print. Off., 1977. Pp. 173-196.
- Rittenhouse, J.D., ed. The Epidemiology of Heroin and Other Narcotics. NIDA Research Monograph 16. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1977.
- Robins, L. The Vietnam Drug User Returns. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1973.
- Robins, L.N.; Davis, D.H.; and Goodwin, D.W. Drug use by U.S. Army enlisted men in Vietnam: A follow-up on their return home. Journal of Epidemiology, 99(4):235-249, 1974.
- Robins, L.N., and Helzer, J.E. Drug use among Vietnam veterans--three years later. Medical World News--Psychiatry, Oct. 27, 1975. Pp. 44-49.
- Rubin, V., and Comitas, L. Ganja in Jamaica. Garden City, N.Y.: Anchor Books, 1976.
- Rubington, E. Drug addiction as a deviant career. The International Journal of the Addictions, 2(1):3-20, 1967.
- Rublowsky, J. The Stoned Age: A History of Drugs in America. New York: G.P. Putnam's Sons, 1974.
- Running Press Dictionary of Law. Philadelphia, Pa.: Running Press, 1976.
- Schechter, A. The role of narcotic antagonists in the rehabilitation of opiate addicts: A review of naltrexone. The American Journal of Drug and Alcohol Abuse, 7(1):1-18, 1980.
- Schmidt, W. The ecology of alcoholism. In: Selected Papers. International Congress on Alcohol and Alcoholism, 1964. Ontario, Canada: Alcoholism and Drug Addiction Research Foundation, 1965. Pp. 43-52.
- Schultes, R.E. Hallucinogenic Plants. New York: Golden Press, 1976.

- Schultes, R.E., and Hofmann, A. The Botany and Chemistry of Hallucinogens. Springfield, Ill.: Thomas, 1980.
- Schur, E. Crimes Without Victims. Englewood Cliffs, N.J.: Prentice-Hall, 1965.
- Shulgin, A. Drugs of abuse in the future. Clinical Toxicology, 814:405-456, 1975.
- Siegel, R. Cocaine: Recreational use and intoxication. In: Petersen, R., and Stillman, R., eds. Cocaine, 1977. NIDA Research Monograph 13. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1977. Pp. 119-136.
- Sigler, M., and Osmond, H. Models of drug addiction. The International Journal of the Addictions, 3(1):3-24, 1968.
- Sines, J. Actuarial prediction. In: Bentler, P., et al., eds. Data Analysis Strategies and Designs for Substance Abuse Research. NIDA Research Issues 13. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1976. Pp. 85-101.
- Smart, R. Addiction, dependency, abuse, or use: Which are we studying with epidemiology? In: Josephson, E., and Carroll, E., eds. Drug Use: Epidemiological and Sociological Approaches. Washington, D.C.: Hemisphere, 1974. Pp. 23-44.
- Smart, R.G., and Bateman, K. Unfavorable reactions to LSD: A review and analysis of available case reports. Canadian Medical Association Journal, 97:1214-1221, 1967.
- Smith, D.E. The acute and chronic toxicity of marijuana. Journal of Psychedelic Drugs, 2(1): 37-47, 1968.
- Smith, D.E. The free clinic movement in the United States: A ten year perspective (1966-1976). Journal of Drug Issues, 6(4):343-355, 1976.
- Smith, D.E., and Seymour, R.B. Clinical perspectives on the toxicity of marijuana: 1967-1981. In: National Institute on Drug Abuse. Marijuana and Youth: Impact on Motivation and Learning. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., in press.
- Sonnenreich, M., et al. Commentary on the Federal Controlled Substances Act. In: National Commission on Marijuana and Drug Abuse. Drug Use in America. Problem in Perspective. Appendix 3. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1973. Pp. 169-239.
- Stanton, M.D. Some overlooked aspects of the family and drug abuse. In: Ellis, B.G., ed. Drug Abuse From the Family Perspective. DHHS Pub. No. (ADM)80-910. Rockville, Md.: National Institute on Drug Abuse, 1980.
- Stephens, R., and Levine, S. The "street addict role." Psychiatry, 34(4):351-357, 1971.
- Stephens, R., and McBride, D. Becoming a street addict. Human Organization, 35(1):87-93, 1976.
- Stivers, R. A Hair of the Dog. Irish Drinking and American Stereotype. University Park, Pa.: Pennsylvania State University Press, 1976.
- Stripling, J.S., and Ellinwood, E.H. Sensitization to cocaine following chronic administration in the rat. In: Ellinwood, E.H., and Kilbey, M.M., eds. Cocaine and Other Stimulants. Advances in Behavioral Biology. Vol. 21. New York: Plenum Press, 1977. Pp. 327-351.
- Suchman, E.A. The "hang-loose" ethic and the spirit of drug use. Journal of Health and Social Behavior, 9(2):146-155, 1968.
- Sutherland, E., and Cressey, D. Principles of Criminology. Chicago: J.B. Lippincott, 1960.
- Sutker, P. Introduction. In: Austin, G., et al., eds. Drugs and Psychopathology. NIDA Research Issues 19. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1977.

