Addiction: A harmful behavioural preoccupation, generally accompanied by a loss of control, and a continuation of or craving for the behaviour despite negative consequences. Addictions may develop around a range of behaviours, including chronic dependent substance use. Addiction is a complex bio-psycho-spiritual phenomenon, which has multiple contributing causal factors that can start early in life and be compounded over the life course.

Addiction treatment: Ongoing or continued care for substance use disorder delivered by a trained care provider. Addiction treatment may be provided in outpatient or inpatient settings and may include medication, evidence-based psychosocial treatments, residential treatment, or a combination. In isolation, withdrawal management, harm-reduction services, low-barrier housing, and unstructured peer-based support would not be considered "addiction treatment".

Dependence: Dependence develops when someone's body becomes used to the presence of a certain substance and requires that substance in order to avoid unpleasant withdrawal symptoms. This is not the same as developing an addiction or substance use disorder.

Detox: see "Withdrawal Management" below.

Drug: A mood-altering (also called "psychoactive") substance other than food which is consumed to change how a person thinks, feels, or acts. May be legal (tobacco, alcohol) or illegal (street heroin, cocaine). Many drugs have medical purposes (pain relief, anxiety relief, sedation) but may also be used for non-medical reasons such as fun, to cope with difficult emotions or experiences. May also be used to prevent withdrawal symptoms and cravings (when one is physically dependent).

Harm reduction: Policies, programs, and practices that aim to reduce health, social, and economic harms (e.g., transmission of HIV, overdoses) associated with the use of psychoactive substances, for those unable or unwilling to stop using. Harm reduction can be understood as a practical response that helps keep people safe and minimize death, disease, and injury when engaging in high-risk behaviour. Harm reduction examples include needle and syringe exchange programs, take-home naloxone kits, supervised injection or consumption services, and outreach and education programs for high-risk populations. Additional information on harm reduction and sites to access take-home naloxone kits can be found at www.towardtheheart.com.

Illicit Drug Use: Illicit drug use includes both illegal and non-medical substance use. For example, using street heroin is illegal, while Oxycontin may be medical (and licit) if used as prescribed or illicit if used by someone it wasn't prescribed for or used in higher quantities than was prescribed. Mutual-support/peer-support programs: Support that is provided through a network of peers through meetings, open discussions of personal experiences and barriers to asking for help, sponsorship, 12-step programs, and other tools of recovery. Examples include Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery®, and LifeRing® Secular Recovery.

Naloxone (brand name Narcan): A medication used to block or reverse the effect of opioids. It is used to reverse opioid overdoses and is commonly available in British Columbia through take-home naloxone programs.

Opioids: Substances commonly prescribed for pain management that bind to and activate opioid receptors in the brain, suppressing the ability to feel pain. At high doses, opioids can cause euphoria (feeling really good), dysphoria (feeling really bad), and respiratory depression (lowered breath rate). Opioids may be prescribed or obtained illegally. Depending on the opioid type, formulation and individual preference, opioids are consumed via ingestion (swallowing a pill), inhalation (similar to smoking), transdermal delivery (a patch), or subcutaneous, intramuscular or intravenous injection.

Opioid agonist: Any substance that binds to and activates opioid receptors, providing relief from withdrawal symptoms and cravings in people with opioid use disorder, and pain relief if used for chronic pain management. Oral opioid agonists used for treating opioid use disorder include methadone, buprenorphine, and slow-release oral morphine.

Opioid agonist treatment (OAT): Opioid agonist medications prescribed for the treatment of opioid use disorder. OAT is typically provided in conjunction with provider-led counselling; long-term substance-use monitoring (e.g., regular assessment, follow-up, and urine drug tests); comprehensive preventive and primary care; and referrals to psychosocial treatment interventions, psychosocial supports, and specialist care as required.

> *Methadone*: The most common form of opioid agonist treatment, used to prevent withdrawal symptoms and cravings in people with opioid use disorder. In Canada, it is generally administered as a liquid people drink once per day. Many people receiving methadone treatment need to attend a pharmacy multiple times per week (or every day) to receive their medication.
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> *Buprenorphine*: The recommended first-line treatment for opioid use disorder in British Columbia. Similar to methadone, it prevents withdrawal symptoms and cravings in people with opioid use disorder. Buprenorphine has a significantly better safety profile than methadone, with much less risk of respiratory depression. This improved safety profile also allows many people to receive "take-home" doses rather than visiting the pharmacy every day. In Canada, buprenorphine is combined with naloxone to prevent diversion (e.g., injecting or selling the medication). The naloxone does not have effects unless it is injected in which case it will induce some withdrawal symptoms in physically dependent opioid users.
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> *Slow-release oral morphine*: A 24-hour slow-release formulation of morphine that is taken orally once per day to prevent withdrawal symptoms and cravings in people with opioid use disorder. It is currently approved for pain management in Canada, and its use for treatment of opioid use disorder would be considered off-label. It is generally considered for treatment in those who have not benefitted significantly from buprenorphine/naloxone and/or methadone.

Injectable opioid agonist treatment: An evidence-based treatment for people with severe opioid use disorder who have not benefitted from other OAT options. Injectable OAT (iOAT) is a more intensive treatment program where people go to a clinic or pharmacy up to three times per day to self-administer hydromorphone or diacetylmorphine under supervision.

Opioid antagonist: Medication that works by blocking opioid receptors, preventing the body from responding to opioids. Opioid antagonist medications may be used to reverse an opioid overdose by displacing and replacing opioids in opioid agonist receptors (e.g., naloxone or Narcan®). An opioid antagonist called naltrexone is also used to support continued abstinence from both alcohol and opioids.

