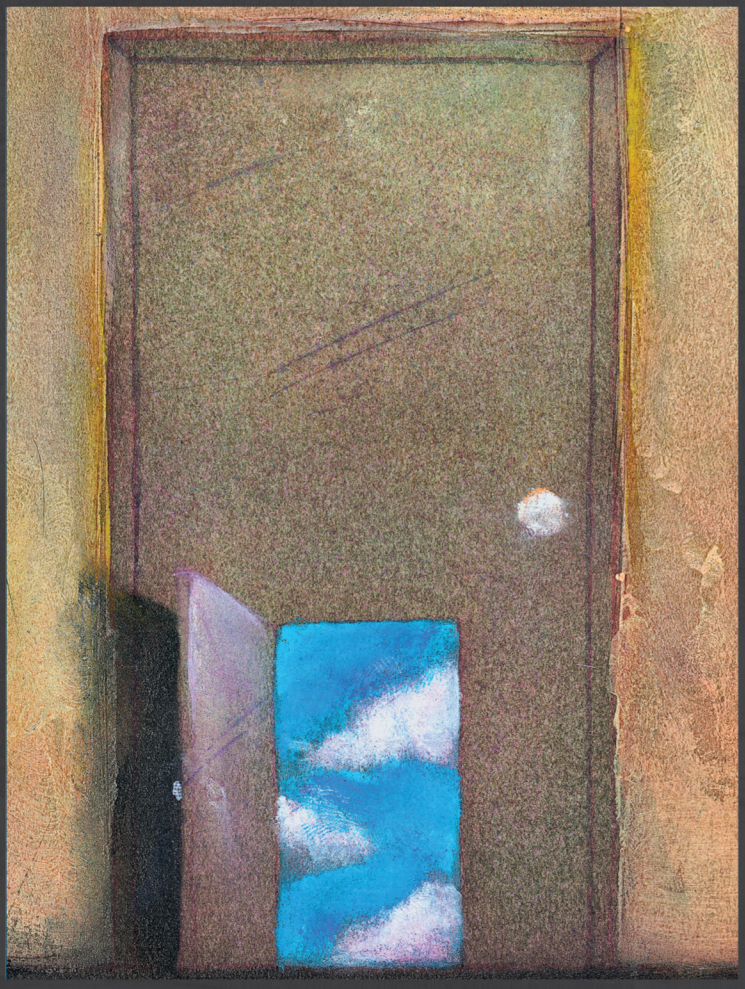
Ninth Edition

DRUGS in Perspective

Causes, Assessment, Family, Prevention, Intervention, and Treatment



Richard Fields

Mc Graw Hill Education

Ninth Edition

Drugs in Perspective:

Causes, assessment, family, prevention, intervention, and treatment

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Mc Graw Hill Education

DRUGS IN PERSPECTIVE: CAUSES, ASSESSMENT, FAMILY, PREVENTION, INTERVENTION, AND TREATMENT, NINTH EDITION

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I dedicate this book to my son, Matthew Fields.

Brief Contents

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Preface

This text provides a co-ordinated integration of information to help you better understand drugs (which includes alcohol), and drug use, abuse, and addiction. My more than 30 years experience in clinical work with substance abusers, addicts/alcoholics, and, more important, their families frame this textbook.

This text is designed for use in college-level courses in health and human services and health science courses, such as substance prevention education; chemical dependency; substance abuse; alcohol, tobacco, and other drug education and prevention; and addictive and compulsive behavior. The material in this book meets the needs of students with its clear and concise style, while also being a valuable resource to professionals who continue their education in health and counseling.

New to This Edition

The major change to this edition is the creation of a new and separate chapter (Chapter 13), which puts a major focus on relapse, relapse prevention, and mindfulness. For this edition, we have also added chapter overviews at the beginning of each chapter.