- Sutter, A. The world of the righteous dope fiend. Issues in Criminology, 2(2):177-222, 1966.
- Taintor, Z.; Landsberg, R.; Wicks, N.; Plumb, M.; D'Amanda, C.; and Greenwood, J. Experiences with naltrexone in Buffalo. The American Journal of Drug and Alcohol Abuse, 2:391, 1975.
- Tatum, A.L., and Seevers, M.H. Theories of drug addiction. Psychological Review, 11(2):107-121, 1931.
- Treffert, D.A.; Sack, M.; Krueger, A.C.; and Florek, M. A holistic model for drug treatment evaluation. Journal of Drug Issues, 6(2):196-206, 1976.
- Twycross, R. The use of narcotic analgesics in terminal illness. Journal of Medical Ethics, 1(1):10-17, 1975.
- Vaillant, G. Sociopathy as a human process. Archives of General Psychiatry, 32(2):178-183, 1975.
- Volkman, R., and Cressey, D. Differential association and the rehabilitation of drug addicts. In: Riessman, F., et al., eds. Mental Health and the Poor. Glencoe, Ill.: Free Press, 1964. Pp. 600-619.
- Waldorf, D. Careers in Dope. Englewood Cliffs, N.J.: Prentice-Hall, 1973.
- Weil, A. The Natural Mind. Boston: Houghton Mifflin, 1972.
- Wepner, R.S. The complete participant. Addictive Diseases, 2(4):643-658, 1976.
- Wexler, D. Therapeutic justice. In: Bonnie, R., and Sonnenreich, M., eds. Legal Aspects of Drug Dependence. Cleveland, Ohio: CRC, 1975. Pp. 65-92.
- WHO Expert Committee on Drug Dependence. 16th Report. WHO Technical Series 407. Geneva: World Health Organization, 1969.
- WHO Expert Committee on Mental Health. Addiction-Producing Drugs: 7th Report of the WHO Expert Committee, 1957. WHO Technical Report Series 273. Geneva: World Health Organization, 1957.
- Wicks, R.J., and Platt, J. Drug Abuse: A Criminal Justice Primer. Beverly Hills, Calif.: Glencoe Press, 1977.
- Wikler, A. Opiates and Opiate Antagonists. Public Health Monograph 52. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1958.
- Wikler, A. Conditioning factors in opiate addiction and relapse. In: Wilner, D.M., and Kassebaum, G.G., eds. Narcotics. New York: McGraw-Hill, 1965. Pp. 85-100.
- Wikler, A. Requirements for extinction of relapse-facilitating variables and for rehabilitation in a narcotic-antagonist treatment program. In: Braude, M.C.; Harris, L.S.; May, E.L.; Smith, J.P.; and Villareal, J.E.; eds. Narcotic Antagonists. Advances in Biochemical Psychopharmacology. Vol. 8. New York: Raven, 1973. Pp. 399-414.
- Wikler, A. The theoretical basis of narcotic addiction treatment with narcotic antagonists. In: Narcotic Antagonists: Naltrexone Progress Report. NIDA Research Monograph 9. Pub. No. (ADM)77-387. Rockville, Md.: National Institute on Drug Abuse, 1976.
- Williams, J. Effects of Labeling the "Drug Abuser": An Inquiry. NIDA Research Monograph 6. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1976.
- Winek, C.L. 1971 Drug Abuse Reference. Bridgeville, Pa.: Dek Technical Publications, 1971.
- Winick, C. Maturing out of narcotic addiction. Bulletin on Narcotics, 14:1-7, 1962.

- Winick, C. Some aspects of careers of chronic heroin users. In: Josephson, E., and Carroll, E., eds. Drug Use: Epidemiological and Sociological Approaches. Washington, D.C.: Hemisphere, 1974.
- Wolman, B.B., ed. Dictionary of the Behavioral Sciences. New York: Van Nostrand Reinhold, 1973.
- Young, L.A.; Young, L.G.; Klein, M.M.; Klein, D.M.; and Beyer, D. Recreational Drugs. New York: Collier Books, 1977.
- Zadrozny, J. Dictionary of Social Science. Washington, D.C.: Public Affairs Press, 1959.
- Zentner, J.L. Heroin: Devil drug or useful medicine? Journal of Drug Issues, 9:333-340, 1979.
- Zimring, F., and Hawkins, G. Deterrence: The Legal Threat in Crime Control. Chicago: University of Chicago Press, 1973.
- Zinberg, N.E.; Harding, W.M.; and Winkler, M. A study of social regulatory mechanisms in controlled illicit drug users. Journal of Drug Issues, 7(2):117-133, 1977.
- Zinberg, N., et al. What is drug abuse? Journal of Drug Issues, 8(1):9-35, 1978.
- Zuckerman, M. Drug usage as one manifestation of a "sensation-seeking" trait. In: Keup, W., ed. Drug Abuse. Springfield, Ill.: Thomas, 1972. Pp. 154-163.
- Zuckerman, M., et al. Development of a sensation-seeking scale. Journal of Consulting Psychology, 28:477-482, 1964.

