

Ninth Edition

DRUGS in Perspective

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



**Mc
Graw
Hill**
Education

Richard Fields

Ninth Edition

Drugs in Perspective:

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

Richard Fields, Ph.D.

*Owner/Director, FACES Conferences, Inc.
(www.facesconferences.com)*





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

Published by McGraw-Hill Education, 2 Penn Plaza, New York, NY 10121. Copyright © 2017 by McGraw-Hill Education. All rights reserved. Printed in the United States of America. Previous editions © 2013, 2010, and 2007. No part of this publication may be reproduced or distributed in any form or by any means, or stored in a database or retrieval system, without the prior written consent of McGraw-Hill Education, including, but not limited to, in any network or other electronic storage or transmission, or broadcast for distance learning.

Some ancillaries, including electronic and print components, may not be available to customers outside the United States.

This book is printed on acid-free paper.

1 2 3 4 5 6 7 8 9 0 DOC 21 20 19 18 17 16

ISBN 978-0-07-802865-6

MHID 0-07-802865-5

Chief Product Officer, SVP Products & Markets:

G. Scott Virkler

Vice President, General Manager, Products & Markets: *Marty Lange*

Vice President, Content Design & Delivery:
Kimberly Meriwether David

Managing Director: *Gina Boedecker*

Brand Manager: *Penina Braffman*

Director, Product Development: *Meghan Campbell*

Product Developer: *Anthony McHugh*

Marketing Manager: *Meredith Leo*

Director, Content Design & Delivery: *Terri Schiesl*

Program Manager: *Jennifer Shekleton*

Content Project Managers: *Jane Mohr, Katie Klochan, and Sandra Schnee*

Buyer: *Laura M. Fuller*

Design: *Studio Montage, St. Louis, MO*

Content Licensing Specialist: *Melisa Seegmiller*

Cover Image: *Getty Images/Tim Teebken*

Composer: *SPi Global*

Printer: *R. R. Donnelley*

All credits appearing on page or at the end of the book are considered to be an extension of the copyright page.
pg. xvii: © Hero Images/Getty Images; pg. xviii: © Getty Images/iStockphoto

Library of Congress Cataloging-in-Publication Data

Names: Fields, Richard, author.

Title: Drugs in perspective : causes, assessment, family, prevention, intervention, and treatment / Richard Fields, Ph.D., Owner/Director, FACES Conferences, Inc. (www.facesconferences.comm).

Description: Ninth Edition. | Dubuque : McGraw-Hill Education, 2016. | Revised edition of the author's *Drugs in perspective*, 2013.

Identifiers: LCCN 2016012992 | ISBN 9780078028656 (alk. paper)

Subjects: LCSH: Drug abuse. | Alcoholism. | Drug abuse—Prevention. | Alcoholism—Prevention. | Drug abuse—Treatment. | Alcoholism—Treatment.

Classification: LCC HV5801 .F42 2016 | DDC 362.29/17—dc23 LC record available at <https://lccn.loc.gov/2016012992>

The Internet addresses listed in the text were accurate at the time of publication. The inclusion of a website does not indicate an endorsement by the authors or McGraw-Hill Education, and McGraw-Hill Education does not guarantee the accuracy of the information presented at these sites.

I dedicate this book to my son, Matthew Fields.

Brief Contents

SECTION I

- Understanding Substance Abuse 1
- CHAPTER 1 Putting Drugs in Perspective 2
- CHAPTER 2 Why People Use and Abuse Drugs and Alcohol 23
- CHAPTER 3 Drug-Specific Information 58
- CHAPTER 4 Assessment of Substance Abuse, Dependence, and Addiction 121

SECTION II

- Family 137
- CHAPTER 5 Substance Abuse and Family Systems 138
- CHAPTER 6 Parents and Family: At-Risk Factors for Substance Abuse 158
- CHAPTER 7 Growing Up in an Alcoholic Family System 180

SECTION III

- Motivation, Intervention, Co-occurring Disorders, Prevention, Recovery, and Relapse Prevention 205
- CHAPTER 8 Motivation and Change 206
- CHAPTER 9 Intervention 223
- CHAPTER 10 Prevention of Substance Abuse Problems 240
- CHAPTER 11 Disorders Co-occurring with Substance Abuse 264
- CHAPTER 12 Alcohol/Drug Recovery, Co-Occurring Disorders, Suicide, and Alcohol/Drugs 293
- CHAPTER 13 The Problem of Relapse: Relapse Prevention (RP) 317

