



APPENDIX E: GLOSSARY

Addiction.

A primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. Addiction is characterized by three or more of the following behaviors occurring at any time in the same 12-month period: tolerance; withdrawal; use in larger amounts or over a longer period of time than intended; persistent desire or unsuccessful efforts to cut down; spending a great deal of time in activities necessary to obtain alcohol or drugs (including prescription drugs); giving up or reducing important social, occupational, or recreational activities; continued use despite knowledge of having a persistent or recurrent physical or psychological problem.

Co-occurring/co-morbid disorders.

The simultaneous presence of two or more disorders, such as the co-existence of a substance use disorder with a psychiatric or medical disorder. Use of the term carries no implication as to which disorder is primary and which secondary, which disorder occurred first, or whether one disorder caused the other.

Dependence.

Used in three different ways: (1) physical dependence, a physiological state of adaptation to a specific psychoactive substance characterized by the emergence of a withdrawal syndrome during abstinence, which may be relieved in total or in part by readministration of the substance; (2) psychological dependence, a subjective sense of need for a specific psychoactive substance, either for its positive effects or to avoid negative effects associated with its abstinence; and (3) one category of psychoactive substance use disorder.

Prevention.

Social, economic, legal, medical, and/or psychological measures aimed at minimizing the use of potentially addictive substances, lowering the dependence risk in susceptible individuals, or minimizing other adverse consequences of psychoactive substance use. **Targeted preventive interventions** constitute a system that targets prevention activities to specific levels of risk. For example, **universal interventions** are targeted to the public or a

whole population group that has not been identified on the basis of individual risk. The intervention is desirable for everyone in that group. Universal interventions have advantages in terms of cost and overall effectiveness for large populations. **Selective interventions** are targeted to individuals or a subgroup of the population whose risk of developing substance use disorders (SUDs) is significantly higher than average. The risk may be imminent, or it may be a lifetime risk. The basis may be biological, psychological, or environmental. **Indicated interventions** are targeted to reach high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing SUDs or biological or familial markers indicating a predisposition for SUDs, even though they do not meet *DSM-IV* diagnostic levels at the current time.

Substance abuse.

The problematic consumption or illicit use of alcoholic beverages, tobacco products, or drugs, including misuse of prescription drugs. Abuse typically leads to clinically significant impairment or distress, as manifested by one or more of the following occurring within a 12-month period: recurrent use resulting in a failure to fulfill major role obligations at work, school, or home; recurrent use in physically hazardous situations; recurrent legal problems associated with use; continued use despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol or other drugs, including prescription drugs. In the literature on economic costs, substance abuse means any cost-generating aspect of alcohol or other drug consumption; this definition differs from the clinical use of the term, which involves specific diagnostic outcomes.

Substance use disorder.

The spectrum of disorders encompassed in alcohol and/or drug abuse and dependence that is attributed to problematic consumption or illicit use of alcoholic beverages, tobacco products, and drugs, including misuse of prescription drugs.

Modified from the U.S. Department of Health and Human Services, National Center for Health Statistics (2000). Healthy People 2010. Hyattsville, MD: NCHS.