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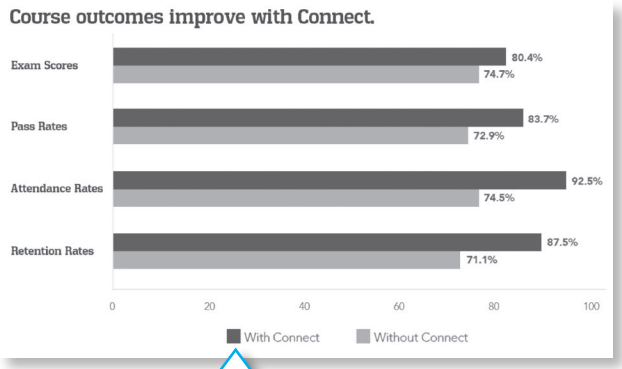

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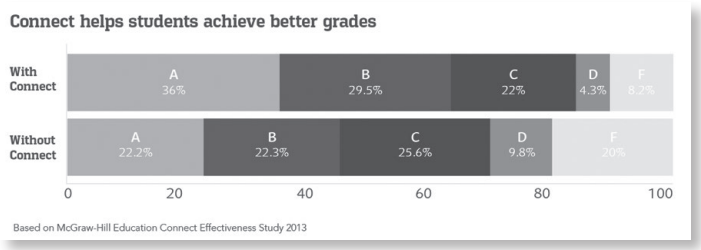

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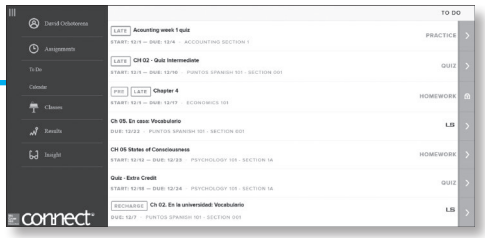

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SECTION I

Understanding Substance Abuse

C H A P T E R 1

Putting Drugs in Perspective

Outline of Chapter 1

Introduction

The Lack of Understanding of Alcohol/Drug Abuse
- Failed Approaches to Alcohol/Drug Abuse: "Scare Tactic"
- Supply Side Approach—Neglect of the Demand Side
- Alcohol: The Most "Problematic" Drug

Alcohol-Related Problems: "Binge Drinking" on College Campuses
- Alcohol and Violence among the General Population
- Systemic Problems of Drugs

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- The Moral-Legal Perspective
- The Medical-Health Perspective
- The Psychosocial Perspective
- The Social-Cultural Perspective
- The Fifth Perspective—Your Perspective Questionnaire
- A Perspective of Hope

Objectives

1. Describe the impact of "scare tactics" and other failed approaches to alcohol/drug abuse.
2. Explain the lack of understanding of alcohol/drug abuse.
3. Discuss alcohol-related problems on college campuses.
4. Explain systemic problems of alcohol/drug use in the United States.
5. Highlight the most recent trends in drug use by high school students.
6. Identify the possible dimensions of medical marijuana use, the impact of the usage, and the areas that require research.
7. Name, describe, and give an example of each of the four major perspectives on alcohol/drug use.

Introduction

This textbook is designed to help you identify, clarify, and comprehend the many confounding variables that influence substance use, abuse, and dependence. Chapter 1 emphasizes the problems in perception that have misdirected efforts toward an effective approach to alcohol/drug prevention, intervention, and treatment efforts. The chapter is designed to stimulate both classroom discussion and the exploration of your own biases, viewpoints, experiences, and personal opinions—to help you put **"drugs in perspective."**

I recommend keeping notes and answering the questions at the end of this chapter (Fifth Perspective) to help you understand your personal perspective. I also suggest keeping a journal after each chapter listing information, ideas, and thoughts and anything of special interest to you. When you finish reading the chapter, note any changes in your perspective.

