



National Judicial Opioid Task Force

SUD Dictionary for State Courts

As a primary source of referrals to treatment for substance use disorders (SUDs), state court judges often have before them persons who are in need of treatment and the professionals who provide them with screening and assessments, recommend programs, or provide treatment services. Judges are trained and understand the relevant law, legal standards, terms and procedures necessary to process the cases; but the “language” used by medical providers, addiction specialists, and other treatment professionals may be unfamiliar.

This guide is intended as a resource for judges and court staff who are involved with issues of substance use disorders and who may benefit from a better understanding of the sometimes technical terms, acronyms, and references used by medical and treatment professionals. While it includes many terms and references that are specific to the opioid crisis, it is broader in scope and covers the language related to substance use disorders of all types. This work is based, in large part, on the “Common Language Glossary” (see http://www.courtnewsOhio.gov/happening/2018/RJOIGlossary_022218.asp#.XJreophKjIU), an outstanding work and publication by a team from the Ohio state courts connected to the efforts of the Regional Judicial Opioid Initiative.

SUBSTANCE USE DISORDER TERMS

A

Abstinence

Intentional and consistent restraint from the pathological pursuit of reward and/or relief that involves the use of substances and other behaviors. These behaviors may involve, but are not necessarily limited to, gambling, video gaming, spending, compulsive eating, compulsive exercise, or compulsive sexual behaviors. (*ASAM*)

Addiction

A primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors. (*ASAM*)

Addiction Medicine Physician

A physician who is board certified in some specialty (e.g., family medicine, pediatrics, psychiatry, neurology) and

who has specialized training in addiction diagnosis, treatment and management. They typically do not provide addiction-specific therapy or counseling, but may work in collaboration with other health care providers who do. An addiction psychiatrist is board certified in psychiatry and the sub-specialty of addiction psychiatry and frequently provides counseling in addition to other addiction medicine interventions. (*CASA*)

Adverse Childhood Experiences

Childhood experiences, both positive and negative, have a tremendous impact on future violence, victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs). (*CDC*)

Agonists

Drugs that activate receptors in the brain are termed agonists. Agonists bind to receptors and turn them on.

They produce an effect in the organism. Full agonist opioids activate the opioid receptors in the brain fully resulting in the full opioid effect and have the greatest abuse potential (e.g., morphine, heroin, methadone, oxycodone, or hydromorphone). (NAABT)

Ambulatory Withdrawal Management

The management of intoxication episodes and withdrawal episodes with medication protocols to meet the needs of the individual. (ASAM)

Antagonists

Drugs that bind to receptors without eliciting responses in the brain are termed antagonists. Opioid antagonists nullify the effect of opioids by attaching to the opioid receptors without activating them. Antagonists cause no opioid effect and block full agonist opioids. Examples of antagonists are naltrexone and naloxone. Naloxone is sometimes used to reverse a heroin overdose. (NAABT)

Assessment

An evaluation of a person's medical, psychological and substance use history, current health status, symptoms of addiction, potential withdrawal syndrome and related health conditions. This helps to formulate a treatment plan. It should be performed by a qualified health professional. (CASA)

B

Behavioral Health

A term often used to speak generally about mental health and addiction together. The term is also used to distinguish mental health and addiction from other physical health conditions. (NCASA)

Brief Intervention

Brief interventions are provided by trained health care providers to individuals who screen positive for risky substance use, some forms of substance abuse and nicotine addiction. They help patients reduce use by providing feedback about the extent and effects of substances, enhancing motivation to change behavior, and offering recommendations for how to do so. Brief interventions can be conducted face-to-face, over the phone or through computerized feedback to the

individual. An intervention is considered "brief" when it only involves one to three sessions or lasts from five to 15 minutes. (CASA)