APPENDIXES

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APPENDIX A Drug Classification

The following classification scheme groups drugs first according to their primary pharmacological and psychological action and second according to other shared characteristics, such as chemical structure or duration of action. The scheme is arranged alphabetically by generic name (except in the case of the barbiturates, which are listed in order of duration of action), and is the basis on which the drugs defined in this guide are categorized. Trade names, listed in parentheses, were taken from the 35th edition of the Physician's Desk Reference (Oradell, N.J.: Medical Economics Company, 1981).¹

Drug effects are not precisely the same for all individuals, nor even necessarily the same for the same person at all times, even at the same dosage. They vary widely and often unpredictably, depending on such factors as physiological characteristics, personality and mental state, imagination and mood, expectations of what the drug will do, previous experience with the drug, the condition and properties of the drug being taken, the dosage, the route of administration, and the setting in which it is taken. Nevertheless, for each drug there exist primary effects or experiences and other relatively uniform characteristics. Not all of the over 400 drugs used recreationally are defined in this volume; only those that are most commonly utilized and frequently discussed in the drug research literature are included. Like all the definitions, those for drugs are by no means comprehensive discussions. The user is simply provided a description of each drug's primary effects. Readers interested in learning more about drugs should consult the numerous drug dictionaries and reference articles cited in individual definitions.

Antidepressants
Antipsychotic Tranquillizers
Cannabis
Combinations
Hallucinogens
Narcotic Analgesic Agonists
Narcotic Antagonists
Nonprescription Analgesics
Sedative/Hypnotics
Stimulants
Volatile Inhalants

ANTIDEPRESSANTS

MAO Inhibitors

Isocarboxazid (Marplan)
Nialamide (Niamid)
Phenelzine sulfate (Nardil)
Tranlycypromine sulfate (Parnate)

¹These listings are not exhaustive, and some drugs may be manufactured under other proprietary names as well.

Tricyclic

Amitriptyline hydrochloride (Elavil; Endep)
 Desipramine hydrochloride (Norpramin; Pertofrane)
 Doxepin hydrochloride (Adapin; Sinequan)
 Imipramine hydrochloride (Janimine; SK-Pramine; Tofranil)
 Nortriptyline hydrochloride (Aventyl; Pamelor)
 Protriptyline hydrochloride (Vivactil)

ANTIPSYCHOTIC TRANQUILIZERS

Butyrophenones

Droperidol (Inapsine; Innovar)
 Haloperidol (Haldol)

Phenothiazines

Chlorpromazine (Thorazine)
 Fluphenazine hydrochloride (Permitil; Proloxin)
 Perphenazine (Trilafon)
 Piperacetazine (Quide)
 Prochlorperazine (Compazine)
 Promethazine hydrochloride (Phenergan; Remsed; ZIPAN)
 Thioridazine hydrochloride (Mellaril)
 Trifluoperazine hydrochloride (Stelazine)

Reserpates (or Rauwolfia alkaloids)

Deserpidine (HarmonyI)
 Reserpine (Rau-Sed; Serpasil)

Thioxanthines

Chlorprothixene (Taractan)
 Thiothixene (Navane)

CANNABIS

Cannabis derivatives (THC)
 Hash oil
 Hashish (charas)
 Kief
 Marijuana
 Sinsemilla

COMBINATIONS

Chlordiazepoxide hydrochloride and amitriptyline hydrochloride (Limbitrol)
 Dextroamphetamine sulfate and amobarbital (Dexamyl)
 Meperidine hydrochloride and promethazine hydrochloride (Mepergan)
 Methamphetamine hydrochloride and pentobarbital sodium (Desbutal)
 Perphenazine and amitriptyline hydrochloride (Triavil)
 Secobarbital sodium and amobarbital sodium (Tuinal)

HALLUCINOGENS

Dimethoxymethamphetamine (DOM; STP)
 Dimethyltryptamine (DMT)
 Ditran (piperidyl benzilate)
 Lysergic acid diethylamide-25 (LSD)
 Mescaline
 Methylendioxyamphetamine (MDA)
 Peyote
 Phencyclidine (PCP)
 Psilocin
 Psilocybin

NARCOTIC ANALGESIC AGONISTS

Opiates

Natural

codeine
 hydrocodone bitartrate (Dicodid)
 morphine
 opium
 laudanum
 papaverine
 paregoric

Semisynthetic

heroin (diacetylmorphine)
 hydromorphone hydrochloride (Dilaudid)
 oxycodone hydrochloride (Percocet-5; Percodan; Tylox)
 oxymorphone hydrochloride (Numorphan)

Opioids (synthetic opiates)

Etonitazene
 LAAM (levo-alpha-acetylmethadol)
 Levorphanol tartrate (Levo-Dromoran)
 Meperidine hydrochloride (Demerol)
 Methadone hydrochloride (Dolophine)
 Pentazocine hydrochloride (Talwin)
 Phenazocine
 Propoxyphene hydrochloride (Darvon)

NARCOTIC ANTAGONISTS

Mixed agonists and antagonists

Buprenorphine
 Cyclazocine
 Levallorphan tartrate (Lorfan)
 Nalorphine (Nalline)

Pure

Diprenorphine
 Naloxone hydrochloride (Narcan)
 Naltrexone

NONPRESCRIPTION ANALGESICS

Acetaminophen (Datril, Tylenol)
 Aspirin
 Phenacetin

SEDATIVE/HYPNOTICS

Alcohol

Beer
Distilled spirits (liquor)
Wine

Antianxiety tranquilizers

Benzodiazepines

chlorazepate dipotassium (Tranxene)
chloridiazepoxide hydrochloride (A-Poxide; Librium; SK-Lygen)
diazepam (Valium)
flurazepam hydrochloride (Dalmane)
oxazepam (Serax)