Contents

Preface xvi

SECTION I Understanding Substance Abuse 1

CHAPTER 1 Putting Drugs in Perspective 2

Outline of Chapter 1 2

Objectives 2

Introduction 3

THE LACK OF UNDERSTANDING OF ALCOHOL/DRUG ABUSE 3

Failed Approaches to Alcohol/Drug Abuse: “Scare Tactic” 3

Supply Side Approach—Neglect of the Demand Side 4

The Myth of the “Simple,” Magical Solution 5

Alcohol: The Most “Problematic” Drug 5

ALCOHOL-RELATED PROBLEMS: “BINGE DRINKING” ON COLLEGE CAMPUSES 6

Binge Drinking and Other Age Groups 7

Sexual Assault and Rape on College Campuses—The Role of Alcohol 8

Drinking and Driving among Young Drivers 8

Alcohol and Violence among the General Population 10

Intimate Partner Violence 10

Alcohol-Related Injuries and Deaths 10

Systemic Problems of Drugs 10

The U.S. Federal Government’s Role in the Drug Problem 11

Racist Approaches to the Drug Problem 11

Socioeconomic Inequities that Undermine the American Dream 13

Academic Failure and the Role of the U.S. Educational System 14

Denial and Minimization of Alcohol/Drug Problem in the Family 15

EMERGING ISSUES AND TRENDS IN DRUG USE—HIGH SCHOOL STUDENTS—THE 2014 MONITORING THE FUTURE HIGH SCHOOL SURVEY 15

Medical Marijuana 16

Research on Medical Marijuana Is Limited 17

THE MAJOR PERSPECTIVES ON ALCOHOL/DRUG USE 18

The Moral-Legal Perspective 18

The Medical-Health Perspective 18

The Psychosocial Perspective 18

The Social-Cultural Perspective 19

The Fifth Perspective—Your Perspective Questionnaire 19

Moral-Legal Perspective 19

Medical-Health Perspective 19

Psychosocial Perspective 20

Personal Perspective 20

A Perspective of Hope 20

In Review 21

Discussion Questions 21

References 22

CHAPTER 2	<i>Why People Use and Abuse Drugs and Alcohol: A Better Understanding of Models, Theories, and Contributing Factors</i>	23
Outline of Chapter 2		23
Objectives		23
Introduction		24
OUR INNATE DRIVE TO ALTER CONSCIOUSNESS		24
MODELS, THEORIES, AND CONTRIBUTING FACTORS OF SUBSTANCE USE AND ABUSE		24
Tension and Stress Reduction		25
Trauma and Substance Use Disorders (SUDs)		26
The Disease Model of Alcoholism		27
Genetic Model of Alcoholism—Adoption and Twin Studies		31
<i>Adoption Studies</i>		31
<i>Twin Studies</i>		31
Personality Traits and Personality Disorders		31
<i>Addictive Personality</i>		31
<i>Personality Disorders</i>		32
Attachment and Substance Abuse		32
Self-Medication Motive		34
Depression, Anxiety, and Affective (Feeling) Disorders		34
<i>Mood and Affect Disorders</i>		34
Family Model		35
Adolescence		36
Poor Self-Concept		36
OTHER FACTORS THAT CONTRIBUTE TO SUBSTANCE ABUSE		39
Boredom and Altered States		39
Impulsivity and Disinhibition		41
Social Learning Theory		41
Sociocultural Models		43
Psychoanalytic Models—Psychoanalytic Meaning		43
<i>Alcohol/Drugs as Power</i>		44
<i>Alcohol/Drugs as Self-Destruction</i>		45
<i>Alcohol/Drugs in Seduction and Sexuality</i>		46
Existential Issues		46
Poor Future Orientation and Hope		47
Hopelessness		47
Pessimism and Optimism		49
APPENDIX		50
Other Theories and Models		50
In Review		52
Discussion Questions		53
References		54
Case Study 2.1 Trauma and Addiction		28
Case Study 2.2 Sexual Violation and Addiction		29
Case Study 2.3 Borderline and Narcissistic Personality Disorders with Substance Use Disorders		33
Case Study 2.4 Adolescents and Alcohol/Drugs		37
Case Study 2.5 Debra		38
Case Study 2.6 Lyn: Marijuana and Seduction		46
Case Study 2.7 Poor Future Orientation		48
CHAPTER 3	<i>Drug-Specific Information: Drugs on the Street Where You Live</i>	58
Outline of Chapter 3		58
Objectives		58
DRUGS IN OUR SOCIETY		59
A New Era for Marijuana: Its Medical Usage		60
<i>Financial and Future Implications for Medical Marijuana</i>		61

