

Glossary

Abstinence	State of refraining from using drugs.
Alternative livelihoods	Also known under the concepts of 'development in a drugs environment', 'development-oriented drug control' or 'food security', alternative livelihoods programmes aim to promote equitable economic development in the rural areas where crops used in the production of internationally controlled substances are cultivated. The objective is to improve the overall quality of life in these rural areas.
Controlled substance	A psychoactive substance, the production, sale, possession and use of which is restricted to those authorised by the international drug control regime. This term is preferred to 'illicit drug' or 'illicit substance' as it is not the drug itself that is illicit, but its production, sale, possession or consumption in particular circumstances in a given jurisdiction. 'Illicit drug market', a more exact term, refers to the production, distribution, sale and use of any substance outside legally sanctioned channels.
Decriminalisation	<p>The decriminalisation of drug use refers to the removal of criminal penalties for drug use, and for the possession of drugs, possession of drug use equipment, as well as the cultivation and purchase of drugs for the purpose of personal consumption. Decriminalisation may involve the removal of all penalties. Alternatively, while civil or administrative (as opposed to criminal) penalties may be imposed following decriminalisation, they should be less punitive than those imposed under criminalisation, and lead to increased voluntary access to evidence- and human rights-based harm reduction, health and social services.</p> <p>Under <i>de jure</i> decriminalisation, criminal penalties for selected activities are formally removed through legal reforms.</p> <p>Under <i>de facto</i> decriminalisation, the selected activity remains a criminal offence but, in practice, the criminal penalties are not applied.</p>
Demand reduction	A general term used to describe policies or programmes directed at reducing the demand for internationally controlled substances. It particularly refers to prevention, educational, treatment and rehabilitation strategies, as opposed to law enforcement strategies that aim to interdict the production and distribution of drugs.
Depenalisation	Depenalisation is the reduction in severity of penalties for a criminal offence. Depenalisation may involve reducing the maximum and/or minimum lengths of sentences, or amounts of fines, for certain drug offences, or replacing imprisonment with alternative sentencing options for minor offences.
Diversion / alternatives to incarceration	Diversion refers to measures that provide alternatives to criminal sanctions or incarceration for people who are arrested for minor, non-violent drug offences. Diversion measures can be implemented through policies, programmes and practices that aim to refer people to social and health interventions such as harm reduction and drug dependence treatment, rather than subject them to criminal justice processes involving arrest, detention, prosecution, judicial sentencing and imprisonment. Diversion measures can be conducted by police (before or after arrest), prosecutors, or judges (prior to, at the time of, or after sentencing).
Drug control/drug policy	The regulation, by a system of laws and agencies, of the production, distribution, sale and use of specific controlled substances locally, nationally or internationally.

Drug dependence

Drug dependence remains a contested concept. The World Health Organisation defines it as a 'chronic, relapsing medical condition with a physiological and genetic basis'. However, some drug user activists have rejected terms describing drug dependence as a medical condition as this approach seems to define drug use as an illness – whereas the UN reports that only about 10% of those who use drugs have problems related to their drug use. This is often referred to as 'pathologising' drug use. Policy makers and practitioners interacting with groups and networks of people who use drugs should be aware that some activists may be uncomfortable with language or models that promote such a definition.

For the purposes of this Guide, drug dependence refers to a range of behaviours that include a strong desire to use drugs, the difficulty in controlling consumption, and the continued use of the substance despite physical, mental and social problems associated with drug use. It is often characterised by increased tolerance over time, and withdrawal symptoms if substance use is abruptly stopped.

Drug dependence treatment

Drug dependence treatment describes a range of interventions – both medical and psychosocial – that support people who have a problem with their drug use to stabilise or recover control over their consumption, or seek abstinence. The complexity of drug dependence is such that the response, setting and intensity of treatment need to be tailored to each person. A comprehensive menu of services should therefore be made available to suit the differing characteristics, needs, preferences and circumstances of each person wishing to access treatment. The objective of treatment is to enable an individual to live a healthy and socially constructive lifestyle.

Drug testing

The analysis of body fluids (such as blood, urine or saliva), hair or other tissue for the presence of one or more psychoactive substances. Drug testing is employed to monitor abstinence from drug use in individuals pursuing drug rehabilitation programmes, to monitor surreptitious drug use among patients on maintenance therapy, and where employment is conditional on abstinence from such substances. Drug testing is not an effective method to deter drug use and has led to a number of negative consequences, such as users moving to more harmful substances to avoid detection.

Drug use

Self-administration of a psychoactive substance.

Harm reduction

Policies, programmes and practices that seek to reduce physical, psychological and social problems associated with drug use without necessarily stopping that use. Some people are unable or unwilling to cease their drug use, yet still require healthcare and other interventions to optimise their health and well-being. Harm reduction is, consequently, a pragmatic set of responses directed toward these objectives, rather than an ideology that seeks to stop drug use as its fundamental priority. The best known harm reductions interventions are Needle and Syringe Exchange (NSPs), Opioid Substitution Therapy (OST), Drug Consumption Rooms, etc., measures which embody a pragmatic approach toward the reality of drug use.