Diphenylmethanes

diphenhydramine hydrochloride (Benadryl)
hydroxyzine hydrochloride (Atarax; Sedaril)

Propanediols

meprobamate (Equanil; Miltown)
tybamate (Tybatran)

Barbiturates

Ultra-short-acting

butalbital
heptabarbital
hexobarbital
thiopental sodium (Pentothal)

Short-acting

pentobarbital sodium (Nembutal)
secobarbital sodium (Seconal)

Intermediate-acting

amobarbital (Amytal)
amobarbital sodium (Amytal Sodium)
butabarbital sodium (Buticaps; Butisol Sodium)

Long-acting

barbital (Veronal)
metharbital (Gemonil)
phenobarbital (Luminal)

Nonbarbiturates

Bromides

Chloral hydrate and other chloral derivatives
Ethchlorvynol (Placidyl)
Ethinamate (Valmid)
Glutethimide (Doriden)
Methaqualone (Quaalude; Mequin)
Methyprylon (Noludar)
Paraldehyde

STIMULANTS

Ergot alkaloids (Circanol; Deapril; Hydergine)

Primary

Amphetamine relatives

benzphetamine hydrochloride (Didrex)
 clortermine hydrochloride (Voramil)
 diethylpropion hydrochloride (Tenuate; Tepanil)
 mazindol (Sanorex)
 methylphenidate hydrochloride (Ritalin)
 phendimetrazine tartrate (Bacarate; Bontril; Melfiat; Plegine;
 Prelu-2; SPRX-105; Statobex; Trimstat; Trintabs; Wehless-35)
 phenmetrazine hydrochloride (Preludin)
 pipradrol hydrochloride (Meratran)

Amphetamines

amphetamine sulfate (Benzedrine)
 dextroamphetamine sulfate (Dexedrine)
 methamphetamine hydrochloride (Desoxyn; Methedrine)

Cocaine and coca

Secondary

Arecoline
 Caffeine
 coffee
 tea
 Khat
 Nicotine

VOLATILE INHALANTS

Amyl nitrite

Anesthetics (general)

Gaseous
 nitrous oxide

Vaporous
 ether
 chloroform

Butyl nitrite

Hydrocarbons

Chlorinated
 carbon tetrachloride

Fluorocarbons and other aerosol propellants

Ketones and acetates
 acetone

Petroleum-based

benzene
 gasoline
 naphtha
 toluene

APPENDIX B

Drug Slang Terms

- Amphetamines
- Barbiturates
- Cocaine
- Hashish
- Heroin
- LSD
- Marijuana
- Mescaline
- Morphine
- Peyote
- Phencyclidine (PCP)
- Psilocybin/Psilocin
- Bibliography

Amphetamines

"A"
 Bam
 Beans
 Bennies
 Benz
 Black beauties
 Black birds
 Black bombers
 Black Mollies
 Bombido
 Bombita
 Bottles
 Brain ticklers
 Brownies
 Browns
 Bumble bees
 Cartwheels
 Chalk
 Chicken powder
 Christmas trees
 Coast to coasts
 Co-pilots
 Crank
 Crossroads
 Cross tops
 Crystal
 Dexies
 Diet pills
 Dominoes
 Double cross
 Eye openers
 Fives
 Footballs
 Forwards
 French blue
 Head drugs
 Hearts
 Horse heads
 Inbetweens
 Jam
 Jam Cecil
 Jelly babies
 Jelly beans
 Jolly beans
 Jugs
 L. A. turnabouts
 Leapers
 Lid poppers
 Lid proppers
 Lightning
 Marathons
 Meth
 Minibennies
 MMDA
 Nuggets
 Oranges
 Peaches
 Pep pills
 Pixies
 Purple hearts
 Rippers
 Road dope
 Rosas

Roses
 Snap
 Sparkle plenties
 Sparklers
 Speed
 Speedball
 Splash
 Splivins
 Sweets
 Thrusters
 Truck drivers
 Turkey
 Turnabouts
 Uppers
 Uppies
 Ups
 Wake ups
 Whites

Barbiturates

Bambs
 Bank bandit pills
 Barbs
 Beans
 Black beauties
 Block busters
 Blue angels
 Blue birds
 Blue bullets
 Blue dolls
 Blue heavens
 Blue tips
 Blues
 Busters
 Candy
 Christmas rolls
 Christmas trees
 Courage pills
 Dolls
 Double trouble
 Downie
 Downs
 Drowsy high
 Gangster pills
 G.B.
 Goofball
 Goofers
 Gorilla pills
 Green dragons
 Idiot pills
 Inbetweens
 King Kong pills
 Marshmallow reds
 Mexican reds
 Mighty Joe Young
 Nebbies
 Nimbies
 Peanuts
 Phennies
 Phenos
 Pills
 Pink ladies
 Purple hearts
 Rainbows