<i>Lollipops to Vaporizing Marijuana</i>	61
<i>Resurgence of Marijuana Use by the Young and Old</i>	61
Energy Drinks	61
Crystal Methamphetamine	62
<i>Populations Using Methamphetamine</i>	62
<i>Methamphetamine Use by Adolescents</i>	63
<i>You Can Identify Methamphetamine Users by . . .</i>	63
MDMA (Ecstasy)	64
OxyContin Abuse	64
Heroin	66
Inhalants	67
DEFINITIONS OF TERMS	67
Physical Dependence	67
Withdrawal	67
Psychological Dependence (Formerly, Habituation)	67
Tolerance	68
Cross-Tolerance	68
Synergism	68
Antagonism	68
Routes of Administration	69
Set and Setting	69
DEFINITION OF ADDICTION	70
Drug Absorption, Distribution, and Elimination	71
CLASSIFICATION OF DRUGS	73
Narcotic Analgesics	73
<i>Heroin</i>	74
Brief History of the Narcotic Analgesics	74
Routes of Administration	75
Major Effects	75
Hazards	76
Tolerance	76
Withdrawal	76
Opiates and Pregnancy	77
Central Nervous System Depressants	77
<i>Alcohol</i>	77
Brief History of Alcohol	77
Estimates of Alcoholism	79
Major Effects	79
Sobering Up	80
Tolerance	80
Stage 1 Withdrawal Symptoms	80
Stage 2 Withdrawal Symptoms	81
Related Illnesses	81
Fetal Alcohol Syndrome	81
Antabuse	81
<i>Barbiturates</i>	82
Medical Uses	82
Estimates of Use and Addiction	83
Routes of Administration	83
Major Effects	83
Barbiturates and Sleep	83
Barbiturates and Pregnancy	83
Tolerance	83
Withdrawal	84
Overdose Signs and Symptoms	84
Barbiturates Used with Other Drugs	85
Methaqualone	85
<i>Tranquilizers</i>	86
Medical Uses	87
Estimates of Use	87
Routes of Administration	87
Major Effects	88
Tolerance	88
Dependence and Withdrawal	88
Addiction Potential with Alcoholics/Addicts	88
Central Nervous System Stimulants	89
<i>Amphetamines</i>	89
Overview	89
Street Names for Amphetamines	89
Estimates of Use	90
Routes of Administration	90
Major Effects	90
Adverse Effects	90
Dependence and Withdrawal	91
Bootlegged Amphetamines	91

Cocaine 91

- Brief History of Cocaine 91
- Street Names for Cocaine 92
- Estimates of Use 92
- Routes of Administration 92
- Major Effects 93
- Adverse Effects 93
- Tolerance and Withdrawal 94
- Cocaine Additives 95

Tobacco 95

- Diseases Related to Smoking Tobacco 95
- Health Consequences 95

Hallucinogens 95**Definition 95****LSD 96****Brief History of LSD and Other Hallucinogens 97**

- Estimates of Use 98
- Routes of Administration 98
- Major Effects 98
- Adverse Effects 98
- Tolerance and Dependence 99

Cannabis Sativa 99

- Street Names 99
- Brief History of Marijuana 99
- Estimates of Use 101
- Medical Uses 101
- Routes of Administration 101
- Major Effects 101
- Increased Potency of Marijuana 102
- Adverse Effects 103
- Damage to the Respiratory System 103
- Immune System Effects 103
- Reproductive System Effects 104
- Brain System Effects 104
- Impairment of Maturation Process 104
- Marijuana and Driving 104

Inhalants 104

- Brief History 105
- Route of Administration 105
- Available Forms of Inhalants 106

- Major Effects 106
- Tolerance and Dependence 106
- Acute Adverse Effects 107
- Long-Term Effects 107

Phencyclidine 107

- Street Names for PCP 108
- Estimates of Use 108
- Routes of Administration 108
- Major Effects 108
- Adverse Effects 109
- Accidents 109
- Violence 109
- Tolerance and Dependence 110

ATHLETES AND DRUGS 110**Steroids 110**

- Brief History 110*
- Terminology 111*
- Major Effects 111*
- Adverse Effects 112*

Amphetamines 112**Chewing Tobacco 113****Other Drugs/Alcohol in Sports 114****In Review 115****Discussion Questions 118****References 119****CHAPTER 4 *Assessment of Substance Abuse, Dependence, and Addiction 121*****Outline of Chapter 4 121****Objectives 121****Introduction 122****DIAGNOSTIC CATEGORIES 122****A Behavioral Definition of Addiction 122****ASSESSMENT STAGES OF ALCOHOL AND DRUG USE 123**

