



Drugs

IN PERSPECTIVE

FIFTH EDITION

Fifth Edition

Drugs in Perspective

A Personalized Look at Substance Use and Abuse

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DRUGS IN PERSPECTIVE: A PERSONALIZED LOOK AT SUBSTANCE USE AND ABUSE, FIFTH EDITION

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Preface

The major emphasis in the fifth edition of *Drugs in Perspective* is on a multidimensional approach that emphasizes confounding variables—biological, psychological, social, and family systems. Within the past decade and at the beginning of the new millennium we have seen an emerging awareness of the impact of alcohol/drugs on the individual, the family, and the community.

The 11 chapters are designed to give readers as full an understanding of the dynamics of chemical dependency as possible. Each chapter is developed to integrate concepts that build on each other.

The goal of the book is to help readers develop an effective perspective on the multifaceted aspects and problems associated with alcohol/drug use, abuse, and addiction.

✧ Acknowledgments

Thanks to you, the readers, who have on occasion come up to me at conferences to let me know how much you appreciate the book and how you use it in your learning and clinical setting. Thanks to the numerous teachers and counselors who have adopted the book for students and clients.

A special thanks to all my private clients who have taught me about having compassion, humility, strength, courage, spirituality, connectedness, and vision. Thanks for enjoying my sense of humor.

Thanks to the staff at McGraw-Hill—Gary O'Brien, Vicki Malinee, and Mary Lee Harms.

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Introduction

✧ The Myth of the Simple, Magical Solution

Drug use, abuse, and dependence are not easily understood. Too often, people search for that simple solution to an epidemic problem or for a simple explanation. Philosopher H. L. Mencken remarked that “any solution to a big problem that is simple, is usually wrong.”

Having spent more than 25 years working with individuals and their families, I still struggle case by case to try to find some common patterns and new insights into what works in treatment. I am constantly questioning what may have caused alcohol/drug problems and how best to engage, motivate, and approach clients with drug abuse and dependence. For some, the solution is abstinence and strong involvement in self-help groups; for others, it is a different path. For many, it is the acceptance of the “disease,” while others label their alcohol/drug use as an “allergy” or a problem with tolerance. Some individuals can stay sober for a month or two and then experience a “binge relapse,” while others can abstain for several years. Many, through the help of Alcoholics Anonymous, Narcotics Anonymous, a sponsor, and a recovery support group, can maintain sobriety as a life choice.

This book attempts to give a relatively unbiased view or reporting of the literature on alcohol/drug prevention, intervention and treatment. It is biased in that it is influenced by my clinical work with substance abusers, addicts/alcoholics, and their families over the past 25 years. The fifth edition of the book is different from previous editions. The material has been updated, the design and order changed, and new material added and older material deleted, but it also reflects changes in my own understanding and thinking about substance abuse and addiction.

This book can help you better understand the confounding variables of substance abuse and dependence and develop prevention, intervention, and treatment techniques and skills. I hope it will help you explore your own personal perspective about drugs, and it won't give you a “simple solution.”

✧ Approaches to Alcohol/Drug Abuse

Historically, we have failed dramatically in our responses to the alcohol/drug problem in the United States. From the 1930s to the 1960s, public and private responses to alcohol/drug abuse caused tremendous damage, which we are still trying to overcome. These approaches were riddled with emotional and political biases, which denied the real dimensions of the problem. Scare tactics—a politically biased approach that alienated young people—began in 1937 and continued for the next 30 years in

a variety of forms. For example, the following marijuana scare story appeared in the July 1937 issue of *American* magazine:

An entire family was murdered by a youthful marijuana addict in Florida. When officers arrived at the home, they found the youth staggering about in a human slaughterhouse. He had ax murdered his father, mother, two brothers, and a sister. He seemed to be in a daze. He had no recollections of having committed the multiple murders. The officers knew him ordinarily as a sane, rather quiet young man; now he was pitifully crazed. They sought the reason. The boy said he had been in the habit of smoking something with youthful friends called “muggles,” a childish name for marijuana.

The co-author of this article was Henry J. Anslinger, then commissioner of the Federal Bureau of Narcotics and Dangerous Drugs. After reviewing this single case and a study of the paranoid schizophrenic reactions of heavy hashish smokers in India, Anslinger expounded on the evils of marijuana. He described marijuana as a drug that would consistently result in violent, aggressive, paranoid behavior, as evidenced in the Florida case.