The Lack of Understanding of Alcohol/Drug Abuse

Historically, we have failed in our responses to the alcohol/drug problem in the United States. Alcohol, in particular, has become integrated into the fabric of the mainstream American lifestyle, causing many people to minimize its impact and its cost to our society. It has been estimated that business and industry lose more than $136 billion each year for alcohol-related reasons: reduced productivity; time lost at work because of absenteeism, illness, and/or personal problems; and increased health care costs. The following section identifies major problems related to alcohol and drug abuse, alcoholism, and drug addiction.

Failed Approaches to Alcohol/Drug Abuse: "Scare Tactic"

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 personal emotional reactions 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 continue to this day, 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, and 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 that mismanaged funds for treatment. 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.

Supply Side Approach—Neglect of the Demand Side

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 George W. Bush administration was distracted by international issues. All these administrations have focused on the politically expedient supply-side approach of trying to stop drug trafficking, with little effort toward the demand side of the problem.

The Myth of the "Simple," Magical Solution

During the Reagan administration, First Lady Nancy Reagan was influential in shaping the U.S. approach to the "drug problem." Although her intentions were noble and well intended, the "Just Say No" approach illustrates a simplistic view to a complicated problem. Suggesting that adolescents and young adults can overcome the drive to alter consciousness, peer influence, the disease of alcoholism/addiction, and the many factors that influence alcohol/drug abuse by "just saying no" minimizes the obstacles to be overcome.

Often a complicated, emotionally laden problem elicits a simple solution. A simple solution is easily understood and immediately reduces anxiety, shame, and emotional discomfort. However, a simple solution will not resolve the insidious, multifaceted problems of substance abuse and addiction. Drug use, abuse, and dependence are not easily understood. Mrs. Reagan made the same mistake that many people make. Too often, people search for that simple solution to an epidemic problem. Philosopher H. L. Mencken remarked that "any solution to a complex 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.

Alcohol: The Most "Problematic" Drug

Alcohol abuse and alcoholism are major problems that are often minimized or overlooked as not being a part of the "war on drugs." Administrations have been distracted, focusing on drugs, often forgetting to include alcohol as a drug.

> Excessive alcohol consumption is the third leading preventable cause of death in the United States and is associated with multiple adverse health consequences, including liver cirrhosis, various cancers, unintentional injuries, and violence. (Centers for Disease Control 2004)

Alcohol is the most problematic drug we know of today in terms of the sheer numbers of people it affects. Estimates indicate that there are more than 12 million alcoholics in the United States and that a significant number of other people meet the

criteria for alcohol abuse and alcohol dependence. (See Chapter 4 for diagnostic criteria for substance abuse and substance dependence.)

Alcohol-Related Problems: "Binge Drinking" on College Campuses

This section continues to highlight some of the many problems that are often influenced by alcohol consumption. For instance, binge drinking on college campuses often spirals into other high-risk behaviors and the end results cause damage to the individual and others. Some alcohol-related problems on college campuses include the following:

- Academic difficulties
- Problems in attending class and completing assignments
- Property damage
- Accidents and injuries
- Anger, fights, violence, and road rage
- Interpersonal and social problems
- Psychological issues and problems (e.g., depression)
- Other high-risk behaviors (e.g., drinking and driving)

According to the Centers for Disease Control and Prevention: Morbidity and Mortality Weekly Report, excessive alcohol use is the third leading preventable cause of death in the United States and more than half of alcohol consumed by adults in the United States is in the form of binge drinks. Such studies and statistics continue to prove the same point, as evidenced in the 2009 National Survey on Drug Use and Abuse. The survey found that for those aged 18–30, this group ranked highest in binge use and heavy alcohol use with the 21- to 25-year-olds as the highest binge drinkers and heavy alcohol users. (See Figure 1.1.)

> Binge drinking is at once the most important public health problem on our campuses and a critical challenge to institutional mission. (Keeling 2002)

Binge drinking is a significant problem on college campuses. Research indicates that 40 to 45 percent of college students binge drink. At least half of the sexual assaults on college campuses involve alcohol consumption by the perpetrator, the victim, or both.

