

Appendix C Acknowledgements

In addition of the workshop participants listed in appendix B, OTA would like to thank the following individuals for their valuable contributions in the preparation of this Background Paper:

Robert Battjes
Assistant Director for
Planning
Division of Clinical Research
National Institute on Drug Abuse
Rockville, MD

John Ball
Senior Scientist and Professor
Addiction Research Center
Baltimore, MD

Vincent Biase
Supervising Director,
Technical Services
DAYTOP Village
New York City, NY

Jack D. Blaine
Chief, Treatment Research Branch
Division of Clinical Research
National Institute on Drug Abuse
Rockville, MD

Graham Coltitz
Assistant Professor of Medicine
Harvard Medical School
Boston, MA

James Cooper
Assistant Director for Medical
and International Affairs
Office of the Director
National Institute on Drug Abuse
Rockville, MD

James Curran
Director
Division HIV/AIDS
Centers for Disease Control
Atlanta, GA

George De Leon
Director of Research and Training
Therapeutic Communities of
America
New York, NY

Sam Di Menza
Assistant Deputy Director
Office for Treatment Improvement
Alcohol, Drug Abuse, and Mental
Health Administration
Rockville, MD

Mindy Fullilove
Assistant Professor of Clinical
Psychiatry and Public Health
Columbia University
New York, NY

Henrick J. Harwood
Senior Policy Analyst
Office of National Drug
Control Policy
Executive Office of the President
Washington, DC

Harry Haverkos
Director
Division of Clinical Research
National Institute on Drug Abuse
Rockville, MD

Steven Jones
Medical Epidemiologist
Office of the Director (HIV)
Center for Prevention Services
Centers for Disease Control
Atlanta, GA

Herbert Kleber
Director for Demand Reduction
Office of National Drug Control
Policy
Executive Office of the President
Washington, DC

Thomas Kosten
Assistant Professor
Department of Psychiatry
Director of Research
Yale University School of Medicine
New Haven, CT

Frederick Mosteller
Roger I. Lee Professor Emeritus
of Mathematical Statistics
Technology Assessment Group
Harvard School of Public Health
Boston, MA

Gary Noble
Deputy Director for AIDS
Centers for Disease Control
Atlanta, GA

Roy Pickens
Director
Addiction Research Center
Baltimore, MD

Richard Schottenfeld
Assistant Professor of Psychiatry
Yale University School of Medicine
Connecticut Mental Health Center
New Haven, CT

Joanna Siegel
Post Doctoral Fellow
Department of Health Policy and
Management
Harvard School of Public Health
Boston, MA

Dwayne Simpson
Director
Institute of Behavioral Research
Texas Christian University
Fort Worth, TX

James Sorensen
Professor
Department of Psychiatry
University of California,
San Francisco
San Francisco, CA

Michael Torný
, Professor of Law
University of Minnesota and
Castine Research Corp.
Castine, ME

Appendix D

Glossary of Abbreviations and Terms

Glossary of Abbreviations

AA	--Alcoholics Anonymous
ADAMHA	--Alcohol, Drug Abuse, and Mental Health Administration (PHS, DHHS)
ADMS	--Alcohol, Drug Abuse, and Mental Health Services
AIDS	--acquired immunodeficiency syndrome
APA	--American Psychiatric Association
CA	--Cocaine Anonymous
CDC	--Centers for Disease Control (PHS, DHHS)
CJS	--Criminal Justice System
CODAP	--Client Oriented Data Acquisition Process
DARP	--Drug Abuse Reporting Program
DATOS	--Drug Abuse Treatment Outcome Study
DAWN	--Drug Abuse Warning Network
DHHS	--Department of Health and Human Services
DSM-III-R	--Diagnostic and Statistical Manual for Mental Disorders (Third Edition Revised)
ER	--emergency room
FDA	--Food and Drug Administration (PHS, DHHS)
HIV	--human immunodeficiency virus
HTLV-1	--Human T-cell lymphotropic virus-1
HTLV-2	--Human T- cell lymphotropic virus-2
IV	--intravenous
LAAM	--levo-alpha-acetyl-methadol
LSD	--lysergic acid diethylamide
ME	--medical examiner
mg	--milligram
NA	--Narcotics Anonymous
NADAR	--National AIDS Demonstration Research
NASADAD	--National Association of State Alcohol and Drug Abuse Directors
NDATUS	--National Drug and Alcoholism Treatment Unit Survey

