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Substance Abuse Treatment and Prevention Strategies

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Alcohol and drug abuse is one of the most serious problems facing our society today. In addition to the numerous social costs, the economic costs of substance abuse have reached tens of billions of dollars.



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Alcohol and drug abuse is one of the most serious problems facing our society today. In addition to the numerous social costs, the economic costs of substance abuse have reached tens of billions of dollars. While it is difficult to pinpoint actual dollar amounts, the National Institute on Drug Abuse (NIDA) estimated that the total cost associated with alcohol abuse for 1995 was \$166.5 billion, and drug abuse was estimated to have cost nearly \$110 billion. This was a result of such factors as days lost from work, health related problems, and motor-vehicle accidents. In most cases, prolonged use of drugs results in depression, mood swings, and panic attacks. It very often leads to greater conflict with family members and co-workers. Consequently, domestic violence, family disintegration, and loss of jobs are not uncommon effects. National policies calling for treatment, prevention, and increased funding for rehabilitation programs have greatly helped to transform individual attitudes. But, have they made a serious dent in reversing the trend and helped us move closer to winning the war on drugs? Though federal drug policy is directed toward law enforcement and interdiction to reduce the supply of illicit drugs, recent studies indicate that focusing on treatment and prevention strategies may prove to be more effective.

DEFINING SUBSTANCE ABUSE

Not all people who use drugs become dependent. When someone develops a pattern

of drug-using behavior that is repeatedly linked to damaging consequences, that individual is exhibiting symptoms of a substance use disorder. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), the following two terms are used to describe substance use disorders: substance abuse, which is a milder form of a substance use disorder in which recurrent use of a substance leads to social, occupational, and psychological problems; and substance dependence, which, on the other hand, is characteristically a severe substance use disorder involving a pattern of compulsive drug-taking behavior that often results in tolerance, or the need for higher doses to achieve the same effect. Abrupt cessation typically results in hand tremors, sweating, nausea, anxiety, paranoia, insomnia, and at times convulsions and hallucinations. In addition, the use of alcohol or drugs is often reinitiated to offset the severity of the withdrawal symptoms. It is no wonder that the rate of relapse for drug abusers is so high.

Data released by the Department of Health and Human Services for 2003 show an overview of the alcohol and drug abuse problem. The Treatment Episode Data Set, also known as TEDS, shows that five substances account for 96 percent of all TEDS admissions in 2003. Alcohol accounted for 42 percent; opiates, primarily heroin, for 18 percent; marijuana/hashish for 15 percent; cocaine for 14 percent; and, methamphetamine for 7 percent.

TREATMENT PROGRAMS

We do know that treatment of addictive diseases usually follows a logical pattern: detoxification, assessment, and treatment. Initially a patient goes through detoxification, in which he pays close attention to the urgent physical consequences of drug abuse. Secondly, he or she goes through an assessment in which a comprehensive physical examination and psychological evaluation is conducted in order to obtain a clinical picture before formulating a treatment and rehabilitation plan. Finally, an individualized treatment plan is developed. Treatment is directed toward achieving two basic goals: (1) to maximize physical and mental health, since a patient may find it difficult to achieve abstinence; and (2) to enhance motivation to achieve abstinence by educating the patient and his or her family and using medications, when necessary. During the past two decades, there has been an enormous expansion of treatment programs for addictive diseases. The major treatment modalities are Behavior Therapies, Cognitive Therapies, and Self-help Groups. To date, the results of these traditional treatments have been inconclusive. While there are no scientific data indicating that one form of treatment is more effective than another, a few recent studies have found favorable results from the use of self-help groups.

Professionals generally agree that mutuality of circumstances offers chemically dependent individuals a unique opportunity to share feelings and identify with others, better understand their own attitudes toward addiction, and learn to communicate their feelings directly. One of the most well-known self-help groups is Alcoholics Anonymous (A.A.). The AA program requires an act of surrender and an acknowledgement of a higher power, and clients are required to work through the "Twelve Steps." Research studies have shown that participation in A.A., when compared to other approaches, is a very effective means of rehabilitation. Approximately 50 percent of the patients completing the treatment are virtually abstinent. Those who disagree with the spiritual dimension of A.A. have other options, such as Rational Recovery (RR) and Secular Organizations for Sobriety (SOS). Self-help groups such as Narcotics

Anonymous (NA) or Cocaine Anonymous (CA) also exist to address other types of addictions.

