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Rethinking Substance Abuse: What the Science Shows, and What We Should Do about It
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Part I

Introduction

CHAPTER 1

Defining and Addressing the Problem

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If There Ever Was a Time . . .

Civilizations have long wrestled with problems linked to the use of alcohol and other psychoactive substances, and have made all manner of efforts to control and restrict use of these drugs. Plato recommended complete abstinence for those younger than 18 (“Shall we not pass a law that, in the first place, no children under eighteen may touch wine at all?”). There are multiple warnings against alcohol in the Bible (“At the last it bites like a serpent, and stings like an adder. Your eyes will see strange things, and your mind utter perverse things”; Proverbs 23:32–33, NRSV). Various forms of prohibition, punishment, and condemnation, including death by stoning (Deuteronomy 21:20–21), have been tried throughout history. Most recently, we have witnessed a “war on drugs.” Rarely have these efforts been informed by science or evaluated for efficacy.

Suppose we knew all that science has revealed regarding substance use problems and dependence, but had no organized systems for addressing them. Imagine if we could start from scratch to design creative ways to prevent, decrease, and treat substance use problems and disorders. What if we were to set aside all current specialist systems, brand-name treatments, and existing programs, and start from the scientific

knowledge base to develop social strategies for combating these problems?

Those questions lie at the heart of this book. Our goal was to assemble the most current scientific knowledge regarding problematic

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use of alcohol and other drugs, and then to explore the implications of what we know for treatment and prevention. We challenged the contributors to this volume to provide a concise summary of what is known about addictions in their area of

scientific expertise. Initial drafts were presented to and critiqued by the other authors at a “think tank” conference, where presentations were enriched by brainstorming and discussion. The authors then revised their summaries to create the chapters of this book. In a final chapter, we identify and integrate some common themes that emerged, and articulate a vision for more effective societal response to the troublesome use of substances.

One unsettling consensus that emerged was the realization that the existing U.S. intervention system is in sufficiently dire straits as to constrain us very little. With drastic cuts in financial support for already starved treatment and prevention efforts, many alcohol and drug treatment programs across the United States have simply closed. Major gaps persist between what research has shown to be effective and what is actually practiced in clinical settings. Services for drug problems continue to be stigmatized, marginalized, and isolated from the rest of the health care system. Consumers have little reliable information to use in finding and selecting services, or for judging their effectiveness. Consequently it was not at all difficult to imagine starting over from scratch to envision a more compassionate, effective, and cost-efficient intervention system. If there ever was a time to reimagine strategies and systems to more effectively intervene with the problems associated with substance use, it is now. There truly is little to lose.

And Now for Something Completely Different . . .

Beyond the freedom to learn and make use of what the best science reveals regarding intervening with the problematic use of substances, the format of the meeting and this book stimulated us to think differently about a wide range of issues. That is also reflected in the format of this book, which is deliberately intended to be highly accessible to a broad audience. Instead of lengthy and highly referenced academic reviews,

the chapters in this volume constitute succinct summaries of what some of the best minds in the field know about a wide range of issues associated with substance use problems. Each chapter ends with a list of “robust principles”: a synthesis of what is known about each area and the logical conclusions relevant to the areas of treatment and prevention that emerge from what is known. Each chapter also includes a list of “selected readings” that highlight reviews, books, and seminal articles that summarize and integrate information on the topic covered in that chapter. Regardless of backgrounds and years of experience in the field of drug abuse, each of the authors was struck by something new in preparing his or her chapter: a long-held assumption being challenged, an insight from one perspective that could be applied to another area, a new way of thinking about old problems. All of us, editors and contributing authors alike, were confronted with our own sometimes dimly realized biases, and with the need to think in fresh and broad terms about the nature of these problems and their remedies. We hope the same will be true for you.

We asked the contributors to base their conclusions on concepts and principles for which there is sound scientific evidence. Thus this book is oriented less toward “evidence-based practices” than toward reliable science-based principles on which future interventions and services could be based.