Alcohol use on college campuses was first reported to be a problem over a half century ago (Straus and Bacon 1953). Today, studies clarify the extent of the problems of binge alcohol use on college campuses. The Harvard School of Public Health's College Alcohol Study (CAS) found that 40 to 45 percent of college students binge drink. They also found an alarming increase in the prevalence of frequent binge drinking among women—from 5.3 percent in 1993 to 11.9 percent in 2001 for women enrolled in all-women colleges, with a smaller increase in co-ed colleges. More underage students on college campuses reported having been drunk on three or more occasions in the past 30 days.

In his article "The Time to Purge Binge Drinking Is Now" (2005), Dwayne Proctor, Ph.D., highlights some personal cases of binge drinking on college campuses.

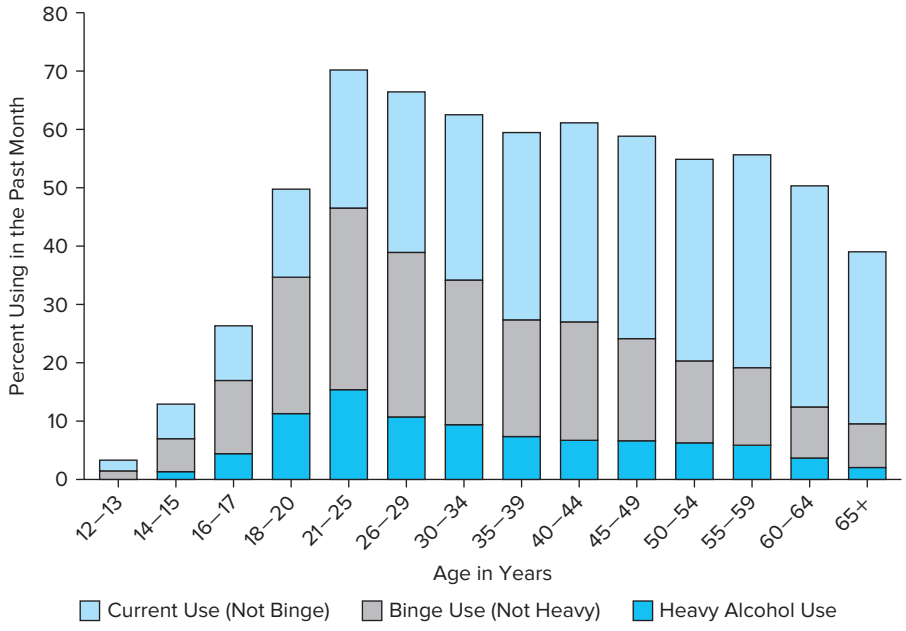

FIGURE 1.1 ***Current, Binge, and Heavy Alcohol Use among Persons Aged 12 or Older, by Age: 2009***
SOURCE: National Survey on Drug Use and Health 2010.

> At Colorado State University, 19-year-old Samantha Spady died after downing between 30 and 40 drinks. At nearby University of Colorado, 18-year-old freshman Lynn Gordon Bailey died in what was reported to be a hazing incident involving alcohol. And at the University of Oklahoma, 19-year-old Blake Hammontree was found dead with a blood alcohol level more than five times the state's legal driving limit.

The first 6 weeks of the school year are certainly "party time" as the freshman class is inaugurated into the ritual of fraternity and sorority life, which often involve binge alcohol abuse. Many parents send their children off to college proud of this important rite of passage but fearful of how their 18-year-old daughters and sons will cope with the freedom, the peer influence, the availability of alcohol and drugs, the party atmosphere, and sexuality, let alone the classes and schoolwork.

> The first 6 weeks of the school year have been cited as the most dangerous with respect to drinking behavior due to the increased stress levels associated with a new environment and the pressure to be accepted by a peer group. (Bonnie and O'Connell 2004)

Binge Drinking and Other Age Groups

Unfortunately binge drinking problems, although very pervasive in college age students, is not limited to this age group category. According to the Center of Disease Control (2012) survey, six Americans die each day from "alcohol poisoning" due to binge drinking. It is reported that 76 percent of those deaths are aged 35 to 64, and a majority of them are men.