Buprenorphine

Medication-assisted treatment with buprenorphine is often referred to as office-based opioid treatment. Buprenorphine produces similar effects as opioids, but the dose is titrated until the person with the opioid use disorder is at a safe maintenance level. The only medication that may be prescribed and dispensed in various settings, including in an office or correctional facility, it is offered as a film to be placed under one's tongue, as a skin patch, by injection, or as an implant (which lasts for approximately six months). It is effective in retaining patients in treatment and reducing illicit opioid use, as demonstrated by many clinical trials comparing buprenorphine with placebo or no medication. It is also known as "Suboxone" or "Zubsolv" when combined with naloxone or "Subutex" when sold by itself. (SAMHSA)

C

Carfentanyl

Carfentanyl is a synthetic opioid and powerful anesthetic. It is used as a tranquilizing agent for elephants and other large mammals and is 100 times more potent than fentanyl. Because carfentanyl is synthesized, chemists can, and do, manipulate the composition of the drug to create a wide range of similar synthetic opioids with varying potencies (analogues). (DEA)

Case Management

Case management refers to connecting individuals to support services and resources (including mutual support, family and peer support and other needed services such as housing, employment, child care, etc.) to facilitate disease management. (CASA)

Clinical Opioid Withdrawal Scale (COWS)

The clinical opiate withdrawal scale (COWS) is a clinician-administered, pen and paper instrument that rates eleven common opiate withdrawal signs or symptoms. The summed score of the eleven items can be used to assess a patient's level of opiate withdrawal and to make

inferences about their level of physical dependence on opioids. *(NCBI)*

Craving

A state of desire to use substances or engage in addictive behaviors, experienced as a physical or emotional need for reward and/or relief. *(ASAM)*

Compulsivity

Repetitive behaviors in the face of adverse consequences, as well as repetitive behaviors that are inappropriate to a particular situation. People suffering from compulsions often recognize that the behaviors are harmful, but they nonetheless feel emotionally compelled to perform them. Doing so reduces tension, stress, or anxiety. *(OSG)*

Contingency Management

Uses positive reinforcement such as providing rewards or privileges for remaining drug free, for attending and participating in counseling sessions, or for taking treatment medications as prescribed. *(NIDA)*

Controlled substance

A drug that is regulated by state and federal law, the purpose of which is to limit the danger of addiction, abuse, and diversion of the substance. A controlled drug may be dispensed through a prescription by a medical practitioner who is registered with the U.S. Drug Enforcement Administration. *(DEA)*

Co-occurring Mental and Substance Use Disorders

The coexistence of both a mental health and a substance use disorder is referred to as co-occurring disorders. *(SAMHSA)*

D

DATA 2000

The Drug Addiction Treatment Act of 2000 (DATA 2000) expands the clinical context of medication-assisted opioid dependency treatment. Qualified physicians are permitted to dispense or prescribe specifically approved Schedule III, IV, and V narcotic medications (medications that have a lower risk for abuse, like buprenorphine) in settings other than an opioid treatment program, such as a methadone clinic. *(SAMHSA)*

DATA 2000 waiver

DATA 2000 permits qualified physicians to treat opioid dependence with buprenorphine. Until mid-2016, physicians could initially obtain a waiver to treat up to 30 patients at a time and after one year could request a 100-patient limit. In July 2016, the U.S. Department of Health and Human Services disseminated a final rule that allowed certain qualified, 100-patient waived physicians to obtain a 275-patient limit. In addition, the Comprehensive Addiction and Recovery Act (CARA) of 2016 permits nurse practitioners and physician assistants to obtain a DATA 2000 waiver. These policy changes were made to expand the use of buprenorphine. *(SAMHSA)*

Diagnostic Evaluation

This is a determination made by a trained health professional of the presence, stage and severity of addiction or substance abuse. It is performed using diagnostic tools such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD). *(CASA)*

Diagnostic and Statistical Manual of Mental Disorders (DSM)

A diagnostic tool used by clinicians to determine whether a patient meets clinical criteria for a substance use disorder or other psychiatric disorders (or both). It is published by the American Psychiatric Association (APA) and revised at regular intervals. The most recent edition is DSM-5. *(CASA)*

Detoxification/Withdrawal Management

The process of safely removing addictive substances from the body. Medically-assisted stabilization, also called detoxification, aims to reduce discomfort and potential physical harm for individuals who are experiencing withdrawal. *(CASA)*

