Instructor’s Manual: Chapter 10

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# Learning Objectives for Chapter 10: Substance Use and Addiction

After reading this chapter, you will be able to  
1. Explain why substance abuse and addiction occur and why they are so hard to overcome.  
2. Understand the role of codependency in substance abuse and addiction.  
3. Explain why prevention of substance abuse and addiction is so important.  
4. Understand social workers’ roles in substance use and addiction.  
5. Identify substance use and addiction treatment concepts and settings.  
6. Explain why some forms of treatment present moral, personal, and social dilemmas.  
7. Recognize how stigma and bias impede the drug-abuse recovery process.

# Lecture Notes for Chapter 10: Substance Use and Addiction

When a person uses substances (alcohol, tobacco, other drugs), or engages in a behavior (sex, gambling) to the point that relationships and the ability to cope with ordinary tasks and activities are affected, the person may be said to have a substance use problem. Aspects of addiction include people’s behaviors, thoughts, emotions, and interactions with others, including their relationships with family and community members, and their own psychological state.

Substance abuse includes maladaptive patterns of substance use, despite their adverse consequences. Over 500,000 deaths per year – or one in four—in the U.S. is attributed to abuse of alcohol, tobacco, or other drugs, including drug overdoses, teen suicides, traffic fatalities, murders, and manslaughter. Substance abuse is also associated with rapes, assaults, burglaries, thefts, and child abuse. The healthcare costs of substance abuse are immense, including cancer and cardiopulmonary disease from tobacco, falls and over-sedation from misuse of prescription drugs, and bacterial or viral infections (including HIV) from people injecting illicit drugs.

Substance Use as a Mental Disorder

The *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, defines substance use disorder as a mental disorder associated with the consumption of a harmful addictive substance. Addictive Disorders has been addedas a new category based on behavioral, not substance, addictions. Gambling disorder is the only addictive disorder in the DSM-5 that is considered a diagnosable condition. This new term reflects recent research that links gambling disorder to substance-related disorders based on their origin in the brain.

* Causes of Substance Abuse – Both genetics and environment play a role.
  + Genetics - An addicting drug causes physical changes to several areas of the brain. Neurobiological researchers have found definitive signs that addictive tendencies run in families.
  + Environment - The way a person is raised and later life experiences can all affect the extent to which genetic predispositions lead to the behavioral and other manifestations of addiction. Culture also contributes to how addiction becomes actualized in people with biological vulnerabilities. The decision to start using a drug can be influenced by a family’s beliefs and attitudes, and by exposure to a peer group that encourages drug use.
* Co-Dependency
  + When other people in the user’s environment are enabling the substance abuse, the term for the relationship between the user and these other people is codependency.
  + Codependents may appear as people pleasers, denying themselves and their own needs because they are or have been so busy taking care of others.
* Addictive Substances and Behaviors
  + Alcohol - the most commonly used psychoactive**,** or brain-affecting, substance of abuse. Alcoholism is a chronic and often progressive disease that includes problems controlling your drinking, physical dependence, or having withdrawal symptoms when you stop drinking.
  + Prescription Drugs - depressants, opioids and morphine derivatives, stimulants, and other substances that are meant for medical use but frequently used in ways that are not intended or by people to whom they were not prescribed.
  + Illegal Drugs and Marijuana - The most commonly abused illegal drugs include cannabis (marijuana), organic solvents (for example, Toluene, which is used in dry cleaning and the aviation and chemical industries), amphetamines, and opioids like morphine.
  + Anabolic Steroids - similar to testosterone and often used for medical reasons. However, they are also abused, especially by men, who want to “bulk up” for sports or look more imposing physically.
  + Tobacco and Nicotine - nicotine may be pleasurable while smoking but afterward, smokers feel anxious, moody and depressed. Nicotine can harm a person’s heart, lungs, skin, and muscles, and can lead to gum disease. Nicotine addictionis linked to serious health problems such as bronchitis, emphysema, heart disease, and various forms of cancer.
  + Food and Caffeine - food is necessary for life, however, food can also be addictive, sharing a similar neurobiological and behavioral framework with substance addiction. Some people derive psychological pleasure from food. Like tobacco, there are social cues that popularize caffeine, and it is often consumed to improve performance. Caffeine can cause sleep problems that affect mood and abruptly quitting caffeinated beverages can cause depression until your body adjusts
  + Gambling - compulsive gambling--the uncontrollable urge to keep gambling—can thoroughly disrupt a person’s life. The gambling addict often keeps at it until all financial resources have been lost, which in turn destroys families and other relationships and increases the risk of turning to crime as a way of either paying off debts or finding more money with which to gamble.
  + Sex Addiction - sex addicts are not just people who crave lots of sex. They have underlying problems that include stress, anxiety, depression and shame and guilt that drive their often risky sexual behavior.