NIAAA	--National Institute on Alcohol Abuse and Alcoholism (ADAMHA, PHS, DHHS)
NIDA	--National Institute on Drug Abuse (ADAMHA, PHS, DHHS)
ODF	--outpatient drug free
OTA	--Office of Technology Assessment (U.S. Congress)
OTI	--Office of Treatment Improvement (ADAMHA, PHS, DHHS)
PCP	--phencyclidine
PHS	--Public Health Service (DHHS)
RCT	--Randomized Controlled Trial
SADAP	--State Alcohol and Drug Abuse Profile
STD	--sexually transmitted disease
TASC	--Treatment Alternative to Street Crime
TC	--therapeutic community
THC	--delta-9-tetrahydrocannabinol
TOPS	--Treatment Outcome Prospective Study
VA	--Veterans Administration (now Department of Veteran Affairs)

Glossary of Terms

- Alcoholics Anonymous (AA): A self-help support group for assisting recovery from alcoholism. The process is based on the 12 steps to recovery, which include admitting addiction, acknowledging one's impotence to stop without the help of a higher power, and confronting the harm one has done.
- Acute: A condition that has a sudden onset, sharp rise, and short course (compare *chronic*).
- Acquired immunodeficiency syndrome: see AIDS.
- Aftercare: Program services that concentrate on a successful transition between program completion and reentry into the community.
- Agonist: A substance that occupies receptors in the brain and activates the receptor eliciting a drug effect or action (compare *antagonist*).

- AIDS (acquired immunodeficiency syndrome): A disease caused by the human immunodeficiency virus and characterized by a deficiency of the immune system. The primary defect in AIDS is an acquired, persistent, quantitative functional depression within the T4 subset of lymphocytes. This depression often leads to infections caused by micro-organisms that usually do not produce infections in individuals with normal immunity.
- Antagonist: A substance that tends to nullify the action of another, i.e., a drug that binds to a cell receptor without eliciting a biologic response, and competitively blocks access to that receptor for other drugs or displaces them from the receptor terminating their action (compare *agonist*).
- Chronic: Lingering and lasting, as opposed to acute. A term used to describe persistent disease.
- Cocaine: An addictive psychoactive substance that is a central nervous system stimulant.
- Cocaine Anonymous: Self-help support groups for cocaine abusers patterned after the Alcoholics Anonymous approach.
- Co-morbidity: See *dual-diagnosis*
- Control group: In a randomized clinical trial, the group receiving no treatment or some treatment with which the group receiving experimental treatment is compared. The control treatment is generally a standard treatment, a placebo, or no treatment.
- Cost-benefit analysis: An analytical technique that compares the costs of a project or technological application to the resultant benefits, with both costs and benefits expressed by the same measure. This measure is nearly always monetary.
- Crack A smokable form of cocaine converted from cocaine powder by mixing it with baking soda or ammonia and water and heating to remove the water.
- Drug abuse: According to the American Psychiatric Association's diagnostic manual (DSM HI-R), drug abuse is characterized by maladaptive patterns of psychoactive substance use that have never met the criteria for dependence for that particular class of substance (see *drug dependence*). Drug Abuse refers to a pattern of drug use that results in harm to the user; the user continues use despite persistent or recurrent adverse consequences.
- Drug addiction: See *drug dependence*.
- Drug dependence: A disorder in which a person has impaired control of psychoactive substance use and continues use despite adverse consequences. It is characterized by compulsive behavior and the active pursuit of a lifestyle that centers around searching for, obtaining, and using the drug. According to the American Psychiatric Association, diagnosis of drug dependence is established if at least three out of nine defined symptoms have been persistent for at least one month or have occurred repeatedly over a longer period of time. The range of symptoms include inability to control use, compulsive use, continued use despite knowledge of adverse consequences, tolerance, and physical dependence (compare drug *abuse*).
- Dual diagnosis: Coexistence of drug abuse or dependence and psychiatric disorder.
- Effectiveness: Same as efficacy (see below) except that it refers to average or actual conditions of use.
- Efficacy The probability of benefit to individuals in a defined population from an intervention applied for a given problem under ideal conditions of use. Efficacy is generally evaluated in controlled trials of an experimental therapy and a control condition.
- Epidemic: A sudden increase in the incidence rate of a human illness, affecting large numbers of people, in a defined geographic area.
- Heroin: An addictive psychoactive substance derived from opium. Heroin is administered mainly intravenously.
- Human immunodeficiency virus (HIV): The virus that causes AIDS.
- Inpatient care: Care that includes an overnight stay in a medical facility.
- Interim methadone: A concept that calls for providing methadone and HIV counseling without additional ancillary services to IV drug users on waiting lists, until treatment space in a comprehensive program becomes available.
- Intravenous: Injected into or delivered through a needle into a vein.
- In utero: Literally, "in the uterus; referring to procedures that are performed or events that take place within the uterus.