Redefining alcohol as an illegal drug would also go a long way in helping to treat individuals with substance dependence. Yet, such a toxic drug is not considered illegal because social and cultural factors, rather than scientific findings, determine whether a drug will be declared illegal. Most people do not consider alcohol to be a drug simply because drinking alcohol in moderate amounts is socially acceptable. We know that the use of alcohol is prohibited or actively discouraged in some cultures and religions. Many experts in the field have pointed to alcohol as one of the most toxic drugs and yet it continues to be sold legally. As Marc A. Schuckit, a psychiatry professor at the University of California, San Diego and director of the Alcohol Research Center, VA San Diego Healthcare System, said, "Alcohol, nicotine, and caffeine are the most widely used drugs in Western civilization and alcohol is the most destructive of the three."¹ The question we may want to ask ourselves is: Why is it still legal in the United States?

PREVENTION STRATEGIES

Addressing substance abuse problems has become exceedingly challenging and the prospect of developing effective programs for prevention has held a great deal of appeal. During the past two decades, a massive amount of literature has been produced on substance abuse prevention. The public health model dictates that it is necessary to know the etiology, or cause of the disease, before developing prevention strategies. For example, it makes sense to talk about prevention of polio because we know the etiology. But, in the case of substance abuse, the cause is still elusive. However, research studies have consistently shown that when certain risk factors are present, the environment may be ripe for alcohol or other drug-related problems. Therefore, it is important to review the prevention strategies and critically evaluate their effectiveness.

1. Drug Law Enforcement: Reducing the supply and/or the demand for drugs are the primary goals of drug law enforcement.

Addiction is simply not possible without access to drugs. Therefore, a marked reduction in availability should substantially decrease drug abuse. But, identifying measures to assess positive or negative outcomes of drug law enforcement is complicated. Such criteria could include the number of people arrested and convicted, the amount of drugs seized, the price of the product sold on the street, and the number of people seeking drug treatment, among others. When we attempt to use all of these factors, the results are confusing. For example, increased arrests and drug seizures are often accompanied by declining prices and greater levels of purity. And, according to the Comptroller General, some drug seizures are counted several times by different agencies eager to claim credit.² Furthermore, if one type of drug is unavailable, abusers often resort to a more readily available type, such as alcohol. If the supply of marijuana is strictly controlled, abusers may switch to a more dangerous drug, such as heroin.

2. Educational Efforts: Educating the population at risk, particularly elementary school, high school, and college students, about the dangers of drug abuse would at first seem to be a non-controversial idea and a sound response to the drug abuse problem. We are all familiar with projects such as D.A.R.E. (Drug Abuse Resistance Education) and advertising campaigns and slogans urging young people to "say no to drugs." Sadly, the results of these educational efforts have been inconsistent. Some research workers state that there is no evidence to indicate that these educational efforts are successful, while others assert that educational efforts may actually have negative effects. By providing greater knowledge of drugs, we may arouse greater curiosity, thus encouraging more daring adolescents, especially those belonging to high-risk groups, to seek out drug experiences. In 1990, William Bennett, then Director of the National Drug Control Policy, or "drug czar," stated before a congressional committee that drug education was perhaps not effective and children are more likely to respond to law enforcement efforts.³

3. Risk or Protective Factors: Conceptual means for addressing substance abuse prevention have made

rapid progress during the past two decades. One of the theories, based on a "system approach," involves the view that the individual, community, and environment are interconnected parts, each affected by the other. It hypothesizes that the more risk factors a child or youth experiences, the more likely it is that he or she will experience substance abuse and related problems. Similarly, the more that the risk factors are reduced in his or her life, the less vulnerable a child or youth will be to drug-related problems. So, instead of just focusing on the individual, prevention strategies are now targeting various elements of the environment that are associated with alcohol and drug use, constituting a major shift in the paradigm. Based on empirical research, experts have been able to identify six subcategories of risk or protective factors:

- a. Individual – good personality traits, emotional maturity, and a positive attitude toward life are key;
- b. Family – one that is loving and caring, and has strong emotional bonds will lead to a healthy emotional outlook and desirable social habits;
- c. Peers – friends in the community and in school have the greatest influence on children and youth, as peer involvement in normal and productive activities has a positive influence;
- d. Community – one that is stable with good resources for outside activities and healthy bonding provides support;
- e. School – the climate and policy of the school, including an emphasis on scholastic achievement, along with quality of the students, contributes to the ability to resist peer pressure;
- f. Society – social and cultural factors, normative values, and the general expectations from its members determine the overall climate of the society.

RECOMMENDATIONS

Are we winning or losing the war on drugs? As one can imagine, the answer is not simple, partly because there is no consensus on the standards against which we can measure success. However, recent data released by the United States Department of Health and Human Services are not very encouraging. According to the Substance Abuse and Mental Health Services Administration's 2002 Treatment Episode Data Set, substance abuse treatment admissions increased 23 percent overall between 1992 and 2002. But, during the same period, the number of treatment admissions of adolescents increased 65 percent. However, drug admissions of adults had a more dramatic increase, at 106 percent for men and 119 percent for women between 1995 and 2002. These admissions figures may reflect increased awareness and earlier recognition of problems, but are more likely a sign that substance abuse is rapidly increasing.

Clearly, the expenditure of billions of dollars and the development of many innovative programs has not been able to effectively reduce the widespread use of drugs. There is a sense of urgency in vigorously combating substance abuse problems. Substance abuse has deeply afflicted our society and we are witnessing its devastating impact, making it imperative that we re-examine our policies regarding drugs.

A good place to start would be the following:

1. Conduct more extensive research to determine whether educational efforts are helping or hurting children and youth.
2. Clearly inform the public that alcohol is also a drug and its consumption can bring devastation to the individual, family, and society.
3. Conduct research to gain a better understanding of a strategy to destigmatize drug addiction. The stigma attached to substance abuse very often prevents individuals and family members from seeking professional help. Many do not

realize that substance abuse is actually a chronic mental disorder that affects people from all walks of life.

4. Establish efforts to prevent families from becoming dysfunctional, since families play a crucial role in helping children and youth to develop a resilient personality. Research studies consistently show that parental attitudes are a primary factor influencing youth drug use. Perhaps special classes should be held to help parents learn how to maintain an emotionally and psychologically healthy family. However, special training is needed to conduct such programs, and funding should be made available to initiate research in this area.
5. Apply findings made by the experts in the mind/body medicine field to help combat substance abuse. Meditation, contemplation, and many other techniques developed in this field may be applicable to help those who are using alcohol and psychoactive drugs for stress reduction.
6. Reinforce moral values that, although considered "old-fashioned" by some, are needed as anchors for children and youth to prevent them from drifting toward unhealthy and socially unacceptable behavior.

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¹ Marc A. Schuckit, *Drug and Alcohol Abuse* (New York: Plenum Medical Book Company, 1995) p. 55.

² This was based on an article written by Knight Ridder, which obtained a GAO report and suggested that federal agencies were often involved in double and triple counting when dealing with drug seizures. February 1, 2002.

³ *The New York Times*, February 3, 1990, 1.

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US society is far from being monolithic, whether culturally, socially or politically. It is therefore imperative that the thoughts and insights of each aspect of this heterogeneity play a contributory role in the discourse and debate of issues that affect all Americans. ISPU was established and premised on this idea – that each community must address, debate, and contribute to the pressing issues facing our nation. It is our hope that this effort will give voice to creative new ideas and provide an alternative perspective to the current policy-making echelons of the political, academic and public-relations arenas of the United States.

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