- SET AND SETTING 123
- Alcohol/Drug Use—A Progressive Disease 124
- Addiction 124
- VULNERABILITY TO RELAPSE 126
- ASSESSMENT FOR RELAPSE 126
- Denial—A Problem in Accurate Assessment 126
- IDENTIFICATION OF ADOLESCENT ALCOHOL/
DRUG PROBLEMS 127
- ALCOHOL/DRUG ASSESSMENT 129
- CONSEQUENCES OF ALCOHOL/
DRUG USE 131
- ALCOHOL/DRUGS AND SUICIDE 131
- In Review 135
- Discussion Questions 136
- References 136
- Case Study 4.1 The Marijuana Search 130
- Case Study 4.2 Alcohol, Depression, and Suicide 134
- SECTION II** Family 137
- CHAPTER 5** *Substance Abuse and Family Systems* 138
- Outline of Chapter 5 138
- Objectives 138
- Introduction 139
- FAMILIES AS SYSTEMS 139
- FAMILY RULES 141
- IMBALANCED VERSUS DYSFUNCTIONAL* 141
- Rigid Family Systems 142
- Ambiguous Family Systems 142
- Overextended Family Systems 142
- Distorted Family Systems 142
- Entitled Family Systems 143
- SATIR'S FAMILY PATTERNS OF
COMMUNICATION 143
- FAMILY SYSTEM ROLES 144
- Wegscheider-Cruse's Alcoholic/Addict Family
System Survival Roles 144
- Family Roles Played Out at the Dinner Table 147
- Five Styles of Managing Anxiety 147
- Enabling Behavior 147
- STAGES IN FAMILY RECOVERY FROM
SUBSTANCE-ABUSE PROBLEMS 149
- Denial 151
- Denial Transaction Between Mary and Her
Sister-in-Law, Maureen* 152
- Anger 152
- Bargaining 153
- Feeling 155
- Acceptance 155
- In Review 155
- Discussion Questions 156
- References 156
- Case Study 5.1 The Lost Child 146
- Case Study 5.2 Enabling Behavior 149
- Case Study 5.3 A Bargain That Doesn't Work 153
- CHAPTER 6** *Parents and Family: At-Risk Factors
for Substance Abuse* 158
- Outline of Chapter 6 158
- Objectives 158
- Introduction 159
- EARLY ATTACHMENT WITH PARENTS 159
- Abandonment Depression 161
- Impact of Early Abandonment on Adult
Interpersonal Relationships 161
- TRAITS AND TEMPERAMENT: AT-RISK FACTORS
FOR SUBSTANCE ABUSE 162

- Adoptees: At-Risk for Substance Abuse 163
 PARENTAL SUPPORT AND CONTROL 163
 SHAME AND IMBALANCED PARENTING 164
 Shame and Feelings 168
 Adolescent Sexual Identity and Shame 168
 Sexual Violation and Shame 169
 Drugs, Sex, and Shame 169
 PARENTAL IMBALANCE AND BOUNDARY
 SETTING 169
 Boundary Inadequacy 171
 Boundary Ambiguity 171
 Triangulation—Another Boundary Issue 172
 PARENTS' USE/ABUSE OF ALCOHOL AND
 DRUGS 173
 Criticism, Anger, and Blame 173
 FAMILY COHESION, FLEXIBILITY,
 AND COMMUNICATION
 CLARITY 174
 Other Obstacles to Reaching Parents
 and Family 174
 Parents' Shame 175
 COMPASSION, SELF-COMPASSION,
 AND MINDFULNESS 175
 In Review 176
 Discussion Questions 177
 References 177

CHAPTER 7 *Growing Up in an Alcoholic
 Family System* 180
 Outline of Chapter 7 180
 Objectives 180
 Introduction 181
 THE ADULT CHILDREN OF ALCOHOLICS
 MOVEMENT 181
 CHARACTERISTICS OF ADULT CHILDREN
 OF ALCOHOLICS 182
 GROWING UP IN AN ALCOHOLIC HOME AS
 POST TRAUMATIC STRESS
 DISORDER 183
 CHILDHOOD IN AN ALCOHOLIC HOME 186
 IDENTIFICATION OF CHILDREN OF
 ALCOHOLIC FAMILIES 186
 DENIAL OF FEELINGS IN AN ALCOHOLIC
 FAMILY 187
 PERSPECTIVE OF THE CHILD
 IN AN ALCOHOLIC FAMILY 187
 FAMILY DISEASE MODEL 188
 ALCOHOLISM/DRUG ADDICTION—IMPACT ON
 MARRIAGE 189
 ACA IN RELATIONSHIPS 189
 ACA Define Self Through Others 189
 The Disengaged ACA 190
 Atypical Depression 190
 Codependency 190
 Boundary Inadequacy 191
 Overattachment and Overseparation 191
 Codependent Dances 193
 RECOVERY FOR ADULT CHILDREN OF
 ALCOHOLICS 193
 Inherited Family Belief Systems 193
 Overview of ACA Recovery 193
 Powerlessness in the Alcoholic Family System 194
 Feeling Awareness 194
 Identifying Feelings for ACA 194
 Grief Work 197
 Group Psychotherapy 199
 In Review 201
 Discussion Questions 203
 References 204