Policies Related to Substance Use

* Social policies related to substance use have influenced the development of practices and treatment programs. For example, in Colonial America and early 1800s drinking alcohol was accepted and opiates and cocaine were legal and widely used. In the nineteenth century, however, it became problematic to use alcohol and become drunk.
* Social work advocacy is needed to assure that state and federal policies are just and effective in addressing substance abuse issues.

Social Work Practice in Substance Use and Addiction

A substance abuse social worker might become involved in manage cases, crisis intervention, education, client advocacy, and group therapy. To carry out these tasks, social workers need to interview people, monitor progress, review records, conduct assessments, assess adherence with treatment plans, and consult other professionals.

* Prevention of Substance Use Disorder - Schools and other community facilities may offer programs on understanding the ill effects of substance abuse and fighting peer pressure to use drugs or require drug testing in certain circumstances. Some workplaces, especially those whose employees operate public transit and heavy machinery, also require periodic drug testing. Some require drug testing as a part of the hiring process.
* Treatments and Interventions for Substance Use and Addiction –

No matter the specifics of the individual case, the substance abuse social worker should be concerned with assessing the following issues:

* loss of control (cannot stop or limit drug use)
* tolerance (or the need to use more and more of the substance to avoid withdrawal or to maintain a desired state
* impairment in functioning (such as failure to work or keep other life obligations)
  + Detoxification and Recovery - The first step in overcoming either physiological or psychological addiction is detoxification*.* This short term medically supervised treatment program for alcohol or drug addiction is designed to purge the body of intoxicating or addictive substances. Detoxing alone and at home is dangerous. If a person stops substances too suddenly they can experience hallucinations, convulsions, or have a heart seizure that can turn deadly. Recovery is the process that follows, referring to the difficult challenge of learning to live without the substance of abuse.
    - Treatment models may include:
* 12-step approach: traditional treatment model based on a moral and spiritual understanding of addictive behavior.
  + - * Rational-recovery model: teaches addicts to recognize and to dispute irrational thoughts that encourage substance abuse.
      * Harm reduction model: a motivational approach to increase people’s desire for better health and well-being.
    - The four major dimensions of life that support recovery are:
* *Health* : overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way
* *Home*: maintaining a stable and safe place to live
* *Purpose*: pursuing meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society
* *Community:* forging relationships and social networks that provide support, friendship, love, and hope
  + Motivational Interviewing - a client-centered, goal-oriented counseling style for eliciting behavior change by helping clients to explore and resolve their ambivalence about continuing to use the substance. It is based on the “stages of change” (or trans-theoretical) model. The five stages of change are:

1. Pre-contemplation Stage (Not yet acknowledging that there is a problem)
2. Contemplation Stage (Acknowledging a problem but not ready to change)
3. Preparation Stage (Determination: Getting ready to change)
4. Action Stage (Willpower: Changing behavior)
5. Maintenance (Maintaining the behavior change)
   * Alcohol and Drug Treatment Programs - While at a treatment center, participants spend some time being counseled one on one and a lot of time attending group meetings.
   * Alcoholics and Narcotics Anonymous - Twelve step programs that involve admitting to having a serious problem, recognizing there is an outside (or higher) power that could help, consciously relying on that power, admitting and listing character defects, seeking deliverance from shortcomings, apologizing to people you have harmed, and help others with the same problem.
   * Needle-Exchange Programs – An intervention for reducing the transmission of HIV among those who inject drugs like heroin.
   * Methadone Treatment Programs – Methadone can be used to detoxify opiate addicts or to maintain the addict on a stable dose so he or she can live a safer and more functional life.