Another scare tactic example is the 1936 movie *Reefer Madness*. This movie’s serious intent to discourage marijuana use backfired because the situations were so absurd that audiences viewed it as a humorous farce.

Those using scare tactics assumed that, if young people were frightened by adverse reactions to drug use, they would be too frightened to use the drug. For the young people who perceived drug use as incongruent with their values, goals, and lifestyle, scare tactics were effective. For most young people, however, scare tactics proved to be an ineffective approach because much of the information was exaggerated, overgeneralized, or sensationalized. As a result, young people did not perceive the source of such information as credible. What young people heard did not bear any resemblance to what most users experienced. All in all, scare tactics alienated young people, heightened their curiosity, and increased rather than decreased their experimentation with drugs.

In the late 1960s and early 1970s, President Richard Nixon declared his famous war on drugs. Even though an all-out warlike effort was needed and money was readily available to fight drug addiction, no one knew how to tactically fight this war on drugs. Drug use had spread to epidemic proportions. Also, President Nixon was not the ideal general for this war, having already alienated young people during another war, in Vietnam.

During this same time period, the government was also duped by treatment programs, which mismanaged funds for treatment. At that time, there were few experts and little, if any, clear direction to the battle. The failure of Nixon’s war on drugs left a bitter taste in the mouths of government funding sources. Money for treatment programs was cut each year thereafter, and the focus shifted to prevention. Realizing that the war was being lost, the government developed a new, more positive approach: if we can reach the kids before they become dependent on drugs, we will prevent a future generation of drug casualties.

These early prevention efforts emphasized drug-specific information. The assumption was that, if young people were to receive credible drug-specific information, they would then wisely decide not to use drugs. Unfortunately, the reverse held true. Drug-specific approaches heightened curiosity and alleviated the fears associated with drug use, resulting in increases of drug use by young people.

Throughout the ensuing years, U.S. administrations continued to fail to develop a comprehensive and cohesive drug policy. Most of the administrations put a major emphasis on the supply side of the drug problem and significantly neglected the demand side. Emotional and political biases of these administrations caused them to be blind to the many causes of drug dependence and resulted in an adherence to “a simple, magical solution” that was politically advantageous. Administration after administration adhered to a strong supply-side approach, without addressing the reasons for the demand that perpetuated the problem. The Clinton administration repeated this cycle, and the Bush administration has been distracted by international issues, all these administrations focused on the politically expedient supply-side approach of trying to stop drug trafficking, with little effort toward the “demand side” of the problem.

✧ What Is the Trend in Drug Use by Secondary School Students?

The Monitoring the Future National Survey reported that drug use by high school students had stabilized in 1999 and that this might predict a future downturn in adolescent drug use. The reality is, this downturn in adolescent drug use in the new millennium never occurred. Instead there was a shift in the use of various drugs.

In 2001, use of some drugs increased, while use of others decreased or stabilized. Although drug use by high school students peaked in the mid 1990s, there has been no significant decreasing trend in overall drug use. This on-line generation might have more information about drugs, but they are still choosing to use drugs.

The 27th Monitoring the Future national survey (2001) of high school seniors and the 10th national survey of 8th- and 10th-graders had a sample size of 44,000 students in 424 public and private secondary schools throughout the United States.

The survey reported student drug use, availability of drugs, and the students' ratings of risk involved in using particular drugs for students in grades 8, 10, and 12. Perceived risk is thought to be a predictor of drug use. The more the perceived risk of drug use outweighs the perceived benefit of use, the less likely the student is to use the drug. Also, the more easily and readily available the drug is to students, the more drug use will increase. Table 1 provides an overview of trends in drug use by students in grades 8, 10, and 12.

Ecstasy (MDMA)

Increased Use of Ecstasy for All Grade Levels—1998–2001 (see Table 2)

The most alarming finding of the Monitoring the Future study is the sharp increase of the use of Ecstasy (MDMA) since 1998. Table 2 shows the recent trend in Ecstasy use by students in grades 8, 10, and 12. The use of Ecstasy increased for all grade levels, peaking in 2001, and then decreasing in 2002. A similar increase was found in a follow-up survey when the former students were 19 to 26 years old.