Disease Management

A process whereby persons with long-term chronic health conditions work with health care providers to maintain their health and functioning. It may include medications and/or therapies to ensure that patients remain symptom free and that other health conditions and the patient's nutrition and exercise requirements are addressed. Disease management can improve an individual's ability

to function, suppress symptoms, prevent the development of additional health conditions and reduce relapse. (*CASA*)

Dopamine

Dopamine is one of the brain's neurotransmitters—a chemical that ferries information between neurons. Dopamine helps regulate movement, attention, learning, and emotional responses. Since dopamine contributes to feelings of pleasures and satisfaction as part of the reward system, the neurotransmitter also plays a part in addiction. People with low dopamine activity may also be more prone to addiction. (*Psychology Today*)

Drug Diversion

A medical and legal concept involving the transfer of any legally prescribed controlled substance from the person for whom it was prescribed to another person for any illicit use. (*OSG*)

Drug Testing

The process of collecting a biological specimen to test for the presence of alcohol and other drugs. Drug tests vary, depending on the type of drug being tested and the type of specimen being collected. Urine, hair, saliva (oral fluid), or sweat can be used as test specimens. (*NIDA*)

E-H

Evidence-based Substance Abuse Treatment

Substance abuse treatment that has been scientifically proven to be successful in a research setting (*e.g.*, cognitive behavioral therapy or motivational interviews). (*SAMHSA*)

F

Fentanyl

Fentanyl is a synthetic opioid and powerful anesthetic. It is a Schedule II narcotic approved for pain relief for humans by the U.S. Food and Drug Administration. It is 30-50 times more potent than heroin and 50-100 times more potent than morphine. Because fentanyl is synthesized, chemists can, and do, manipulate the composition of the drug to create a wide range of similar synthetic opioids with varying potencies (analogs). (*DEA*)

H

Harm Reduction

A treatment and prevention approach that encompasses individual and public health needs, aiming to decrease the health and socio-economic costs and consequences of addiction-related problems, especially medical complications and transmission of infectious diseases, without necessarily requiring abstinence.

It encompasses a range of health and social services and practices that apply to illicit and licit drugs. These include, but are not limited to, drug consumption rooms, needle and syringe programs, non-abstinence-based housing and employment initiatives, drug checking, overdose prevention and reversal, psychosocial support, and the provision of information on safer drug use. (*ASAM*)

Hub and Spoke Model

Developed in the Vermont, the model weaves together existing infrastructure already dispensing medication for opioid use disorder (*e.g.*, federally-qualified health centers and methadone clinics) and creates regional treatment centers. The “hubs,” or specialized addiction treatment clinics with board-certified addiction specialists, are located throughout a state and use medication-assisted treatment. The “spokes,” or special care teams, are located in various places throughout a state, including in therapists’ offices and drug courts, and provide ancillary services for those with opioid use disorder, thus providing a continuum of recovery support care. The model expands medication-assisted treatment and integrates addiction treatment into general health care. (*RHIH*)

I

Inpatient Treatment

An addiction treatment venue that requires overnight stays usually in a hospital setting. (*CASA*)

Integrated Care

Integrating primary medical care with behavioral health (mental health and substance abuse) care. Physical and behavioral health problems often occur at the same time and health care professionals should consider all conditions at once. The integration of substance abuse

treatment into the medical care system would increase physician oversight of the complex problems often experienced by people with substance use problems. *(CASA)*

Intervention

The process in which a group of formally prepared, concerned parties intervene to encourage a person to get help for a substance use disorder; the interruption of the progress of an illness or potential illness. *(SAMHSA)*

L

Levels of Care

Treatment settings offer varying levels of intensity of services. Examples include crisis services, outpatient, inpatient, rehabilitation and residential. The placement of patients with substance problems into a specific level of care is usually based on an assessment of symptoms, functioning, risk factors and levels of support and based on objective criteria such as those developed by the American Society of Addiction Medicine (ASAM). *(CASA)*

