

LEXICON OF ALCOHOL AND DRUG TERMS



WORLD HEALTH ORGANIZATION
GENEVA

Lexicon of alcohol and drug terms



World Health Organization
Geneva
1994

WHO Library Cataloguing in Publication Data

Lexicon of alcohol and drug terms.

1. Substance abuse—terminology 2. Alcohol—terminology 3. Tobacco—terminology
ISBN 92 4 154468 6 (NLM classification: WM 270)

The World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full. Applications and enquiries should be addressed to the Office of Publications, World Health Organization, Geneva, Switzerland, which will be glad to provide the latest information on any changes made to the text, plans for new editions, and reprints and translations already available.

© World Health Organization 1994

Publications of the World Health Organization enjoy copyright protection in accordance with the provisions of Protocol 2 of the Universal Copyright Convention. All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities or concerning the delimitation of its frontiers or boundaries.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

Typeset in India
Printed in England

93/9735 – Macmillan/Clays – 6000

Lexicon of
alcohol and
drug terms

The World Health Organization is a specialized agency of the United Nations with primary responsibility for international health matters and public health. Through this organization, which was created in 1948, the health professions of some 185 countries exchange their knowledge and experience with the aim of making possible the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.

By means of direct technical cooperation with its Member States, and by stimulating such cooperation among them, WHO promotes the development of comprehensive health services, the prevention and control of diseases, the improvement of environmental conditions, the development of human resources for health, the coordination and development of biomedical and health services research, and the planning and implementation of health programmes.

These broad fields of endeavour encompass a wide variety of activities, such as developing systems of primary health care that reach the whole population of Member countries; promoting the health of mothers and children; combating malnutrition; controlling malaria and other communicable diseases including tuberculosis and leprosy; coordinating the global strategy for the prevention and control of AIDS; having achieved the eradication of smallpox, promoting mass immunization against a number of other preventable diseases; improving mental health; providing safe water supplies; and training health personnel of all categories.

Progress towards better health throughout the world also demands international cooperation in such matters as establishing standards for biological substances, pesticides and pharmaceuticals; formulating environmental health criteria; recommending international nonproprietary names for drugs; administering the International Health Regulations; revising the International Statistical Classification of Diseases and Related Health Problems; and collecting and disseminating health statistical information.

Reflecting the concerns and priorities of the Organization and its Member States, WHO publications provide authoritative information and guidance aimed at promoting and protecting health and preventing and controlling disease.

Contents

Introduction

1

Acknowledgements

3

Definitions of terms

4

Introduction

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

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

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

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

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

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

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

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

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

Thomas Babor
Robert Campbell
Robin Room
John Saunders
compilers

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

Acknowledgements

Norman Sartorius, then Director, Division of Mental Health, World Health Organization, provided overall advice and support during the preparation of this lexicon. Preparation was coordinated in the early stages by Marcus Grant, formerly of the Programme on Substance Abuse, WHO, and later by Aleksander Janča of the Division of Mental Health, WHO. Leland Towle of the US National Institute on Alcohol Abuse and Alcoholism and Jack Blaine of the US National Institute on Drug Abuse served as project advisers. The work was supported by funds provided through the World Health Organization/National Institutes of Health (formerly ADAMHA) Joint Project on the Diagnosis and Classification of Mental Disorders, Alcohol- and Drug-Related Problems.

Definitions of terms

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

See also: alcohol.

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

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

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

See also: sobriety; temperance

abstinence, conditioned *See* withdrawal, conditioned.

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

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

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

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

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

See also: abuse; dependence potential; harmful use

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

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

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

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

ACA, ACOA *See* child of an alcoholic.

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

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

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

See also: alcohol-sensitizing drug; disulfiram

acute amnesia *See* blackout; intoxication, pathological

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

addiction, drug or alcohol Repeated use of a psychoactive substance or substances, to the extent that the user (referred to as an addict) is periodically or chronically intoxicated, shows a compulsion to take the preferred substance (or substances), has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain psychoactive substances by almost any means.

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

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

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

See also: dependence; dependence syndrome

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

See also: narcologist; narcology

administration, method of Route or mode of administration, i.e. the way in which a substance is introduced into the body, such as oral ingestion, intravenous (**IV**), subcutaneous, or intramuscular injection, inhalation, smoking, or absorption through skin or mucosal surfaces, such as the gums, rectum, or genitalia.

See also: IDU; IVDU

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

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

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

See also: bad trip

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

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

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

Al-Anon *See* mutual-help group; twelve-step group.

alcohol In chemical terminology, alcohols are a large group of organic compounds derived from hydrocarbons and containing one or more hydroxyl (—OH) groups. Ethanol ($\text{C}_2\text{H}_5\text{OH}$, ethyl alcohol) is one of this class of compounds, and is the main psychoactive ingredient in **alcoholic beverages**. By extension the term “alcohol” is also used to refer to alcoholic beverages.

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

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

Methanol (CH_3OH), also known as methyl alcohol and wood alcohol, is chemically the simplest of the alcohols. It is used as an industrial solvent and also as an adulterant to denature ethanol and make it unfit to drink (methylated spirits). Methanol is highly toxic; depending on the amount consumed, it may produce blurring of vision, blindness, coma, and death.

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

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

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

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

alcohol control

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

alcohol dependence *See* dependence.

alcohol dependence syndrome *See* dependence syndrome.

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

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

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

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

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

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

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

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

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

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

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

Synonym: alcoholic heart muscle disease

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

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

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

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

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

See also: Jellinek formula

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

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

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

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

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

alcoholic heart muscle disease *See* alcoholic cardiomyopathy.

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

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

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

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

Synonyms: amorous paranoia; conjugal paranoia

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

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

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

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

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

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

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