Case Study 7.1 The ACA and Post traumatic Stress Disorder 184

Case Study 7.2 Rejection Sensitivity 195

Case Study 7.3 Difficulty in Making Decisions 196

Case Study 7.4 Letter to Parents from a Recovering Alcoholic and ACA about the Parents' Alcoholism 198

Case Study 7.5 Interpersonal Relationships 200

SECTION III Motivation, Intervention, Co-occurring Disorders, Prevention, Recovery, and Relapse Prevention 205

CHAPTER 8 *Motivation and Change* 206

Outline of Chapter 8 206

Objectives 206

Introduction 206

CHANGE 207

Common Defense Components of Resistance to Change 208

Denial and Delusion: Blocks to Seeing the Need for Change 209

Change—"Mindful Acceptance" 209

Procrastination 209

Exertion: An Essential Element of Change 209

CHOICE MAKING—FAMILY OF ORIGIN 210

MOTIVATIONAL INTERVIEWING 211

Client-Centered Motivational Interviewing 213

Effective Motivational Strategies 214

Active Ingredients of Effective Brief Counseling 214

In Review 220

Discussion Questions 221

References 221

Case Study 8.1 Contemplative and Action Stages 215

CHAPTER 9 *Intervention* 223

Outline of Chapter 9 223

Objectives 223

INTERVENTION 223

Interventions at Various Stages of the Alcohol/Drug Use Continuum 223

Stage 1—Nonuse Interventions 224

Stage 2—Initial Contact Interventions 224

Stage 3—Experimentation Interventions 225

Stage 4—Interventions at the Integrated Stage 225

Stages 5 and 6—Interventions at the Excessive Use and Addiction Stages 226

Obstacles to Interventions 226

Intervention Services 226

Intervention Approaches 229

Professional Intervention Assistance 229

Intervention as a Caring Response 229

Goals of Intervention 230

Family Interventions 230

Candidates for Intervention 230

Stages of Formal Intervention 231

Assessment 231

Preintervention 232

Intervention 235

Postintervention 239

In Review 239

Discussion Questions 239

Reference 239

Case Study 9.1 Intervention Without Proper Assessment 232

CHAPTER 10 *Prevention of Substance Abuse Problems* 240

Outline of Chapter 10 240

Objectives 241

Introduction	241	Older Adults	258
EARLY PREVENTION APPROACHES	241	Prevention and the Family	259
ALTERNATIVE ACTIVITIES AS A PREVENTION APPROACH	243	In Review	259
Alternatives Are Actively Pursued by the Individual	244	Discussion Questions	263
Alternatives Are Acceptable, Attractive, and Attainable	244	References	263
Alternatives Use Mentors and Role Models	244	CHAPTER 11	<i>Disorders Co-occurring with Substance Abuse</i> 264
Alternatives Integrate Self-Concepts	244	Outline of Chapter 11	264
PREVENTION APPROACHES OF THE 1980s	245	Objectives	264
SCHOOL-BASED PREVENTION CURRICULA	246	Introduction	265
Empowerment	247	DEFINITION OF A CO-OCCURRING DISORDER	265
Goal Setting	247	SERIOUS MENTAL ILLNESS (SMI) AND SUBSTANCE ABUSE	266
Capability Development	247	AFFECTIVE (FEELING) DISORDERS AND SUBSTANCE USE DISORDERS	268
KEY COMPONENTS OF A PREVENTION PROGRAM	248	The Difference Between a Depressive Mood and a Depressive Disorder	268
Address Community Needs	248	Denial and Depression	269
Include Youth in Prevention Planning	248	Categories of Mood Disorders	270
Promote Proactivity	248	<i>Major Depression</i>	271
Develop a Long-Term Perspective	248	<i>Persistent Depressive Disorder (Dysthymia)</i>	272
PROGRAMS AIMED AT AT-RISK YOUTH	249	<i>Atypical Depression</i>	272
RISK FACTORS FOR SUBSTANCE ABUSE	251	<i>Organic Depression</i>	273
RESILIENCY	252	<i>Bipolar Disorder</i>	274
EMOTIONAL INTELLIGENCE	255	<i>Mood-Cycling Disorder</i>	276
DOMAINS OF PREVENTION	255	AFFECTIVE DISORDERS AND SUICIDE	277
PREVENTION PROGRAMS AND PREVENTION EMPHASIS	256	PERSONALITY DISORDERS AND SUBSTANCE USE DISORDERS	277
Developmental Assets Model	256	Personality Traits versus Personality Disorder	277
HIGH-RISK YOUTH AND CSAPs	257	Personality Disorder and Chemical Dependency Disorder	278
PREVENTION AND SPECIAL POPULATIONS	257	Antisocial Personality Disorder	279
People of Color and Other Minorities	257	<i>Antisocial Personality Disorder and Chemical Dependency</i>	279
College Students	258		