Low birthweight babies: Live births weighing less than 5-1/2 pounds (250 grams).

Maturation: In evaluation studies, the impact on outcome of the passage of time, independent of the intervention being evaluated.

Medical maintenance: An approach that calls for stable, non-drug using, socially rehabilitative methadone-maintained patients to receive their total methadone dosage from a physician at a primary care setting at intervals as far apart as 28 days.

Methadone maintenance: Pharmacotherapy for narcotics addicts that employs a synthetic opiate, methadone, to stabilize clients and help them to function in the community. In addition to daily oral doses of methadone, methadone maintenance programs have traditionally included counseling and other support services.

Modality: In this report, a type of treatment for drug abuse.

Mortality rate: The death rate, often made explicit for a particular characteristic, e.g., age, sex, or specific cause of death. A mortality rate contains three essential elements: 1) the number of people in a population group exposed to the risk of death (the denominator); 2) a time factor; and 3) the number of deaths occurring in the exposed population during a certain time period (the numerator).

Naltrexone: A pharmacologic substance that is a narcotic antagonist.

Narcotics: A class of drugs that when administered therapeutically can lessen sensibility, relieve pain, and produce sleep. The term narcotic is used interchangeably with the term opiates. In a legal context, the term narcotics is used to refer to any substance that can cause dependence.

Narcotics Anonymous: Self-help support groups for narcotics abusers patterned after the Alcoholics Anonymous approach.

Natural history: The course of a condition, such as drug abuse, that occurs without any intervention.

Odds ratio: A measure of association closely related to relative risk. It is the ratio of the odds of a disease's occurring in individuals exposed to the risk relative to those unexposed.

Opiate: Any substance deriving from the opium poppy. Opiate drugs (e.g., morphine and heroin) bind to specific receptors on nerve cells scattered

throughout the brain to reduce pain and produce euphoria. Repeated use of these agents may be associated with biological tolerance and dependence. Naturally produced molecules (e.g., endorphin, enkephalin) bind to the same nerve cell receptors and are called endogenous opiates or opioid drugs. See *narcotics*.

Outpatient care: Care that is provided in a hospital or other medical facility that does not include an overnight stay.

Outpatient drug-free (ODF) program: A diverse group of drug abuse treatment programs operating on an outpatient basis, with emphasis on counseling.

Perinatal: Pertaining to or occurring in the period shortly before or after birth; variously defined as beginning with the completion of the 20th to 28th week of gestation and ending 7 to 28 days after birth.

Pharmacotherapy: The use of medication to treat a medical disease or disorder.

Placebo: A drug or procedure with no intrinsic therapeutic value. In a randomized clinical trial, a placebo may be given to patients in control groups as a means to blind investigators and patients as to whether an individual is receiving the experimental or control treatment.

Polydrug abuse: Substance abuse characterized by use of multiple drugs.

Premature births: Babies born between 20 to 36 weeks gestation.

Prevalence: In epidemiology, the number of cases of disease, infected persons, or persons with disabilities or some other condition, present at a particular time and in relation to the size of the population.

Psychoactive substance: A substance that has mood-altering abilities.

Randomized clinical trial: An experiment designed to test the safety and efficacy of an intervention in which people are randomly allocated to experimental or control groups, and outcomes are compared.

Reliability: Refers to the reproducibility of results over repeated measurements, and relates to the lack of random error over these repeated measurements.

Selection bias: A distortion of study results by correlates of the study subjects that influence the outcome and the comparability of the experimental and control groups.

Seroconversion: The initial development of antibodies specific to a particular agent.

Seropositive: In the context of HIV, the condition in which antibodies to the virus are found in the blood.

Seroprevalence: Prevalence based on blood tests.

Shooting gallery Location where drug abusers meet to inject (shoot) drugs, often sharing needles.

Therapeutic community (TC): Residential treatment programs lasting approximately one year or more and characterized by a highly structured and confrontational approach. The TC philosophy views drug abuse as a reflection of per-

sonality problems and chronic deficiencies in social, educational, and marketable skills.

Tolerance: Increasing resistance to the effects of a drug. An outstanding characteristic of opiates and amphetamines, it results in a need for increasing dosage to maintain or recapture the desired drug effect.

Validity: A measure of the extent to which an observed situation reflects the “true” situation. Internal validity is a measure of the extent to which study results reflect the true relationship of an intervention to the outcome of interest in the study subjects. External validity is a measure of the extent to which study results can be generalized to the population which is represented by individuals in the study.

Withdrawal symptoms: Symptoms associated with abstinence from a drug on which a patient is physically dependent.