Increase in Availability (see Table 3)

The survey reported that the availability and easy access to Ecstasy for 12th graders had increased quite dramatically from 1999–2001. Table 3 shows availability of

TABLE 1**Trends in Drug Use by High School Students**

	Use	Availability	Perceived Risk
MDMA	Up	Up	Up
LSD	Down	Slightly down	Down
Alcohol	Stable since 1990s— all grade levels		
Marijuana	Stable all grade levels		
Cocaine	Down (10th) Stable (8th and 12th)	Down	Down
Cigarettes	Down	N/A	Up
Amphetamines	Down (8th, 10th) Stable (12th)	Stable	Up
Meth and Crystal	Stable	N/A	N/A
Inhalants	Down	Universally available	Up
Barbiturates	Stable (8th, 10th) Up (12th)	Slight decrease	Stable
Anabolic Steroids	Stable (8th, 10th) Up (12th)	N/A	N/A

TABLE 2**MDMA (Ecstasy)—Percentage of Students Who Used in the Last Year**

	1996	2000	2001	2002
8th-graders	N/A	3.1	3.5	2.9
10th-graders	4.6	5.4	6.2	4.9
12th-graders	4.6	8.2	9.2	7.4

TABLE 3**MDMA Availability—Percentage Saying “Fairly Easy” or “Very Easy” to Get**

	1999	2000	2001	2002
8th-graders			23.8	22.8
10th-graders			41.4	41.0
12th-graders	40.1	51.4	61.5	59.1

Ecstasy to students in grades 8, 10, and 12. The good news is the rate of increased use of Ecstasy is beginning to slow in 2002.

Increased Students Perceived Risk in Using MDMA Once or Twice (see Table 4)

Ecstasy, even used once or twice, is perceived by students as a “great risk” and has increased from 1990 to 2002. (See Table 4.) “While we are seeing a continuing increase again this year, we are also seeing evidence of deceleration of this rise, as a growing proportion of students are coming to see this drug as dangerous” (Lloyd Johnston, press release, December 19, 2001).

The two major dangers that students see associated with use of Ecstasy are neurological/brain damage and contaminants (i.e., substances that may be mixed in with Ecstasy, or unknown substances passed off as being Ecstasy).

In December 1999, the National Institute on Drug Abuse (NIDA) launched a campaign on the dangers of Ecstasy. Materials disseminated in this \$54 million initiative included postcards showing a brain scan of a normal brain next to a brain scan of a brain damaged by Ecstasy. The postcards were based on neurotoxicity research that compared brain scans of 14 Ecstasy users with those of nonusers. Marsha Rosenbaum, in her article “Ecstasy: America’s New ‘Reefer Madness’” (2002), notes that “Although the research was preliminary, and provoked more questions than answers, it effectively set in motion the current ‘this is your brain’ campaign.” As Rosenbaum describes, a national panic arose over Ecstasy use, and the media sounded alarm. The dominant tone was similar to the scare-tactics approach to marijuana use that had been so ineffective in earlier decades. Following are some typically alarmist print headlines:

- “Raves about ‘Club Drugs’ Cause Worry” (*USA Today*, December 7, 1999)
- “The Dangers of Being Young, Hip and High” (*U.S. News and World Report*, December 13, 1999)
- “Party-Drug Scene: ‘E’ Trade Spreads Largely Unchecked” (*Christian Science Monitor*, May 1, 2000)
- “Too High a Price” (reporter.com, May 23, 2000)
- “The Poisoning of Suburbia” (Salon.com/Health, July 6, 2000)
- “Alarm of Spreading Ecstasy” (*Washington Post*, August 1, 2000)
- “In New Drug Battle, Use of Ecstasy Among Young Soars” (*New York Times*, August 2, 2000)

TABLE 4

MDMA Perceived Risk—Percentage Seeing “Great Risk” in Using Once or Twice

	1999	2000	2001	2002
8th-graders			35.8	38.9
10th-graders			39.4	43.5
12th-graders	35.0	37.9	45.7	52.2

- “Agony of Ecstasy: Providers Brace for Treatment Challenge” (*Alcoholism and Drug Abuse Weekly*, August 14, 2000)
- “Ecstatic About Ecstasy—But at What Cost?” (*Journal of Addictions and Mental Health*, September–October 2000)

Rosenbaum makes the point that although the government continued these “scare tactics” and increased penalties for possession and distribution of Ecstasy, cooler heads were prevailing. Examples were the *New York Times* article “Distilling the Truth in the Ecstasy Buzz” (Feurer 2000), and a *Time* magazine story that provided a more comprehensive look (Cloud 2000). In the fall of 2001, the Food and Drug Administration (FDA) approved the first study of MDMA’s efficacy in the treatment of post-traumatic stress disorder. This may result in opening up research into the therapeutic uses of Ecstasy.