Surprisingly the report also indicated that people over the age of 65 binge drink more often than the other age groups. However, the middle age group consumes more alcohol than any other group.

Sexual Assault and Rape on College Campuses—The Role of Alcohol

According to the National Institute of Justice Survey on Sexual Assault on Campus (2010) and a number of other studies, alcohol use is most commonly associated with sexual assault on campus. Alcohol was consumed in at least half of college sexual assaults, either by the victim or by the perpetrator, or both. The survey outlines other risk factors to include:

- Sorority membership
- Numerous sexual partners
- Freshman or sophomore status
- Higher occurrence on weekends
- Increased risk at off-campus parties

Male college students who are intoxicated at high levels exhibit impaired sexual function but have increased physical aggression. Female college student (victim) intoxication increases vulnerability to penetration but does not reduce odds of injury (Testa et al. 2004). This stresses how intoxication by male and/or female college students increases vulnerability to rape, physical aggression, and/or sexual assault.

The frequencies with which women reported getting drunk since entering college increase the odds of being incapacitated sexual assault victims and are positively associated with being a victim of both physically forced and incapacitated assault. However, voluntary use of other illicit drugs (other than marijuana) was not associated with experiencing incapacitated sexual assault since entering college.

Another factor, the frequency with which women attended fraternity parties since entering college, was positively associated with being a victim of incapacitated sexual assault. At least half of the sexual assaults on college campuses involve alcohol consumption by the perpetrator, the victim, or both (Abbey 2002). (See Table 1.1 for further examination of the consequences of drinking.)

Sexual assault is defined as any act that includes forced touching or kissing, verbally coerced intercourse, or physically forced vaginal, oral, or anal penetration. Rape is any behavior that involves some type of vaginal, oral, or anal penetration due to force or threat of force, a lack of consent, or an inability to give consent due to age, intoxication, or mental status (Abbey 2002).

A Harvard School of Public Health Alcohol Survey of randomly selected women in 119 colleges found that approximately 1 in 20 (4.7 percent) women reported being raped. Even more astounding is that almost three-quarters of these women (72 percent) were intoxicated at the time of the rape.

Drinking and Driving among Young Drivers

Drinking alcohol and driving continues to be a major problem as evidenced by the many traffic fatalities while people are under the influence of alcohol. The relative

TABLE 1.1

Potential Negative Consequences of College Student Drinking

Damage to Self

- Academic impairment
- Blackouts
- Personal injuries and death
- Short-term and longer term physical illnesses
- Unintended and unprotected sexual activity
- Suicide
- Sexual coercion/rape victimization
- Impaired driving
- Legal repercussions
- Impaired athletic performance

Damage to Other People

- Property damage and vandalism
- Fights and interpersonal violence
- Sexual violence
- Hate-related incidents
- Noise disturbances

Institutional Costs

- Property damage
- Student attrition
- Loss of perceived academic rigor
- Poor "town-gown" relations
- Added time demands and emotional strain on staff
- Legal costs

SOURCE: Perkins 2002.

risk of a fatal single-vehicle crash with blood alcohol (BAC) levels of 0.08 to 0.10 percent varies from 11 percent (for drivers aged 35 and older) to 52 percent (for male drivers aged 16 to 20). The highest driver fatality rates where alcohol is involved are found among the youngest drivers.

Factors contributing to young drivers' greater crash risk include the following:

- A lack of driving experience
- Overconfidence
- The presence of other teenagers in the car (encouraging risky driving)

As a result, many states are instituting stricter guidelines for younger drivers—such as not allowing other young people in the car for the first year of driving, issuing provisional licenses that are suspended with any traffic violation, and increasing the age at which young people can get a driver's license.