M

Medical Model/Disease Model of Addiction

For much of the twentieth century, theories of addictive behavior and motivation were polarized between two models. The first model viewed addiction as a moral failure for which individuals with SUDs were held responsible and judged accordingly. The second model viewed addiction as a specific brain disease caused by neurobiological adaptations occurring in response to chronic drug or alcohol use, and over which individuals with SUDs have no choice or control. As our capacity to observe neurobiological phenomena improved, the second model became scientific orthodoxy, increasingly dominating addiction research and informing public understandings of addiction. *(NIH)*

Medication Assisted Treatment (MAT)

The use of medications in combination with psychosocial therapies to treat substance problems. Research shows that combined treatments often work better than either of these treatments alone. Although MAT most often refers to an approach for opioid use disorders, it is often

recommended for alcohol, nicotine, or other drugs as well. For those addicted to opioids, however, a medication like naltrexone, methadone, or buprenorphine is usually necessary for treatment to be effective. *(CASA)*

Methadone

Methadone is a medication that alleviates the pain associated with opioid withdrawal and blocks the effects of opioids. Offered in pill, liquid, and wafer forms, it can only be administered by, and dispensed through, a certified, SAMHSA opioid treatment program or clinic and is the most widely used opioid use disorder medication. It effectively reduces illicit opioid use, treats opioid use disorder, and retains patients in treatment better than a placebo or no medication. *(SAMHSA)*

Methadone Maintenance

Methadone is a synthetic opioid that is used as medication to reduce cravings and withdrawal symptoms of opioid addiction. In maintenance treatment, patients initially come to an outpatient clinic daily to receive their medication. Take home medications may be available for patients who are able to stop use of alcohol and other drugs and demonstrate improved stability in their lives. *(CASA)*

Misuse

This term offers the same intended meaning as what has traditionally been termed as “abuse”, but without the stigma and judgmental overtones that the use of the word “abuse” carries. *(SAMHSA)*

N

Naloxone

Naloxone is a medication that can reverse an opioid overdose within a few seconds to several minutes. By blocking the opioid receptor sites, naloxone reverses the toxic effects of an overdose and helps an overdose victim resume breathing. It does not reverse the effects of other drugs and has no potential for abuse. Naloxone can be administered via an intramuscular or subcutaneous injection (generic or through a brand name autoinjector called Evzio®); or intranasally (generic or by a brand name nasal spray called Narcan®). *(SAMHSA)*

Naltrexone

Naltrexone is a medication that blocks the euphoria and sedation caused by opioids and reduces opioid cravings. Offered in pill form or via injection, it can be prescribed and dispensed by service professionals who are licensed to prescribe or dispense medications. It has been shown to reduce the return to illicit opioid use, increase treatment retention, and reduce opioid cravings compared with placebo or no medication. A common brand name for naltrexone is Vivitrol®. (SAMHSA)

Narcotics

Also known as “opioids,” the term “narcotic” comes from the Greek word for “stupor” and originally referred to a variety of substances that dulled the senses and relieved pain. Though some people still refer to all drugs as “narcotics,” today “narcotic” refers to opium, opium derivatives, and their semisynthetic substitutes. A more current term for these drugs, with less uncertainty regarding its meaning, is “opioid.” Examples include the illicit drug heroin and pharmaceutical drugs like OxyContin, Vicodin, codeine, morphine, methadone, and fentanyl. (DEA)

Neonatal Abstinence Syndrome (NAS)

NAS describes a group of problems that occur in a newborn who was exposed to addictive opiate drugs while in the mother’s womb. (NIH)

Neonatal Opioid Withdrawal Syndrome (NOWS)

NAS has been used interchangeably by some with the term neonatal opioid withdrawal syndrome (NOWS), which is used to describe opioid-only withdrawal symptoms. (NIH)

O

Office-Based Opioid Agonist Treatment (OBOT)