- Childhood Precursors of Antisocial Personality Disorder* 280
- Denial, Alcohol/Drugs, and Antisocial Personality Disorder* 280
- Borderline Personality Disorder and Chemical Dependency 283
- Narcissistic Personality Disorder 285
- Trauma and Substance Abuse Disorder (SUD) in Adolescents 286
- TREATMENT OF DISORDERS CO-OCCURRING WITH SUBSTANCE ABUSE 288**
- Adolescent Co-occurring Disorders Complicates Treatment* 289
- In Review 290
- Discussion Questions 291
- References 291
- Case Study 11.1 Major Depression and Addiction 270
- Case Study 11.2 Eeyore Syndrome 271
- Case Study 11.3 Persistent Depressive Disorder (Dysthymia) 272
- Case Study 11.4 Atypical Depression 273
- Case Study 11.5 Bipolar Disorder 275
- Case Study 11.6 Depression and Withdrawal Symptoms 280
- Case Study 11.7 Alcoholism 281
- Case Study 11.8 Antisocial Personality Traits 283
- Case Study 11.9 Borderline Personality Disorder 286
- Case Study 11.10 Narcissism and Cocaine 287
- CHAPTER 12 *Alcohol/Drug Recovery, Co-Occurring Disorders, Suicide and Alcohol/Drugs* 293**
- Outline of Chapter 12 293
- Objectives 293
- Introduction 294
- NEED FOR SUPPORT 294**
- Self-Help Meetings/Alcoholics Anonymous 294
- Advantages of AA as a Recovery Model* 295
- Resistance to Attending AA and Other Self-Help Groups* 295
- Social Support Empowers Recovery—Voluntary Mutual Help Association 296
- Online Social Support Networks (OSSN) 296
- Rational Recovery 296
- STAGES OF ALCOHOL/DRUG RECOVERY 297**
- Withdrawal Stage (0–15 days) 298
- Honeymoon Stage (15–45 days) 298
- The Wall Stage (45–120 days) 298
- Adjustment Stage (120–180 days) 298
- Resolution Stage (180–360 days) 298
- COUNSELING AND CHEMICAL DEPENDENCY 299**
- Early Phases: Safety and Stabilization 299
- Breaking Through Denial 299
- Common Denial Defenses* 299
- Affect (Feeling), Recognition, and Modulation 300
- Group Therapy 301
- Family Treatment 301
- An Effective Alcohol/Drug Recovery Strategy 302
- Boundaries with Difficult Patients 304
- TREATMENT OF CO-OCCURRING DISORDERS 305**
- Counseling for Co-occurring Disorders 305
- Breaking Denial—Educating and Empowering Patients* 305
- Developing Skills in Patients Who Have Co-occurring Disorders* 306
- Feelings and Emotional Buildup 306
- Cognitive-Behavioral Approaches 306
- Treatment Compliance—Medications 307
- Suboxone (Buprenorphine and Naltrexone) to Reduce Opioid Cravings* 308
- The Family of the Client Who Has Co-occurring Disorders 308

SUICIDE AND ALCOHOL/DRUGS 309

Clues to Suicidal Intentions 311

In Review 314

Discussion Questions 315

References 315

CHAPTER 13 *The Problem of Relapse: Relapse Prevention (RP)* 317

Outline of Chapter 13 317

Objectives 317

Introduction 317

CAUSES OF RELAPSE 318*Stress* 320*Interpersonal Conflict* 320*Reactivity* 320*Physiological Causes* 320*Cognitive Causes* 320*Behavioral Causes* 320*Affective Causes* 321*Psychological Causes* 321*Environmental Causes* 321*Spiritual Causes* 321*Treatment-Related Causes* 322

Treatment Causes 322

DEFINITION OF RELAPSE 322*High Relapse rate* 323**DEFINITION OF RELAPSE PREVENTION (RP) 323****RECOGNIZING THE SIGNS OF RELAPSE—RELAPSE PRONE AND RECOVERY PRONE BEHAVIORS 323****VULNERABILITY TO RELAPSE 324**

Applying HALTS 324

Hungry 325

Addressing Hunger 325

Angry 325

Would You Rather Be Right or Happy? 325

Addressing Anger 326

Lonely 326

Cool Loneliness 326

Addressing Loneliness 326

Tired 326

Addressing Tiredness 326

Sick 326

Addressing Being Sick 327

Cravings and Urges 327*Time* 327*Place* 327*Things* 328*People* 328**RELAPSE PREVENTION STRATEGIES 328***Interpersonal and Social Recovery Support System* 328*Health and Physical Well-Being* 328*Cognitive, Emotional, and Spiritual Self* 328**AA Serenity Prayer as a Relapse-Prevention Technique 329****MINDFULNESS: A TOOL FOR RELAPSE PREVENTION 330****Addiction: “Land of the Hungry Ghosts” 330****Definitions of Mindfulness 331****Mindfulness-Based Behavioral Relapse Prevention (MBRP) 333****Mindfulness and Relapse Prevention—Shifting from Reacting to Skillful Responding 333**

In Review 334

Discussion Questions 335

References 335

Index I-1

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.