Red bullets
 Red devils
 Reds
 Seccy
 Seggy
 Sleepers
 Softballs
 Stoppers
 Strawberries
 Stumblers
 Toolies
 Tuies
 Ups and downs
 Yellow bullets
 Yellow jackets
 Yellows

Cocaine

Barbs
 Bernice
 Bernies
 Bernie's flake
 Big bloke
 Big C
 Billie Hoke
 Birdie powder
 Blow
 Bouncing powder
 Burese
 Burnese
 "C"
 Cabello
 Cacil
 Cadillac
 C-duct
 Came
 Candy
 Candy cee
 Carrie
 Cecil
 Charlie
 Cholly
 Coca
 Coconut
 Coke
 Colas
 Corine
 Corinne
 Dream
 Duct
 Dust
 Dynamite
 Flake
 Foo Foo Dust
 Foolish powder
 Frisky powder
 Frisco speedball
 Gin
 Girl
 Glad stuff
 Gold dust
 Happy dust
 Heaven dust
 Her

Ice
 Joy powder
 Lady
 Lady snow
 Love affair
 Mayo
 Mojo
 Mosquito
 Nose candy
 Nose powder
 Nose stuff
 Number three
 Paradise
 Perico
 Piece
 Polvo blanco
 Powder diamonds
 Rane
 Rock
 Snort
 Snow
 Snow bird
 Snow flakes
 Speedball
 Star dust
 Sugar
 Sweet stuff
 Turkey
 White girl
 White horse
 White lady
 White mosquitos
 White powder
 Wings
 Witch

Hashish

Black hash
 Black Russian
 Burese
 Dynamite
 Gomade moto
 Half moons
 Hash
 Quarter moons
 Soles

Heroin

Anti freeze
 Aunt Hazel
 Balloon
 Balot
 Big bag
 Big H
 Big Harry
 Blanco
 Bomb
 Bonita
 Boy
 Bozo
 Brown
 Brown Rine
 Brown Sugar
 Caballo

Caca
 Chip
 Chinese red
 Chiva
 Cotics
 Crap
 Crown crap
 Cura
 Deuce
 Dirt Doojee
 Dope
 Duji
 Dujie
 Dust
 Dynamite
 Dyno-pure
 Eighth
 Estuffa
 Ferry dust
 Flea powder
 Foolish powder
 Galloping horse
 Gamot
 Garbage
 George Smack
 Gravy
 "H"
 H caps
 Hairy
 Half load
 Hard stuff
 Harry
 Helen
 Hell dust
 Hero
 Heroina
 Him
 Hombre
 Horning
 Horse
 Hot heroin
 HRN
 Isda
 Jee gee
 Jive doo jee
 Jojee
 Jones
 Joy powder
 Junk
 Kabayo
 LBJ
 Lemonade
 Matsakaw
 Mayo
 Mexican mud
 Mojo
 Morotgara
 Muzzle
 Noise
 Number eight (#8)
 Ogoy
 Oil
 Old Steve
 Pack

Pangonadalot
 Poison
 Powder
 Pulborn
 Pure
 Racehorse Charlie
 Ragweed
 Rane
 Red chicken
 Red rock
 Reindeer dust
 Sack
 Salt
 Scag
 Scatt
 Schmeek
 Schmeck
 Skid
 Scott
 Sleeper
 Smack
 Snow
 Speedball
 Stuff
 Sugar
 Sweet stuff
 Texas tea
 Thing
 TNT
 White boy
 White girl
 White junk
 White lady
 White nurse
 White stuff
 Wings
 Witch
 Witch hazel

LSD

Acid
 Animal
 Barrels
 Beast
 Big D
 Black tabs
 Blotter
 Blue acid
 Blue chairs
 Blue cheers
 Blue mist
 Blue vials
 Brown dots
 California sunshine
 Cap
 Chief
 Chocolate chips
 Coffee
 Contact lens
 Crackers
 Cube
 Cupcakes
 "D"
 Deeda

Domes
 Dot
 Electric Kool Ade
 Flash
 Flat blues
 Ghost
 Grape parfait
 Green wedge
 Hawaiian sunshine
 Hawk
 Heavenly blue
 Haze
 Instant Zen
 "L"
 Lason sa daga
 LBJ
 Lucy in the sky with diamonds
 Mellow yellows
 Microdots
 Mighty Quinn
 Mind detergent
 Orange cubes
 Orange micro
 Orange wedges
 Owsley
 Owsley's blue dot
 Paper acid
 Peace
 Peace tablets
 Pearly gates
 Pellets
 Pink Owsley
 Pink wedge
 Pure love
 Purple barrels
 Purple flats
 Purple haze
 Purple hearts
 Purple ozoline
 Royal blues
 Sacrament
 Sandoz's
 Smears
 Squirrel
 Strawberries
 Strawberry fields
 Sugar
 Sugar lumps
 Sunshine
 Tabs
 Ticket
 Twenty-five
 Vials
 Wedding bells
 Wedge
 White lightning
 White Owsley's
 Window pane
 Yellow dimples
 Yellows
 Zen