OBOT refers to models of opioid agonist treatment that seek to integrate the treatment of opioid addiction into the general medical and psychiatric care of the patient. An important feature of OBOT is that it allows primary care physicians to provide addiction treatment services in their usual clinical settings, thus expanding the availability of care. OBOT can refer to treatment with methadone (a Schedule II medication) or with buprenorphine (a

Schedule III medication). Sometimes OBOT is referred to as OBT, “office-based buprenorphine treatment.” (ASAM)

Opioid Treatment Program

A SAMHSA-certified program, usually comprising a facility, staff, administration, patients, and services, that engages in supervised assessment and treatment, using methadone, buprenorphine, or naltrexone, of individuals who have opioid use disorders. An OTP can exist in a number of settings, including but not limited to intensive outpatient, residential, and hospital settings. Services may include medically supervised withdrawal and/or maintenance treatment, along with various levels of medical, psychiatric, psychosocial, and other types of supportive care. (OSG)

Opioid Use Disorder

Opioid use disorder (OUD) is a pattern of problematic use of opioids, whether prescription painkillers or illegal substances such as heroin, leading to clinically significant impairment or distress. Physicians use criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM) to diagnose OUD. (CASA)

Outpatient Treatment

An addiction treatment venue where the patient does not have to stay overnight. The services are offered in an office or clinic setting less than nine hours per week involving recovery or motivational enhancement therapies/strategies. Intensive outpatient addiction treatment services are offered more frequently — typically, on a daily basis — than traditional outpatient services and are designed for patients who experience multidimensional instability and need more regular contact with health care providers. (CASA)

P

Partial Agonists

A partial agonist activates the opioid receptors in the brain, but to a much lesser degree than a full agonist. Buprenorphine is a partial agonist because it simultaneously activates and blocks the opioid receptors in the brain so that other opioids have no effect. This combined effect results in a “ceiling effect” that makes it

safer than agonist medications, like methadone, when taken in high doses. *(NJOTF)*

Partial Hospitalization

Provision of services 20 hours or more per week for multidimensional instability not requiring 24-hour care and provides services that are capable of meeting the complex needs of people with addiction and co-occurring conditions.

(ASAM)

Partial Recovery

The term recognizes the fact that the recovery process is incremental. Partial recovery entails a reduction in the frequency, duration, and intensity of use along with a diminution of the problems associated with continued alcohol and drug use. *(SAMHSA)*

Prescription Drug Monitoring Programs

Every state has a Prescription Drug Monitoring Program (PDMP). It collects information on the prescribing and dispensing of controlled substances statewide. Access to information contained in the database varies by state, based on provisions of law or regulations. While the primary utilizers of PDMPs are prescribers and pharmacists, some state have provided access to justice system practitioners. *(CDC)*

Project ECHO

Developed at the University of New Mexico, the model combines primary and specialty care, linking “expert specialty teams” from an academic hub with primary care physicians in local, often rural, communities. The health care providers “meet” via video conferencing or TeleECHO™ programs, where doctors in rural settings confer with specialists in academic settings about patient care. The Integrated Addictions and Psychiatry TeleECHO Clinic teaches primary care physicians how to treat those with opioid use disorders and expands patient access to doctors who can prescribe buprenorphine. The Opioid Addiction Treatment ECHO clinical team, comprised of a board-certified addictions psychiatrist, a board-certified psychiatrist, and an expert addictions counselor, provides free training in opioid addiction treatment. *(NJOTF)*

R

Recovery

A process of sustained action that addresses the biological, psychological, social and spiritual disturbances inherent in addiction. Recovery aims to improve the quality of life by seeking balance and healing in all aspects of health and wellness, while addressing an individual’s consistent pursuit of abstinence, impairment in behavioral control, dealing with cravings, recognizing problems in one’s behaviors and interpersonal relationships, and dealing more effectively with emotional responses. An individual’s recovery actions lead to reversal of negative, self-defeating internal processes and behaviors, allowing healing of relationships with self and others. The concepts of acceptance and surrender are also useful in this process. *(ASAM)*

Recovery Coach

One who provides clinical intervention, access to resources, inspiration, and support to those in treatment and recovery. Underlying the concept of the coach is the notion that the patient/client is doing the actual work of recovery, while the coach provides support. Other suggested terms include recovery guide and recovery support specialist. *(SAMHSA)*