Diversity and Substance Use and Treatment

* Age - The age at which adolescents begin using alcohol and drugs is a powerful predictor of later problems, especially if they begin using before age 15.
* Class - Only a small percentage of individuals with alcohol and other drug problems are homeless. However, individuals of lower socioeconomic status frequently face barriers to recovery that include unemployment, health disparities, and poor unsafe living conditions.
* Race/Ethnicity - Members of oppressed racial and ethnic groups may distrust agency professionals, especially if they are mostly white. Although substance abuse treatment should not center on race or ethnicity, it is important for the social worker to understand the role of culture, history, oppression, and ethnic pain.
* Gender - Female substance abusers typically have more frequent and serious health outcomes from addiction than males do, more psychiatric issues (like depression) and except for African American women, are more likely to live with a partner or spouse who has a substance abuse problem.
* Sexual Orientation - LGBTQ clients may go unrecognized in addiction treatment centers, especially if they are assumed to be heterosexual. Recognizing LGBTQ clients is imperative to gain their trust and willingness to seek health care, mental health services, and addiction treatment.

Advocacy and Substance Use Disorder

* Economic and Social Justice – level of insurance coverage may impact access to services.
* Environmental Factors – place of residence may impact initiation into substance use and access to substance abuse treatment centers.
* Human Needs and Rights – addiction is a disease, not a character defect, and should be treated as such.
* Political Perspectives – legalization/ decriminalization of various substances is part of ongoing debate, and has implications for the legal system.

Your Career in Treatment for Substance Use and Addiction

* Job growth for substance abuse social workers is expected to be much faster than the average for all careers through 2020. This increase is partly due to new laws that send drug users to treatment programs instead of jail. Employment growth will also be driven an increased overall need for health care.
* Returning veterans with mental disorders such as PTSD are at risk of drinking more alcohol to cope with their stresses. Consequently the VA may consequently increase job opportunities for mental health and substance use social workers.
* Aging baby boomers may abuse not only alcohol but also illicit drugs such as cocaine, heroin, and marijuana. The stress of transitioning into older adulthood may exacerbate this.

Social Work and Substance Abuse

Social work professionals have a unique role and skill set to offer the multidisciplinary team. They consider the person in their environment, advocate for timely access to rehab treatment and follow-up community services, and offer hope. Skills in motivational interviewing and an understanding of 12-step principles and change processes help social workers garner their client’s trust and encourage their client’s growth.

# Key Concepts for Chapter 10: Substance Use and Addiction

addiction

alcoholism

codependency

harm reduction model

motivational interviewing

recovery

substance abuse

Substance Abuse and Mental Health Services

Administration (SAMHSA)

substance use

12-step approach

# Case Study for Chapter 10: Substance Use and Addiction

Jennifer’s brother Emmett resorted to drugs and alcohol to drown his sorrow after their dad left their mother. The local inner city high school had its share of dealers and Emmett’s will power was nil. While weed (cannabis, marijuana, pot) was Emmett’s initial drug of choice, his substance use later led him to having a heroin addiction. Now out of the closet as a gay man, Emmett also was introduced to the club/party drugs of ecstasy and crystal meth. It breaks Jennifer’s and her mom’s heart to watch Emmett maintain his addiction despite some brief stints in drug rehab and attendance at local AA meetings. Emmett’s sponsor uses tough love—a mix of encouragement and challenge—to help Emmett stay on his path to and through recovery.

1) What local, state, and national policy and practice resources exist for social workers who work with people who abuse substances?

2) With the help of a social worker, how might family members intervene to help Emmett recover and maintain his sobriety? How might they benefit personally from social work services as well?

3) How much stigma encircles people who succumb to substance abuse or addiction?

4) What specific challenges might need to be addressed in treatment in order for Emmett to truly achieve a high functioning level?

# Discussion Questions for Chapter 10: Substance Use and Addiction

Discussion Question #1

Twelve-step groups like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are built in part on the philosophy that addiction is a lifelong disease and there is no such thing as a safe level of use for someone who has an addiction. They believe that any use reflects a “relapse” after someone has been clean for some time. However, the idea of harm reduction continues to gain momentum in the treatment world, and the DSM-5 certainly acknowledges the possibility of recovery and remission. Do you believe it’s possible for someone who has been diagnosed with an addiction to limit her/his use to a safe level? Why or why not? How would you work with a client who had a different opinion than you on this topic?

Discussion Question #2

Although marijuana has approved medical uses and less significant negative effects than some other drugs of abuse, it remains classified as a Schedule I drug by the federal government, meaning it is considered among the most dangerous drugs in terms of addictive potential and other toxic effects, and not seen be the government as having legitimate medical uses. Why do you think the federal government continues to maintain this official stance when so many states have opted to legalize medical use of marijuana to varying degrees? Do you see this changing in the near future?