People Who Use Drugs: A term for people who use drugs that is generally preferred over terms like "junkie", "addict", or "user", which may be experienced as pejorative and offensive. This term is used to recognize the humanity of people who use drugs, and to recognize that drug use is only one aspect of who they are and not their entire identity.

Problematic Substance Use: Psychoactive substance use that results in or increases risks for physical, psychological, economic, social, or other problems for individuals, families/friends, communities or society. The most commonly recognized type of problematic substance use is chronic dependent use or addiction, but other instances or patterns of use can also be problematic. Problematic substance use is not necessarily dependent on the legal status of the substance used, but rather on the amount used, the pattern of use, the context in which it is used and, ultimately, the potential for harm.

Psychoactive substances: See "Drug." The terms can generally be used interchangeably.

Psychosocial supports: Non-therapeutic social support services that aim to improve overall individual and/or family stability and quality of life, which may include community services, social and family services, temporary and supported housing, income-assistance programs, vocational training, life-skills education, and legal services.

Psychosocial treatment interventions: Structured and/or manualized (guided by a standardized manual) treatments delivered by a trained care provider that incorporate principles of cognitive behavioural therapy, interpersonal therapy, motivational interviewing, dialectical behaviour therapy, contingency management, structured relapse prevention, biofeedback, family and/or group counselling. Psychosocial interventions may include culturally specific approaches such as traditional healers, elder involvement, and Indigenous healing ceremonies.

Residential treatment: Treatment for substance use disorders provided in a structured live-in, therapeutic setting. The duration of residential treatment programs ranges from several weeks to months, depending on the individual, approach, and the setting. Residential treatment programs potentially include some, or all, of the following elements: withdrawal management, pharmacological treatment, psychosocial treatment interventions, medical management, individual and group counselling, peer support, education, and harm reduction.

Stigma: The beliefs and attitudes about people who use drugs, including those with substance use disorders, that lead to negative stereotyping and prejudice against them and their families. These beliefs are often based on ignorance, misinformation, moral judgment, and misunderstanding. Discrimination, which often emerges from stigmatizing beliefs and attitudes, refers to the various ways in which people, organizations, and institutions unfairly treat people living with a substance use disorder. Stigma and discrimination can often act as barriers to accessing health care, housing, and addiction treatment. Additionally, related systemic discrimination such as racism, poverty, sexism, and colonization can compound the stigma and discrimination experienced by people who use drugs and their families.

Substance Use: The intentional consumption of a psychoactive (that is, mood-altering) substance in order to modify or alter consciousness. Both legal and illegal psychoactive substances exist. Legal psychoactive substances include alcohol, tobacco, caffeine, and some medications. Illegal psychoactive substances include cocaine, heroin, and cannabis (which will become a legal psychoactive substance in Canada in late 2018). Humans have used psychoactive substances throughout human history and for a variety of reasons. These include spiritual or religious, social, medical, and scientific reasons, as well as for pleasure. The effects of substance use can range from positive to very problematic, depending on why, how, how much, and how often someone uses it.

Substance Use Disorder: Formerly called substance abuse or substance dependence, and informally referred to as addiction, substance use disorders happen when the chronic use of alcohol and/or other drugs causes significant impairment in function and health. This might include health problems, disability, or inability to meet responsibilities at school, work, or home. Substance use disorders can be mild, moderate, or severe. Symptoms of substance use disorders can include cravings, inability to control use (for example, being unable to cut back on drinking), continuing to use despite negative consequences, and withdrawal symptoms. Opioid use disorder, tobacco use disorder, and alcohol use disorder are examples of substance use disorders.

Trauma: Trauma can be understood as an experience that overwhelms an individual's capacity to cope. Trauma can result from a series of events or one significant event. Trauma may occur in early life (e.g., child abuse, disrupted attachment, witnessing others experience violence, or neglect) or later in life (e.g., accidents, war, unexpected loss, violence, or other life events out of one's control). Trauma can be devastating and can interfere with a person's sense of safety, sense of self, and sense of self-efficacy. Trauma can also impact a person's ability to regulate emotions and navigate relationships. People who have experienced trauma may use substances or other behaviours to cope with feelings of shame, terror, and powerlessness.

> *Intergenerational Trauma*: The transmission of historical oppression and unresolved trauma from caregivers to children. The concept of intergenerational or historical trauma was developed by Indigenous peoples in Canada in the 1980s to explain the cycle of trauma they were seeing in their communities due to the residential school system, loss of culture, and colonization more broadly. May also be used to describe the emotional effects, adaptations, and coping patterns developed when living with a trauma survivor.

Trauma-Informed Practice: Health care and other services grounded in an understanding of trauma that integrate the following principles: trauma awareness; safety and trustworthiness; choice, collaboration, and connection; strengths-based approaches, and skill-building. Trauma-informed services prioritize safety and empowerment and avoid approaches that are confrontational.

Tolerance: Tolerance develops when the normal amount of a drug or medication no longer causes the same effects, requiring more to be taken to achieve the desired effect.

Withdrawal: Withdrawal occurs when someone who has become physically dependent on a substance stops or significantly reduces that substance. Withdrawal symptoms vary somewhat with the specific substance but often include restlessness, agitation, insomnia, and anxiety. Depending on the substance, it can also include severe flu-like symptoms (opioids), seizures (alcohol and benzodiazepines), and paranoia (cocaine).

Withdrawal Management: The use of medical management (which may include medication) to reduce withdrawal symptoms and withdrawal-related risks when an individual stops using opioids or alcohol in pursuit of abstinence. This terminology represents a deliberate shift away from the use of "detox" or "detoxification" to refer to medically supervised withdrawal from substances. It should be noted that unsupervised alcohol withdrawal can be very dangerous, and withdrawal management alone (that is, detoxing without further treatment) from opioids has a very high rate of relapse. See page #43 for more information.