Recovery Community

This term describes all who are either in recovery from alcohol and drug disease, family members, workforce members, and others who have a personal commitment to the issue. *(SAMHSA)*

Recovery Management

A straightforward description of what the recovery process entails. As with other chronic illnesses such as diabetes and hypertension, a substance use disorder is an illness that can be treated and managed, and from which people recover. The focus of recovery management is on the individual, whereas the focus of disease management is more on the broader level efficiency of costs and services. *(SAMHSA)*

Recovery Support Groups

Gatherings of individuals with SUDs and those who are involved in the support of their treatment and recovery.

This term is more accurate than “self-help” groups because it conveys the fact that individuals are not only helping themselves, but they are supporting one another in their recovery.

(SAMHSA)

Recovery Support Services

Recovery support services help people enter and navigate systems of care, remove barriers to recovery, stay engaged in the recovery process, and live full lives in communities of their choice. Recovery support services include culturally and linguistically appropriate services that assist individuals and families working toward recovery from mental and/ or substance use problems. They incorporate a full range of social, legal, and other services that facilitate recovery, wellness, and linkage to and coordination among service providers, and other supports shown to improve quality of life for people in and seeking recovery and their families. *(SAMHSA)*

Reentry

Any issue related to the transition of an offender from prison into the community. It refers to individuals released from state or federal prisons or discharged from state parole, federal parole, or federal supervised release. Those released from local jails are not included in the definition of reentry. *(BJS)*

Relapse

A process in which an individual who has established abstinence or sobriety experiences recurrence of signs and symptoms of active addiction, often including resumption of the pathological pursuit of reward and/or relief through the use of substances and other behaviors. When in relapse, there is often disengagement from recovery activities. Relapse can be triggered by exposure to rewarding substances and behaviors, by exposure to environmental cues to use, and by exposure to emotional stressors that trigger heightened activity in brain stress circuits. The event of using or acting out is the latter part of the process, which can be prevented by early intervention. *(ASAM)*

Remission

A state of wellness where there is an abatement of signs and symptoms that characterize active addiction. Many

individuals in a remission state remain actively engaged in the process of recovery. Reduction in signs or symptoms constitutes improvement in a disease state, but remission involves a return to a level of functioning that is free of active symptoms and/or is marked by stability in the chronic signs and symptoms that characterize active addiction. *(ASAM)*

Residential Treatment

An addiction treatment venue where patients are provided 24-hour care with trained counselors to stabilize multidimensional imminent danger. Length of stay may vary and clinical services are provided to assist and prepare for a lower level of outpatient services. *(ASAM)*

Risk and Need Assessment

RNA instruments are actuarial-based tools used to classify offenders into levels of risk (*e.g.*, low, medium, and high) and to identify and target interventions to address offender needs (*e.g.*, antisocial attitudes, antisocial peer groups) generally related to recidivism. *(NCSC)*

Risk Needs Responsivity Principle

Evidence-based practices for effective intervention include what is known as the Risk-Need-Responsivity Principle. The Principle begins with a validated risk/needs assessment as early as possible in the justice system which reveals the level of risk (*e.g.*, of reoffending, of committing violence, or of fleeing) that an individual presents and what specific criminogenic needs or factors contribute to why he or she is involved in the justice system. The responsivity portion refers to what type of treatment should be provided. *(NJOTF)*

S

Screening

Screening is the initial step in an evaluation process that may determine whether an individual suffers from a SUD and/or other, often related, issues such as mental illness, traumatic life events, intellectual deficits, and risk for overdose, suicide, and/or recidivism. A screening is usually brief, containing a short series of questions that identify “red flags” and determine whether a thorough, follow-up evaluation for the suspected problem(s) is warranted. Screening can be done anywhere and does

not require the screener to be licensed or otherwise specially credentialed. (*NJOTF*)