Marijuana

Acapulco gold
 Ace
 African black
 Airplane
 Atom bomb
 Aunt Mary
 Baby
 Bale
 Bambalacha
 Bar
 Bash
 Belyando spruce
 Bhang
 Black Bart
 Black gunion
 Black mote
 Blonde
 Blue sage
 Bo-bo
 Boo
 Brick
 Broccoli
 Brown
 Burnies
 Bush
 Butter flower
 Can
 Canadian black
 Cancelled stick
 Carmabis
 Cavite all stars
 Charge
 Chicago green
 Chira
 Cocktail
 Columbian
 Churus
 Crying weed
 Dagga
 Diambista
 Ding
 Dinkie dows
 Don jem
 Drag weed
 Dry high
 Duby
 Durog
 Fatty
 Fine stuff
 Fingers
 Fir
 Flowers
 Fraho
 Frajo
 Fu
 Gage
 Ganga
 Gangster
 Gates
 Gauge
 Ghana
 Giggle smoke
 Good giggles

Goof butts
 Gong
 Gold
 Grass
 Grasshopper
 Green
 Grefas
 Greeter
 Greta
 Griefo
 Grifa
 Griffs
 Gungeun
 Hanhich
 Happy cigarette
 Hay
 Hemb
 Herb
 Herba
 Home grown
 Hot sticks
 Indian Boy
 Indian Hay
 "J"
 Jay
 Jane
 Jay smoke
 Jive
 Jive sticks
 Joint
 Joy stick
 Juanita
 Juan Valdez
 Ju-ju
 Kentucky blue
 Kick stick
 Kif
 Killer
 Killer weed
 Kilter
 Lakbay diwa
 Laughing grass
 Laughing weed
 Lid
 Lhesca
 L.L.
 Lobo
 Loco weed
 Log
 Love weed
 "M"
 Machinery
 Macon
 Maggie
 Manhattan silver
 Mary
 Mary Jane
 Mary Jonas
 Majoun
 Mary Juanas
 Mary Warner
 Mary Weaver
 Meg
 Messorole

Mexican brown
 Mezz
 M.J.
 M.O.
 Modams
 Mohasky
 Mohasty
 Moocah
 Mooster
 Mootos
 Mora grifa
 Mother
 Moto
 M.U.
 Mu
 Muggies
 Muggles
 Mutah
 Number
 O.J.
 Pack
 Panama red
 Panatella
 Pin
 Pod
 Poke
 Pot
 Potten bush
 Railroad weed
 Rainy day woman
 Red dirt
 Reefer
 Righteous bush
 Roach
 Root
 Rope
 Rose Marie
 Salt and pepper
 Sas fras
 Sativa
 Scissors
 Smoke
 Splim
 Snop
 Stack
 Stick
 Stink weed
 Straw
 Sugar weed
 Sweet Lucy
 Tea
 Texas tea
 Thumb
 Twist
 Viper's weed
 Weed
 Weed tea

Wheat
 Yen pop
 Yerba
 Yesco

Mescaline
 Beans
 Buttons
 Cactus
 Cactus buttons
 Chief
 Mesc
 Mescal
 Moon
 Topi

Morphine
 Barneicide
 Big M
 Birdie powder
 Cacil
 Cecil
 Cube
 Cube juice
 Dreamer
 Dust
 Emm
 Emsel
 First line
 Foo foo dust
 Gamot
 Glad stuff
 God's medicine
 Goma
 Gunk
 Happy medicine
 Hard stuff
 Hell dust
 Hocus
 M
 Mayo
 Melter
 Miss Emma
 Miss Morph
 Mojo
 Monkey
 Moocah
 Morph
 Morphie
 Morphina
 Morpho
 Morphy
 Morshtop
 M.S.
 Moscop
 Piece
 Pink

Red cross
 Reindeer dust
 Sweet Jesus
 Sweet Morpheus
 Sweet stuff
 Tab
 Uhffi
 Uncle
 Unkie
 Upper
 Ups
 White angel
 White merchandise
 White nurse
 White silk
 White stuff
 Wings
 Witch

Peyote
 Bad acid
 Bad seed
 Big chief
 Buttons
 Cactus
 Cactus buttons
 Dry whiskey
 Full moon
 Half moon
 Hikori
 Hikuli
 Mesc
 Mescal
 Mescal beans
 Mescal buttons
 Topi
 Tops

Phencyclidine (PCP)
 Angel dust
 Crystal
 Cyclone
 Dead on arrival
 DOA
 Dust of angels
 Hog
 Killer weed
 PCP
 Peace pill
 Rocket fuel
 Supergrass
 Tic tac