Fishbein et al. (2002) described a “boomerang” effect from the scare-tactic public service announcements regarding Ecstasy: “Beginning with the ‘fried egg’ commercials (‘This is your brain on drugs’), American youth have been bombarded with antidrug public service announcements since they were small children. The effectiveness of such messages is problematic at best, and may well be counterproductive.” When the “truth,” or whole story, about Ecstasy is discovered by young people, it is quite possible that we will see a further rise in Ecstasy use in the future.

The problem of the drug being contaminated with other substances, or other substances being passed off as Ecstasy, has been a problem with many illicit drugs. Originally this was a problem with cocaine, yet as time has gone on the purity of cocaine has increased. If this new market of young Ecstasy users develops, the sellers will develop more reliable forms of Ecstasy. So the story of Ecstasy may enter a new phase of increased use in the ensuing years, requiring education, prevention, harm reduction, and treatment, not just scare tactics.

Another interesting finding of the survey regarding Ecstasy use by students is that 12th-grade African American students tried Ecstasy significantly less (2 percent use) than 12th-grade white and Hispanic students (10 percent use). We know that, historically, when Caucasian children have been involved with drugs, the alarm has sounded, monies have become available for prevention, and legislation has increased the legal penalties. Unfortunately, if Ecstasy were used largely by African American youth and less by white youth, the likelihood is that the alarm would not be sounded.

LSD

At the same time as Ecstasy use by high school students is increasing, LSD use is decreasing. (See Table 5.) The authors of the Monitoring the Future Study suggest that this decrease reflects the fact that many former LSD users have switched to Ecstasy.

LSD use peaked in 1996 and has gradually been declining since then. The annual prevalence of LSD use by high school students has remained below 10 percent for the last 26 years. In 2001, use had decreased for both 8th- and 10th-graders, and had approximately held steady for 12th-graders.

Availability of LSD peaked in 1995 and 1996 and has gradually decreased since then. Table 6 shows availability of LSD for students in grades 8, 10, and 12.

Students’ perceptions of the risk of using LSD have been declining. (See Table 7.) This further supports the theory that LSD users are switching to Ecstasy.

TABLE 5**LSD Use—Percentage Who Used in the Last Year**

	1996	1999	2001	2002
8th-graders	3.5	2.4	2.2	1.5
10th-graders	6.9	5.9	4.1	2.6
12th-graders	8.8	7.6	6.6	3.5

TABLE 6**LSD Availability—Percentage Saying “Fairly Easy” or “Very Easy” to Get**

	1995	1996	2001	2002
8th-graders	23.5	23.6	17.6	15.2
10th-graders	39.8	41.0	31.2	26.8
12th-graders	53.8	51.3	44.7	39.6

TABLE 7**LSD Perceived Risk—Percentage Seeing “Great Risk” in Using Once or Twice**

	1995	1996	2001	2002
8th-graders	36.7	36.5	31.6	29.6
10th-graders	44.7	45.1	41.3	40.1
12th-graders	36.4	36.2	33.2	36.7

Alcohol

Alcohol is the most widely used licit drug and it continues to be used and abused by high school students. Four out of every five students (80 percent) have consumed alcohol (more than just a few sips) by the end of high school; and about half (51 percent) have done so by 8th grade. In fact, nearly two-thirds (64 percent) of the 12th-graders and nearly a quarter (23 percent) of the 8th-graders in 2001 reported having been drunk at least once in their life. To a considerable degree, alcohol trends have tended to parallel the trends in illicit drug use—including a modest increase in binge drinking (defined as having five or more drinks in a row at least once in the past 2 weeks) in the early part of the 1990s, but a proportionally smaller increase than was

seen for most of the illicit drugs. Fortunately, binge drinking rates leveled off 3 or 4 years ago, just about when the illicit drugs began to turn around.

Marijuana

Marijuana has been the most widely used illicit drug for the 26 years of the Monitoring the Future Study. Annual rates for marijuana use peaked in 1996 for 8th-graders, and peaked in 1997 for 10th- and 12th-graders (see Table 8).

Since the study began in 1975, from 83 to 90 percent of every senior class have said they could get marijuana fairly easily or very easily (Table 9).

Perceived risk of regular marijuana use peaked in 1990 and has tended to decline since then (Table 10). Perceived risk for occasional marijuana use might be much lower.