✧ McGraw-Hill Create™

Craft your teaching resources to match the way you teach! With McGraw-Hill Create, create.mheducation.com, you can easily rearrange chapters, combine material from other content sources, and quickly upload content you have written like your course syllabus or teaching notes. Find the content you need in Create by searching through thousands of leading McGraw-Hill textbooks. Arrange your book to fit your teaching style. Create even allows you to personalize your book's appearance by selecting the cover and adding your name, school, and course information. Order a Create book and you'll receive a complimentary print review copy in 3 to 5 business days or a complimentary electronic review copy (eComp) via email in minutes. Go to www.mcgrawhillcreate.com today and register to experience how McGraw-Hill Create empowers you to teach your students your way.



connect®

Required=Results

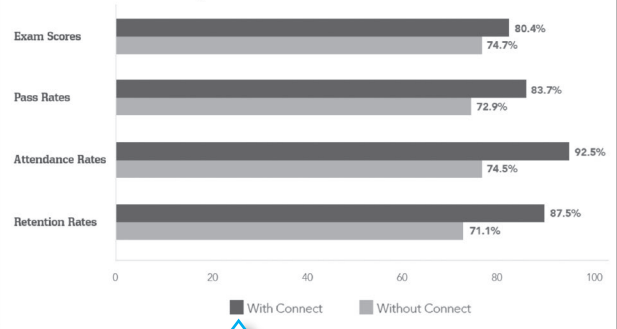


McGraw-Hill Connect® Learn Without Limits

Connect is a teaching and learning platform that is proven to deliver better results for students and instructors.

Connect empowers students by continually adapting to deliver precisely what they need, when they need it and how they need it, so your class time is more engaging and effective.

Course outcomes improve with Connect.



Using Connect improves passing rates by 10.8% and retention by 16.4%.

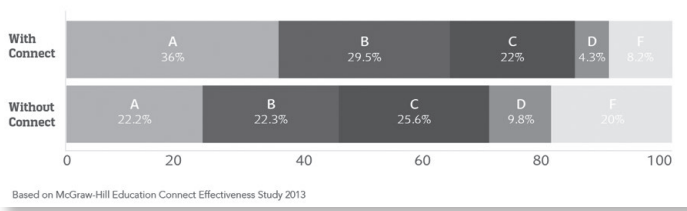
88% of instructors who use Connect require it; instructor satisfaction increases by 38% when Connect is required.

Analytics

Connect Insight®

Connect Insight is Connect’s new one-of-a-kind visual analytics dashboard—now available for both instructors and students—that provides at-a-glance information regarding student performance, which is immediately actionable. By presenting assignment, assessment, and topical performance results together with a time metric that is easily visible for aggregate or individual results, Connect Insight gives the user the ability to take a just-in-time approach to teaching and learning, which was never before available. Connect Insight presents data that empowers students and helps instructors improve class performance in a way that is efficient and effective.

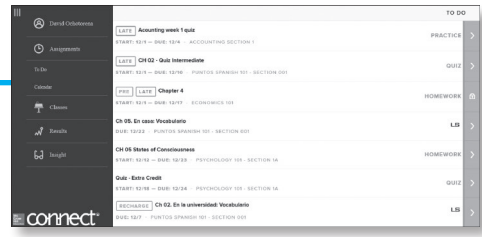
Connect helps students achieve better grades



Students can view their results for any Connect course.

Mobile

Connect’s new, intuitive mobile interface gives students and instructors flexible and convenient, anytime-anywhere access to all components of the Connect platform.



Adaptive



THE FIRST AND ONLY
ADAPTIVE READING
EXPERIENCE DESIGNED
TO TRANSFORM THE
WAY STUDENTS READ

More students earn **A's** and **B's** when they use McGraw-Hill Education **Adaptive** products.

SmartBook®

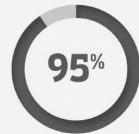
Proven to help students improve grades and study more efficiently, SmartBook contains the same content within the print book, but actively tailors that content to the needs of the individual. SmartBook's adaptive technology provides precise, personalized instruction on what the student should do next, guiding the student to master and remember key concepts, targeting gaps in knowledge and offering customized feedback, and driving the student toward comprehension and retention of the subject matter. Available on smartphones and tablets, SmartBook puts learning at the student's fingertips—anywhere, anytime.