Heroin-assisted treatment

Heroin-assisted treatment (HAT) is a therapeutic option that has been added to the range of OST in a growing number of countries in the past two decades, as its evidence base has grown more extensive and secure. It involves the provision of diamorphine to patients, usually those who have not gained benefit from more traditional OST employing methadone or buprenorphine. Diamorphine doses are given under clinical supervision in a safe and clean medical setting, and the medication elements are combined with intensive psychosocial support mechanisms. HAT is currently provided with positive outcomes in Switzerland, Germany, the UK, Denmark, Spain, Canada and the Netherlands.

Injecting drug use	Injections may be intramuscular (into a muscle), subcutaneous (under the skin), intravenous (into a vein), etc.
Legal regulation	Legal regulation refers to a model whereby the cultivation, manufacture, transportation and sale of selected drugs are governed by a legal regulatory regime. This regime can include regulations on price, potency, packaging, production, transit, availability, marketing and/or use – all of which are enforced by state agencies.
Legalisation	Legalisation is a process by which all drug-related behaviours (use, possession, cultivation, production, trade, etc.) become legal activities. Within this process, governments may choose to adopt administrative laws and policies to regulate drug production, distribution and use, limiting availability and access – this process is known as ‘legal regulation’.
New psychoactive substance	Also known as ‘legal high’ – a substance with psychoactive properties (capable of altering mood and/or perception), whose production, distribution, possession and consumption is not subject to international drug control.
Proportionality of sentencing	Proportionality is an internationally recognised legal principle, applicable to a government’s response to activities that cause harm to others. It requires the severity of any punishment imposed to be measured in accordance with the harms caused by an offender’s actions, and the culpability and circumstances of the offender. International human rights, crime prevention and criminal justice instruments contribute to setting standards of proportionality. It represents the legislative equivalent of the popular belief that ‘the punishment should fit the crime’.
Recidivism	The tendency to repeat an offence and/or to keep on returning to prison.
Recovery	Recovery encompasses any positive step or change that leads to the improvement of a person’s health, well-being and overall quality of life. It should therefore not be limited to, understood solely as, abstinence from drug use. Recovery is incremental, and it is up to each individual to decide what their goal towards recovery will be (e.g. controlled usage of substances, substitution therapy, etc.).
Rehabilitation	The process by which an individual dependent on drugs achieves an optimal state of health, psychological functioning and social well-being. Rehabilitation follows the initial phase of treatment (which may involve detoxification, medical and psychiatric treatment). It encompasses a variety of approaches, including group therapy, specific behaviour therapies to prevent relapse, involvement with a mutual help group, residence in a therapeutic community or halfway house, vocational training, and work experience. It can also include long-term OST.
Scheduling	The international drug control system assigns drugs to a particular set of controls termed ‘schedules’. The objective is to place a given drug within an appropriate set of controls according to its level of harms and medical utility. The act or process of assigning the ‘narcotic’ or ‘psychotropic’ substances (as the treaties describe them) to its place within the control regime is known as ‘scheduling’. The more dangerous the drug, the tighter the controls – at least in theory. The WHO recommends on what the appropriate schedule is (if any), while the CND makes the final decision. WHO recommends on scientific and medical grounds, while CND takes into account social, economic and other factors. National legal systems include systems of classification based on the international one, sometimes using alternative terminology to represent their schedules.

Supply reduction

Policies or programmes aiming to reduce and eventually eliminate the production and distribution of drugs. Historically, the international drug control system has been focused on supply-side strategies based on crop eradication, interdiction by law enforcement, etc. Evidence demonstrates that these strategies have been unsuccessful in curbing the global drug market. Some countries have now turned to an approach based on alternative livelihoods.

UN drug conventions/ treaties

International treaties concerned with the control of production, distribution, possession and use of psychoactive drugs. The first international treaty dealing with controlled substances was the Hague Convention of 1912: its provisions and those of succeeding agreements were consolidated in the 1961 Single Convention on Narcotic Drugs (amended by a 1972 protocol). To this have been added the 1971 UN Convention on Psychotropic Substances and the 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

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The IDPC Drug Policy Guide brings together global evidence, best practice and experiences to provide expert analysis across the spectrum of drug policy (including public health, criminal justice and development). In each chapter, IDPC offers recommendations and further reading in an effort to promote effective, balanced and humane drug policies at the national, regional and international levels.

The International Drug Policy Consortium (IDPC) is a global network of NGOs that promotes objective and open debate on the effectiveness,

direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harms. IDPC members have a wide range of experience and expertise in the analysis of drug problems and policies, and contribute to national and international policy debates. IDPC offers specialist advice through the dissemination of written materials, presentations at conferences, meetings with key policy makers and study tours. IDPC also provides capacity building and advocacy training for civil society organisations.

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