Psilocybin/Psilocyn
 Magic mushroom
 Mushroom

BIBLIOGRAPHY

- Bureau of Narcotics and Dangerous Drugs. Glossary of Terms in the Drug Culture. Washington, D.C.: U.S. Department of Justice, 1970.
- Cull, J.G., and Hardy, R.E. Types of Drug Abusers and Their Abuse. Springfield, Ill.: Thomas, 1974. Pp. 184-204.
- Fisher, R.B., and Christie, G.A. A Dictionary of Drugs: The Medicines You Use. Updated and revised ed. New York: Schocken Books, 1976.
- Hardy, R.E., and Cull, J.G. Drug Language and Lore. Springfield, Ill.: Thomas, 1975.
- Keup, W. The vocabulary of the drug user and alcoholic: A glossary. The International Journal of the Addictions, 6(2):347-373, 1971.
- Kline, N.S.; Alexander, S.F.; and Chamberlain, A. Psychotropic Drugs: A Manual for Emergency Management of Overdosage. Oradell, N.J.: Medical Economics Co., 1974.
- Lingeman, R.R. Drugs From A to Z: A Dictionary. 2nd ed. New York: McGraw-Hill, 1974.
- Maurer, D.W., and Vogel, V.H. Narcotics and Narcotic Addiction. 4th ed. Springfield, Ill.: Thomas, 1973.
- Narcotics and Drug Abuse A to Z. Vol. II. Queen's Village, N.Y.: Social Service Publications, Division of Croner Publications, 1971.
- National Institute of Mental Health, Clinical Research Center. Peanuts and Tea: A Selected Glossary of Terms Used by Drug Addicts. Lexington, Ky.: the Institute, 1972.
- Pollock, A.J. The Underworld Speaks: An Insight to Vice, Crime, Corruption. San Francisco: Prevent Crime Bureau, 1935.
- Pradhan, S.N., and Dutta, S.N. Drug Abuse: Clinical and Basic Aspects. St. Louis, Mo.: Mosby, 1977.
- Schmidt, J.E. Narcotics: Lingo and Lore. Springfield, Ill.: Thomas, 1959.
- Smith, D.E., and Wesson, D.R. Diagnosis and Treatment of Adverse Reactions to Sedative-Hypnotics, National Institute on Drug Abuse. DHEW Pub. No. (ADM) 75-144. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1974.
- U.S. Department of Commerce, Joint Publication Service. Reference Aid: Glossary of Narcotics Terms. Washington, D.C.: the Department, 1973.
- U.S. Department of Justice. Glossaries of Argot Used by Addicts. Washington, D.C.: the Department, 1970.
- U.S. Departments of the Army, the Navy, and the Air Force. Drug Abuse: Clinical Recognition and Treatment, Including the Diseases Often Associated. Appendix D.: Glossary of drug vocabulary. Washington, D.C.: the Departments, 1973.

APPENDIX C Trade Names¹

Adapin (doxepin hydrochloride)	Desoxyn (methamphetamine hydrochloride)	Luminal (phenobarbital)
Amytal (amobarbital)	Dexamyl (dextroamphetamine sulfate and amobarbital)	Marplan (isocarboxazid)
Amytal Sodium (amobarbital sodium)	Dexedrine (dextroamphetamine sulfate)	Melfiat (phendimetrazine hydrochloride)
A-Poxide (chlordiazepoxide hydrochloride)	Dicodid (hydrocodone bitartrate)	Mellaril (thioridazine hydrochloride)
Atarax (hydroxyzine hydrochloride)	Didrex (benzphetamine hydrochloride)	Mepergan (meperidine hydrochloride and promethazine hydrochloride)
Aventyl (nortriptyline hydrochloride)	Dilaudid (hydromorphone hydrochloride)	Mequin (methaqualone)
Bacarate (phendimetrazine hydrochloride)	Dolophine (methadone hydrochloride)	Meratran (pipradrol hydrochloride)
Benadryl (diphenhydramine hydrochloride)	Doriden (glutethimide)	Methedrine (methamphetamine hydrochloride)
Benzedrine (racemic amphetamine sulfate)	Elavil (amitriptyline hydrochloride)	Miltown (meprobamate)
Bontril (phendimetrazine hydrochloride)	Endep (amitriptyline hydrochloride)	Nalline (nalorphine)
Buticaps (butabarbital sodium)	Equanil (meprobamate)	Narcan (naloxone hydrochloride)
Butisol Sodium (butabarbital sodium)	Gemonil (metharbital)	Nardil (phenelzine sulfate)
Circanol (ergot alkaloids)	Haldol (haloperidol)	Navane (thiothixene)
Compazine (prochlorperazine)	Harmony (deserpidine)	Nembutal (pentobarbital sodium)
Dalmane (flurazepam hydrochloride)	Hydergine (ergot alkaloids)	Niamid (nialamide)
Darvon (propoxyphene hydrochloride)	Inapsine (droperidol)	Noludar (methyprylon)
Datril (acetaminophen)	Innovar (droperidol)	Norpramin (desipramine hydrochloride)
Deapril (ergot alkaloids)	Janimine (imipramine hydrochloride)	Numorphan (oxymorphone hydrochloride)
Delysid (LSD-25) (no longer manufactured)	Levo-Dromoran (levorphanol tartrate)	Pamelor (nortriptyline hydrochloride)
Demerol (meperidine hydrochloride)	Librium (chlordiazepoxide hydrochloride)	Parnate (tranylcypromine sulfate)
Desbutal (methamphetamine hydrochloride and pentobarbital sodium)	Limbitrol (chlordiazepoxide hydrochloride and amitriptyline hydrochloride)	Pentothal (thiopental sodium)
	Lorfan (levallorphan tartrate)	Percocet-5 (oxycodone hydrochloride)
		Percodan (oxycodone hydrochloride)

¹The National Institute on Drug Abuse does not endorse any product; trade names are provided only to facilitate the reader.