Over **4 billion** questions have been answered, making McGraw-Hill Education products more intelligent, reliable, & precise.

STUDENTS WANT

Mc
Graw
Hill
Education

SMARTBOOK®



of students reported **SmartBook** to be a more effective way of reading material



of students want to use the Practice Quiz feature available within **SmartBook** to help them study



of students reported having reliable access to off-campus wifi



of students say they would purchase **SmartBook** over print alone



reported that **SmartBook** would impact their study skills in a positive way

Mc
Graw
Hill
Education

*Findings based on a 2015 focus group survey at Pellissippi State Community College administered by McGraw-Hill Education

❖ Electronic Textbook Option

This text is offered through VitalSource for both instructors and students. VitalSource is an online resource where students can purchase the complete text online at almost half the cost of a traditional text. Purchasing the eTextbook allows students to take advantage of VitalSource’s web tools for learning, which include full text search, notes and highlighting, and email tools for sharing notes between classmates. To learn more about VitalSource options, contact your sales representative or visit www.vitalsource.com.

❖ Acknowledgments

I would like to thank the instructors who reviewed the previous edition and helped lay the groundwork for the improvement and changes in the ninth edition. A special thanks goes to the development editors, Reshmi Rajeesh, Keerthana Panneer, and Erin Guendelsberger, McGraw-Hill, and all other book team members who helped this revision come to fruition.

Nelson Louis Henning

Cedarville University

Tiffany Lee

Western Michigan University

David A. O’Donnell

Governors State University

Kathleen Wikman

Walla Walla University

Victor Aeby

East Carolina University

Carrie Canales

West Los Angeles College

Sandra Croswaite

Pierce College

Mitchell Earleywine

University of Albany

Cathy Follett

Bluffton University

Renee Bobbie Jaeger

Northern Virginia Community College

Darrell Kniss

Stephen F. Austin State University

Kenneth R. Kubicek

*Lindenwood University—Belleville
Campus*

Roland Lamarine

California State University, Chico

Char Perryman

Pierce College

Richard Fields

Understanding Substance Abuse

❖ **Chapter 1:**
Putting Drugs in Perspective

❖ **Chapter 2:**
Why People Use and Abuse Drugs
and Alcohol

❖ **Chapter 3:**
Drug-Specific Information

❖ **Chapter 4:**
Assessment of Substance Abuse,
Dependence, and Addiction

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

Emerging Issues and Trends in Drug Use—High School Students—The 2014 Monitoring the Future High School Survey

- Medical Marijuana

The Major Perspectives on Alcohol/Drug Use

- 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.

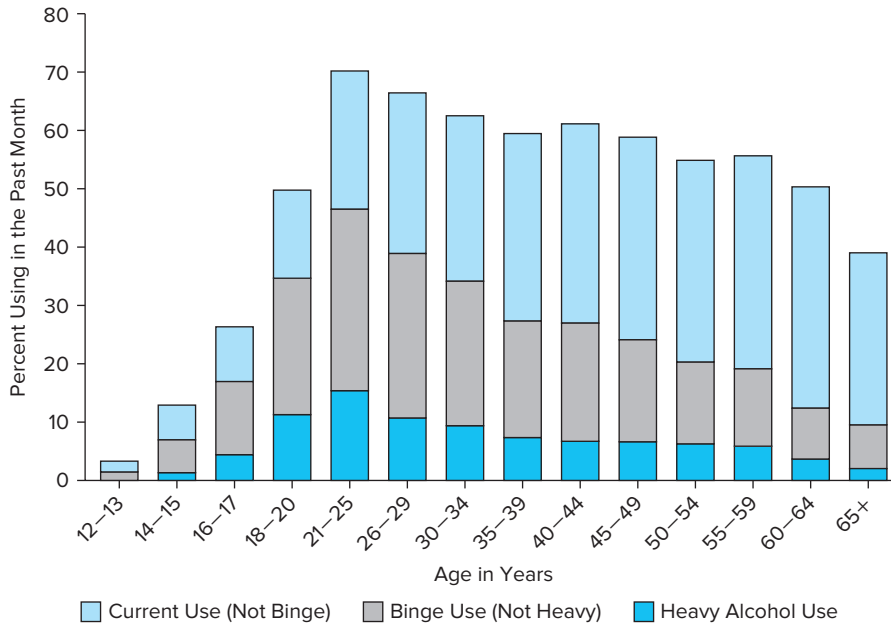


FIGURE 1.1 *Current, Binge, and Heavy Alcohol Use among Persons Aged 12 or Older, by Age: 2009*
SOURCE: National Survey on Drug Use and Health 2010.

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 Hammtree 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.