Cocaine

Cocaine use by high school students peaked in 1998 and 1999 (Table 11). However, recently cocaine use has dropped in all grades.

Availability has also decreased over the past few years. Availability peaked in 1989, with a resurgence of availability in 1992 and 1998 (Table 12).

High school students' perceptions of the risk of cocaine use have been declining over the last few years. Cocaine-related deaths and cocaine addiction in entertainers and athletes certainly have had an impact on young people's perception of cocaine. Cocaine is no longer seen as the "in" drug, as it was in the 1980s. Table 13 shows perceived risk of cocaine use for students in grades 8, 10, and 12.

TABLE 8

Marijuana Use—Percentage Who Used in the Last Year

	1996	1997	2000	2002
8th-graders	18.3	17.7	15.6	14.6
10th-graders	33.6	34.8	32.2	30.3
12th-graders	35.8	38.5	36.5	36.2

TABLE 9

Marijuana Availability—Percentage Saying "Fairly Easy" or "Very Easy" to Get

	1975	1990	2000	2002
8th-graders	N/A	N/A	47.0	46.6
10th-graders	N/A	N/A	77.7	75.9
12th-graders	87.8	84.4	88.5	87.2

TABLE 10**Marijuana Perceived Risk—Percentage Seeing “Great Risk” in Using Regularly**

	1975	1990	2000	2002
8th-graders	N/A	N/A	74.8	71.7
10th-graders	N/A	N/A	64.7	60.8
12th-graders	43.3	77.8	58.3	53.0

TABLE 11**Cocaine Use—Percentage Who Used in the Last Year**

	1998	1999	2001	2002
8th-graders	3.1	2.7	2.5	2.3
10th-graders	4.7	4.9	3.6	4.0
12th-graders	5.7	6.2	4.8	5.0

TABLE 12**Cocaine Availability—Percentage Saying “Fairly Easy” or “Very Easy” to Get**

	1989	1992	1998	2002
8th-graders	N/A	25.7	25.7	22.5
10th-graders	N/A	35.0	36.8	31.8
12th-graders	58.7	52.7	51.3	44.6

TABLE 13**Cocaine Perceived Risk—Percentage Seeing “Great Risk” in Using Regularly**

	1990	2000	2001	2002
8th-graders	N/A	43.3	43.9	43.2
10th-graders	N/A	48.8	50.6	51.3
12th-graders	59.4	51.1	50.7	51.2

✧ Adolescent Cigarette Smoking

Similar to the patterns of adolescent drug use, in the Monitoring the Future study, cigarette smoking peaked in 1996 among eighth- and tenth-graders nationwide and in 1997 among twelfth-graders.

Cigarette use peaked in 1996 at grades 8 and 10, capping a rapid climb of some 50 percent from the 1991 levels (when data first were gathered on these grades). Since 1996, current smoking in these grades has fallen off considerably (by 42 percent and 30 percent, respectively), including the further decline in 2001. Overall increases in perceived risk and disapproval of smoking appear to be contributing to this downturn.

Consistent with the Monitoring the Future Study, the Centers for Disease Control report that tobacco use is the leading cause of preventable death in the United States, and more than 3,000 teens in the United States became established daily smokers each day. Gilpen, Choi, Berr, and Pierce (1999) suggest that “smoking uptake by adolescents is at levels that warrant aggressive public health efforts to circumvent a continued epidemic of smoking-related diseases.”

✧ Organization and Content of the Fifth Edition

The fifth edition has been expanded with the goal of helping students and counselors understand the multidimensional aspects of substance abuse. The text’s strong family-systems approach makes it unique. The text is organized so that each chapter builds upon earlier chapters.

The reader can now learn even more about causes of substance abuse, assessment, prevention, intervention, treatment, and relapse prevention. This fifth edition has been expanded and updated to make it a contemporary text with drug-specific information and interactions. More clinical case examples have been included to help the reader understand teaching points and counseling skills with substance abusers. Discussion questions help focus the reader’s thinking about the cases.

The fifth edition has many tables that can easily be adapted for educational presentations to the general population and for counseling substance abusers.

This fifth edition would not have been possible without the feedback from our reviewers. This fifth edition’s editing, redesign, and updates in content and orientation are based closely on the significant input of our reviewers. Many thanks to our reviewers, who have helped make this text to be what we consider to be the best in the field:

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Reference

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I dedicate this book to my wife Deborah and son Matthew

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