What You Call It Matters

One of the more complex issues with which we wrestled was the use of terminology to describe the concepts and range of problems associated with the use of alcohol and other drugs. The names used to describe phenomena affect the ways in which one thinks about a problem and what to do about it. The terminology of this field is rife with overmeaning. Over the years, people with problems linked to overdrinking have been termed “drunkards,” “dipsomanics,” “alcoholics,” “alcohol-dependent,” “problem drinkers,” and “alcohol abusers.” Illicit drug users have been called “addicts,” “dope fiends,” “criminals,” “drug abusers,” and “drug-dependent.” Each of these terms has particular connotations. Similarly, “treatment” (itself a concept carrying certain assumptions) has been variously conceived as leading to reform, rehabilitation, recovery, sobriety, relapse prevention, and harm reduction.

There is a further value to the discipline of avoiding the jargon, labels, and pejorative terms commonly used in this field. The goal was not to find politically correct euphemisms, but rather to force ourselves to think differently about the broader nature of the issues and

problems we were addressing. We chose the “troublesome use” title for the CACTUS meeting not because it is a preferable term, but precisely because it was unfamiliar and shook us loose from comfortable custom. This in turn helped us to clarify some working assumptions.

Broad Perspectives

First, it became clear that we were not focusing on a particular set or class of individuals, but rather on human behavior. Second, it became obvious that the behavior of drug use is not isolated, but is intimately intertwined with a range of common, long-standing human issues and societal problems. (“Alcohol is the anesthesia by which we endure the operation of life,” said George Bernard Shaw.) In some ways, the central issues of this field represent a microcosm of classic human dilemmas:

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why we persist in patterns of behavior that clearly lead toward devastating consequences; the tensions among our biological, individual, and social selves; whether and how to regulate our emotions; the trade-offs

of immediate gratification versus long-term personal, family, and communal welfare. The troublesome use of substances is, in this way, just one manifestation of larger personal, social, and biological dramas. Similar underlying issues and vulnerabilities could emerge as drug dependence in one person, as sadness and isolation in another, as aggressive or criminal behavior in another, and as all of these in yet another. We found that many of the principles and frameworks for intervention that emerged are not necessarily specific to problems associated with substance use, but rather apply to a broader range of human problems that sometimes express themselves in the troublesome use of alcohol or drugs.

The CACTUS discussions of intervention and prevention strategies also engendered stimulating dialogue about the nature of societal values and choices, as well as personal and social regulation of behavior. For example, what should be done with the evidence that:

- Problematic drug use tends to run in families?
- High levels of stress increase vulnerability to these problems?
- Adolescent brains are less able than adult brains to self-regulate behavior, and also less susceptible to some of the aversive consequences of drug use?
- Involvement with religion is one of the strongest protective fac-

tors against the development of drug and alcohol problems, but not necessarily effective once those problems become established?

- Some commonly delivered prevention and treatment services have been found to be ineffective at best, or even more harmful than no intervention at all?

We were also keenly aware that, like current practices, efforts to change how to think and what to do about substance use problems can have unintended consequences.

The common concern of all the authors contributing to this volume was the desire to alleviate the enormous personal suffering and social harms related to drug use. Indeed, systems to address the troublesome use of substances should have a prominent place in any societal effort to reduce suffering and enhance human welfare. Even given the dire state of the current treatment system, there is clear optimism in the chapters of this book regarding the possibilities of reenvisioning approaches to substance use problems. Recent U.S. history contains examples of how such major change can and does occur at a societal level—for example, recent dramatic reductions in smoking and in alcohol-related driving fatalities. In both of these cases there was a convergence of greater understanding of the factors supporting these behaviors, dramatic changes in social acceptability, concerted local and national efforts to increase the cost and consequences of these behaviors, and the availability of acceptable alternatives.

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It is challenging but possible to bring about societal change in behaviors that are pervasive, reinforcing, persistent, and costly. The chapters that follow summarize a wealth of scientific knowledge pertinent to and potentially applicable in addressing the troublesome use of substances. Then, in the closing chapter, we offer our integration of this knowledge and recommendations for new directions in finding better solutions.