Permitil (fluphenazine hydrochloride)	Serax (oxazepam)	Triavil (perphenazine and amitriptyline hydrochloride)
Pertofrane (desipramine hydrochloride)	Serpasil (reserpine)	Trilafon (perphenazine)
Phenergan (promethazine hydrochloride)	Sinequan (doxepin hydrochloride)	Trimstat (phendimetrazine hydrochloride)
Placidyl (ethchlorvynol)	SK-Lygen (chlordiazepoxide hydrochloride)	Trintabs (phendimetrazine hydrochloride)
Plegine (phendimetrazine hydrochloride)	SK-Pramine (imipramine hydrochloride)	Tuinal (secobarbital sodium and amobarbital sodium)
Prelu-2 (phendimetrazine hydrochloride)	SPRX-105 (phendimetrazine hydrochloride)	Tybatran (tybamate)
Preludin (phenmetrazine hydrochloride)	Statobex (phendimetrazine hydrochloride)	Tylenol (acetaminophen)
Proloxin (fluphenazine hydrochloride)	Stelazine (trifluoperazine hydrochloride)	Tylox (oxycodone hydrochloride)
Quaalude (methaqualone)	Talwin (pentazocine hydrochloride)	Valium (diazepam)
Quide (piperacetazine)	Taractan (chlorprothixene)	Valmid (ethinamate)
Rau-Sed (reserpine)	Tenuate (diethylpropion hydrochloride)	Veronal (barbital)
Remsed (promethazine hydrochloride)	Tepanil (diethylpropion hydrochloride)	Vivactil (protriptyline hydrochloride)
Ritalin (methylphenidate hydrochloride)	Thorazine (chlorpromazine)	Voranol (clortermine hydrochloride)
Sanorex (mazindol)	Tofranil (imipramine hydrochloride)	Wehless-35 (phendimetrazine hydrochloride)
Seconal (secobarbital sodium)	Tranxene (chlorazepate dipotassium)	ZiPAN (promethazine hydrochloride)
Sedaril (hydroxyzine hydrochloride)		

APPENDIX D Acronyms

AA	Alcoholics Anonymous	MAO	monoamine oxidase inhibitors
ACM	American Council on Marijuana and Other Psychoactive Drugs, Inc.	MDA	methylenedioxyamphetamine
ACT	Alliance for Cannabis Therapeutics	MMPI	Minnesota Multiphasic Personality Inventory
ADAMHA	Alcohol, Drug Abuse, and Mental Health Administration	NA	Narcotics Anonymous
ASC	altered state of consciousness	NACC	Narcotic Addiction Control Commission
BNDD	Bureau of Narcotics and Dangerous Drugs	NARA	Narcotic Addict Rehabilitation Act
BOP	Bureau of Prisons	NASADAD	National Association of State Alcohol and Drug Abuse Directors
CBD	cannabidiol	NCTIP	National Committee on the Treatment of Intractable Pain
CETA	Comprehensive Employment and Training Act (of 1973 and its various amendments)	NDATUS	National Drug Abuse Treatment Utilization Survey
CFR	Code of Federal Regulations	NF	National Formulary
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services	NFP	National Federation of Parents
CNS	central nervous system	NIAAA	National Institute on Alcohol Abuse and Alcoholism
CODAP	Client Oriented Data Acquisition Process	NIDA	National Institute on Drug Abuse
DARP	Drug Abuse Reporting Program	NIH	National Institutes of Health
DAWN	Drug Abuse Warning Network	NIMH	National Institute of Mental Health
DEA	Drug Enforcement Administration	NNICC	National Narcotics Intelligence Consumers Committee
DHHS	Department of Health and Human Services	NORML	National Organization for the Reform of Marijuana Laws
DMT	dimethyltryptamine	NTA	Narcotics Treatment Administration
DOM	dimethoxymethamphetamine	OD	overdose
EMIT	enzyme multiplied immunoassay technique	OTC drugs	over-the-counter drugs
FBN	Federal Bureau of Narcotics	PCP	phencyclidine
FDA	Food and Drug Administration	PHS	Public Health Service, DHHS
FFC	Federal Funding Criteria	RIA	radioimmunoassay
FPR	Federal Procurement Regulations	SAODAP	Special Action Office for Drug Abuse Prevention
FRAT	free radical assay technique	SES	socioeconomic status
FY	fiscal year (Oct. 1 to Sept. 30 for Federal Government)	SHCC	Statewide Health Coordinating Council
HEW	Department of Health, Education, and Welfare (former name of DHHS)	SMSA	Standard Metropolitan Statistical Area
HI	hemagglutination inhibition	SPA	State Planning Agency
HSFR	Health Services Funding Regulations	SPF	spectrophotofluorometric
JAMA	<u>Journal of the American Medical Association</u>	SSA	Single State Agency
LAAM	levo-alpha-acetylmethadol	SSD	sudden sniffing death
LEAA	Law Enforcement Assistance Administration	STP	street name, synthetic hallucinogen dimethoxymethamphetamine
LSD	lysergic acid diethylamide-25	SWSC	Statewide Services Contract
		TA	Technical Assistance

TASC Treatment Alternatives to
Street Crime
THC tetrahydrocannabinol (also Δ -9-
THC or delta-9-THC)

TMA trimethoxyamphetamine
UCR Uniform Crime Reports
USP U.S. Pharmacopeia

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