Sequential Intercept Model/Mapping

Provides a conceptual framework for communities to organize targeted strategies for justice-involved individuals with behavioral health disorders, including substance use disorders. Within the criminal justice system there are numerous intercept points which provide opportunities for linkages to services and for prevention of further involvement in the criminal justice system. (*GAINS*)

Serious Mental Illness

Serious mental illness among people aged 18 and older is defined at the federal level as having, at any time during the past year, a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illnesses include major depression, schizophrenia, and bipolar disorder, and other mental disorders that cause serious impairment. (*SAMHSA*)

Sobriety

A state of sustained abstinence with a clear commitment to and active seeking of balance in the biological, psychological, social and spiritual aspects of an individual's health and wellness that were previously compromised by active addiction. (*ASAM*)

Stages of Change Model

A framework for understanding the behavior change process for people considering changing an unwanted behavior, such as substance use. The model identifies a series of five stages through which people progress as they change behavior. It is often used to understand behavior change related to substance use. The five stages include: Pre-contemplation, Contemplation, Preparation, Action, and Maintenance. (*CASA*)

Substance Abuse

Substance abuse refers to a less serious drug or alcohol use disorder in which substance use causes distress and problems. However, the problem has not progressed to

addiction, which is a more serious form of the disorder. (*CASA*)

Substance Use Disorder

Substance use disorders include misuse, dependence, and addiction to alcohol and/or legal or illegal drugs. The term is helpful because it encompasses a range of severity levels, from problem use to dependence and addiction. (*SAMHSA*)

T

Telehealth

Telehealth is a collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies. It uses various technological advances from a remote site to deliver "virtual" services to patients. While "telehealth" and "telemedicine" are often used interchangeably, telehealth encompasses a broader array of applications in a greater number of health care disciplines, including substance use and opioid use disorders. (*CCHP*)

Therapy

A general term used to mean psychosocial therapy, but excluding pharmaceutical therapy. (*CASA*)

Tolerance

Alteration of the body's responsiveness to alcohol or a drug such that higher doses are required to produce the same effect achieved during initial use. (*OSG*)

Treatment

Treatment is the use of any planned, intentional intervention in the health, behavior, personal and/or family life of an individual suffering from alcoholism or from another drug dependency designed to enable the affected individual to achieve and maintain sobriety, physical and mental health, and a maximum functional ability. (*ASAM*)

Twelve-Step Program

A group providing mutual support and fellowship for people recovering from addictive behaviors. The first

12-step program was Alcoholics Anonymous, founded in 1935; an array of 12-step groups following a similar model have since emerged and are the most widely used mutual aid groups and steps for maintaining recovery from alcohol and drug use disorders. It is not a form of treatment, and it is not to be confused with the treatment modality called Twelve-Step Facilitation. (OSG)

W

Withdrawal

A set of symptoms that are experienced when discontinuing use of a substance to which a person has become dependent or addicted, which can include negative emotions such as stress, anxiety, or depression, as well as physical effects such as nausea, vomiting, muscle aches, and cramping, among others. Withdrawal symptoms often lead a person to use the substance again. (OSG)

Notes:



REFERENCES

The terms and definitions provided in this publication were taken and/or adapted from resources published by the following agencies and organizations:

American Society for Addiction Medicine (ASAM)

Bureau of Justice Statistics, US Department of Justice (BJS)

Center for Connected Health Policy (CCHP)

Center for Disease Control and Prevention (CDC)

GAINS Center for Behavioral Health (GAINS)

National Alliance of Advocates for Buprenorphine Treatment (NAABT)

National Center on Addiction and Substance Abuse (CASA)

National Center for Biotechnology Information (NCBI)

National Center for State Courts (NCSC)

National Institute on Drug Abuse (NIDA)

National Institutes of Health (NIH)

National Judicial Opioid Task Force (NJOTF)

Office of National Drug Control Policy (ONDCP)

Psychology Today

Rural Health Information Hub (RHIH)

Substance Abuse and Mental Health Services Administration (SAMHSA)

U.S. Drug Enforcement Administration (DEA)

U.S. Surgeon General (OSG)