Discussion Question #3

Some medications have been developed to help people overcome their addictions, like methadone, buprenorphine, and Antabuse (disulfiram). What are your feelings on using a drug to help people recover from an addiction to another drug?

Discussion Question #4

Interventions have become a popular topic on television shows and in pop culture. Obviously, TV depictions leave out significant parts of the story. What is your impression of interventions? Do you see them as more positive or negative? Would you consider holding an intervention for a loved one who had a significant substance use problem?

# Chapter Exercises for Chapter 10: Substance Use and Addiction

1. Locate research articles or resources that examine how social workers are working to understand a particular substance use disorder or addiction, such as alcoholism, drug use, or food addiction. What seem to be the most effective interventions to date?

2. Peruse the SAMHSA website and reflect on the array of information available there. What part of the website would be valuable to ordinary people? What part would be valuable to substance use disorder professionals? Does this entity seem to be a worthwhile expenditure of public funds? Why or why not?

3. Examine the community where you live or attend school, and assess what substance abuse and addiction programs exist. What are they called and where are they located?

4. Every now and then, the media run exposés on 12-step programs. Research the social work literature to discover how effective 12-step programs are.

5. Visit the website of singer Eric Clapton’s Crossroads Center Antigua. What do you think about the addiction services offered there? Evaluate the programs and outcomes, as well as the way clients are selected.

# Class Activities for Chapter 10: Substance Use and Addiction

**Class activity #1**

More and more states are legalizing marijuana for medical use, and even recreational use. While there is clear data to support the usefulness of marijuana in some medical treatments, public support remains divided. Although there is also a split on recreational marijuana use, it seems many people (and some communities) have more positive opinions about marijuana use than tobacco use.

Ask your class who is in favor of legalizing marijuana for recreational use (or keeping it legal, if you are in a state where it is already legalized) and who is in favor of keeping it illegal (or returning it to illegal status). If there is a fairly even split, have the class separate into groups based on that split. If not, ask people who are more “on the fence” to join the lesser-populated side.

Have each group spend some time coming up with a list of arguments in favor of their stance. When possible, tell them to back up their points with research or data—they may use smart phones or computers (if wi-fi is accessible) to find the necessary information. Instruct them to anticipate their opponents’ points and prepare potential rebuttals for those points in advance. Then encourage a respectful debate on the topic. Remember, declaring a winner is not the point; both sides should strive to understand and respect the point of view of the opposing side.

**Class activity #2**

Break the class into groups and give them the following handout. After they’ve come up with their nation’s laws, have each group share with the class. Encourage each group to field questions about their laws from other groups. Ask the class which nation they would most like to inhabit.

Our country, despite the War on Drugs, has not done a particularly good job of reducing drug use or discouraging it through the establishment of legal consequences. We have a higher percentage of our population in prison than any other industrialized country, and a sizable percentage of our prison population is incarcerated for drug-related offenses. Our recidivism rate is embarrassingly high as well, leading one to believe the correctional system is not "correcting" anything.   
  
Imagine that you are the leader of a governmental body of a new sovereign nation. (Perhaps a tropical island?) What laws and regulations would you establish to deal with drugs (including alcohol and tobacco) and crimes committed while under the influence? How would you deal with drug abuse, misuse, and dependence problems? Would there be a minimum age for drug use? If so, what would the penalties be for underage use or dealing to underage individuals? What are some problems that might come up?   
  
Creativity is encouraged! Remember, this is your own sovereign nation-- you are not under the constraints of U.S. law.

**Class activity #3**

Split your class into groups of 4-5 and provide them with the following information. Have the groups come up with plans, and when they’re done, discuss each group’s plan as a full class. Ask the class to question each other respectfully when they feel it is necessary, and then decide which plan they believe would have the best results.

We know that America's college students are notorious for binge drinking. This isn't as much of a problem in other countries. Other cultures' norms involve teenagers drinking as part of regular family functions. Some have suggested that if alcohol use were normalized for American teenagers, there would be less attraction to it. Others have pointed out that American culture is not the same as those cultures, and therefore, making such a change would be unlikely to create the same effects.

To illustrate the point, France, a country where some underage drinking is tolerated and wine tends to be the drink of choice, has the highest rate of alcoholism in the world. Conversely, Italy has some socially sanctioned underage drinking, but lower rates of alcoholism, perhaps because in Italy drunkenness is socially taboo for any age. You have also read in your textbook that parental rules against drug use are a protective factor, which contradicts the myth that teens use simply because it is prohibited.

Clearly, this is a complicated issue. There are no easy answers.

If the goal is to reduce teenage drinking by 50% and raise the average age of first use from 11 (approximately where it is now) to 14, how would you do it? What changes would need to take place in American society? Schools? Families? The media? Give specific instructions.

# Video and Multimedia for Chapter 10: Substance Use and Addiction

#### Video Clips

* [The Disease Concept of Alcoholism](https://www.youtube.com/watch?v=2zADTxr5QDE)   
  Lisa Fredriksen presents the scientific basis for categorizing alcoholism as a disease.
* [E-cigarettes and Health](https://www.youtube.com/watch?v=y7hbp0rWoJs)   
  What are the risks of using electronic cigarettes (e-cigarettes)—are they safe?
* [Gambling Addiction](https://www.youtube.com/watch?v=ansnSqM1syc)   
  How the gaming industry takes advantage of psychology and technology to make money, and in effect, increase the addictive qualities of gambling.

#### Audio Clips

* [Betty Ford, Hazelden, and Lifelong Recovery](http://www.npr.org/player/v2/mediaPlayer.html?action=1&t=1&islist=false&id=319527437&m=320024777)   
  Medical research is becoming more and more supportive of treating addiction as a condition that requires lifelong care.
* [A Network of Help](http://www.npr.org/player/v2/mediaPlayer.html?action=1&t=1&islist=false&id=267594134&m=267797353&live=1)   
  In Vermont, a concerted effort has been underway to streamline care for pregnant women addicted to opiates.

# Web Resources for Chapter 10: Substance Use and Addiction

* [Blood-Alcohol Calculator](http://bloodalcoholcalculator.org/)   
  One of the many online calculators that provide an estimate of one’s BAC given different input (sex, weight, number of drinks, type of drinks, time). Please note these are estimates and should not be relied upon to determine whether it is safe for one to drive.
* [Sex Addicts Anonymous](https://saa-recovery.org/)   
  The homepage of a 12-step group for sex addicts.
* [The Drug Abuse Screening Test](https://ncadd.org/learn-about-drugs/drug-abuse-self-test)   
  An online version of the DAST, a screening tool that one can self-administer to determine if there is a need for a more in-depth addiction assessment.

# SAGE Journal Articles for Chapter 10: Substance Use and Addiction

[**SAGE Journal User Guide**](http://www.uk.sagepub.com/sageEdge/orvis3e/files/SJ-userguide.pdf)

Article 1.

[Dossett, W. (2013). Addiction, spirituality and 12-step programmes.*International Social Work, 56*(3), 369-383.](http://isw.sagepub.com/cgi/reprint/56/3/369?ijkey=3W9HhA/LtEN72&keytype=ref&siteid=spisw)doi:10.1177/0020872813475689

Drawing on qualitative data and existing literature, this article explores how the role of spirituality in Twelve-Step Programs is understood by both participants and social workers and explores the tensions surrounding the religious and spiritual dimensions of this approach to recovery from substance abuse.

#### Questions:

1. What does research suggest about why social workers are reluctant to recommend Twelve-Step Programs (TSPs) to clients struggling with addiction?
2. How does the concept of powerlessness relate to the spirituality dimension of TSPs?
3. Explain the criticism that TSPs are “inherently disempowering to women” (p. 378).
4. How does the author resolve the competing claims that TSPs *are* or *are not* religious

Article 2

[Karoll, B. R. (2010). Applying social work approaches, harm reduction, and practice wisdom to better serve those with alcohol and drug use disorders.*Journal of Social Work, 10*(3), 263-281.](http://jsw.sagepub.com/cgi/reprint/10/3/263?ijkey=hwjCPrP3CtDwM&keytype=ref&siteid=spjsw)doi:10.1177/1468017310363635

This article examines how the harm reduction approach to treating substance abuse is compatible with two central perspectives of social work—strengths and empowerment.  Various strategies and techniques are discussed and it is argued that harm reduction would improve social work’s approach to addiction.

#### Questions:

1. Explain the basic premise of harm reduction as an approach.  How does harm reduction relate to the goal of promoting abstinence from substance abuse?
2. What are three basic strategies of the harm reduction approach?
3. How do strengths and empowerment perspectives complement a focus on harm reduction in providing services?