Chapter 4 Alcohol and Other Drugs

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Learning Objectives

4.1 Discuss the nature of the problem associated with alcohol and drugs, including definitions, abuse, and addiction.
4.2 Identify the perceptions toward alcohol and drinking patterns.
4.3 Assess several social problems related to alcohol.
4.4 Describe the effects of alcohol on the family.
4.5 Compare treatment options for alcoholism.
4.6 Summarize the most commonly used drugs that are abused.
4.7 Identify some of the patterns, problems, and treatments associated with drug abuse.
4.8 Review policy considerations of drug laws and enforcement.

Yeah, I like to get high. So what? How is it any business of yours? I'm basically a law-abiding citizen, but now and then I like to cut loose. A little Oxy never hurt anybody. The high makes me feel strong, powerful, on top of my game. I buy

some on payday from a friend who gets it from the doctor for back pain. She says her back is good enough and sells it on the side. I don't see how I could ever become addicted. I have a great Friday and Saturday night with my buddies, and then I'm done for a week until next payday. Or sometimes I skip a payday if my money needs to go somewhere else. Like, I'm saving for a snorkeling trip to Mexico, and that definitely cuts into my Oxy money. I've never had any problems with using it, except when one guy last summer tried to steal some from me. That pissed me off and we roughed each other up a little. But he apologized, and quickly left the house after I bloodied his nose, and I haven't seen him around since. One of my buddies got a small inheritance from his grandmother when she died, and he bought four new tires for his car and I swear he spent the rest on drugs. He's off the deep end, using every day. Well, I don't think I'll be getting any inheritances in the near future so I'm safe.

People use drugs, including alcohol, to ease pain, increase alertness, relax tension, lose weight, gain strength, fight depression, feel "high," and prevent pregnancy. Americans of all ages and at all socioeconomic levels consume vast quantities of chemical substances every year. Most of these drugs are socially acceptable, and most people use them for socially acceptable purposes. Alcohol is a drug, as are caffeine and nicotine; these substances are commonly and widely used as aids to sociability and ordinary activity. But some drugs and some users of drugs are socially defined as unacceptable, and it is these drugs and users that constitute the drug problem.

The uses and abuses of alcohol and other drugs are discussed together in this chapter for several reasons. Through its personal and social effects, alcohol abuse is as harmful as the abuse of less socially accepted drugs. Moreover, many drugs, including alcohol, offer satisfactions that make them attractive to many people, but they can be habit forming, sometimes with destructive consequences to both users and nonusers; thus, there are controversies over the causes, consequences, and moral implications of their use. Efforts to control drug use—particularly the "War on Drugs" that has been a cornerstone of American social policy against substance abuse for over 40 years—are increasingly controversial among political leaders and social scientists because of their seeming failure.

Strategies of interdiction and control are often associated with other social problems, such as violence, racism, and crime. Drastic measures to prevent drug cultivation and importation can also have nega-

tive effects on democratic institutions, both in the United States and abroad, with little evidence of success in diminishing drug supplies. Moreover, despite the nation's huge investments in anti-narcotics policies, experts on addiction continually find that alcohol abuse is more prevalent and damaging to individuals and society than any other form of substance abuse.

*Abuse of alcohol and other drugs is a growing problem throughout the world. Alcohol addiction has been a long-standing problem, but addiction to opiates and cocaine is a growing problem in many countries, including the United States, China, Latin America, Russia, and many countries in Eastern Europe. Civil strife in drug-producing nations like Colombia and Afghanistan has multiple causes, but the importance of world drug markets as a cause of violence in these and other nations is undeniable. However, in its most recent survey of world drug use, the United Nations found that Americans use more drugs than people in other countries (**United Nations Office on Drugs and Crime, 2017**). Americans are also more likely to die from drug-related illness. Although this chapter focuses primarily on alcohol and drug problems in the United States, much of what is learned in this nation also has a bearing on drug issues in other nations.*

The Nature of the Problem

4.1 Discuss the nature of the problem associated with alcohol and drugs, including definitions, abuse, and addiction.

From a pharmacological viewpoint, a drug is any substance, other than food, that chemically alters the structure or function of a living organism. A definition this inclusive, however, encompasses not only medicines but also a huge range of substances from vitamins and hormones to herbs, snake and mosquito venom, antiperspirants, insecticides, and air pollutants. Obviously, this definition is too broad to be of practical value. Definitions that depend on context are more useful. In a medical context, a drug may be any substance prescribed by a physician or manufactured expressly to relieve pain or to treat and prevent disease. In a sociological context, which is of most interest here, the term **drug** denotes any chemical substance that affects physiological functions, mood, perception, or consciousness; has the potential for misuse; and may be harmful to the user or to society. In addition to the illegal drugs that attract so much attention such as cocaine or marijuana (although in some states marijuana is legal), many pharmaceutical drugs, such as Oxycontin or Adderall, are abused as well (**National Institute on Drug Abuse, January 2018a**).

drug

Any chemical substance that affects physiological functions, mood, perception, or consciousness; has the potential for misuse; and may be harmful to the user or to society.

Although the sociological definition is more satisfactory for our purposes than the original, much broader one, it omits the social bias that has traditionally determined what substances are *labeled* drugs. When members of a society have used a habit-forming substance for long periods, that substance may not be classified as a drug in that society, even if it has been proven to be harmful. Alcohol, caffeine, and tobacco (nicotine) are examples of such substances that we usually do not think of as drugs.

4.1.1 Subjective and Objective Dimensions

Like so many other social problems, drug use has both objective and subjective dimensions. The *objective aspect* is the degree to which a given substance causes physiological, psychological, or social problems for the individual or the social group—the family, the community, or the entire society. The *subjective aspect* is how people perceive the consequences of drug use and how their perceptions result in social action concerning drug use (such as norms, policies, laws, and programs).

Of course, these subjective perceptions may be based on objective evidence, but very often they are based on past practices and combinations of scientific and folk wisdom about a given substance. Aspirin, for instance, is one of the most widely used drugs in the United States. From an objective standpoint, we know that aspirin can cause ulcers, gastrointestinal bleeding, and other ailments. But most Americans believe—this is the subjective aspect—that aspirin is a harmless drug that is dangerous only when taken in massive doses. Thus, aspirin use is part of our overall drug problem in objective terms but not in subjective terms. For many Americans, the same failure to allow objective facts to shape subjective perceptions is true in the case of alcohol, which will be discussed later in the chapter.

Other drugs are part of the social problem of drug use because they are perceived as problems, even if the way they are used by certain people is not problematic in objective terms. Marijuana is an example. Objectively, there is little evidence that marijuana users damage themselves psychologically or physiologically, although researchers believe marijuana may decrease the user's motivation to concentrate and learn complex material. Yet the subjective view of many Americans, especially those in policymaking positions, is that marijuana is a dangerous drug. This subjective viewpoint is incorporated into laws against marijuana use, and these laws, in turn, foster the illegal traffic in marijuana.

The discrepancy between the subjective viewpoint and objective reality comes to prominence quite often in U.S. political affairs. In 1992, former U.S. President Bill Clinton's admission that he had tried marijuana as a student but had not inhaled became the subject of innumerable jokes during the presidential election cam-

paign. The question of whether George W. Bush had used cocaine as a young man while "sowing his wild oats" was a persistent issue during the 2000 presidential primaries. President Obama, who admitted to trying marijuana as a younger man, received much less attention for it. Was the question even asked of President Trump? Nothing objectively has changed about marijuana between President Clinton's and President Trump's tenure. Yet, subjective views have changed considerably. In 2012, Colorado and Washington became the first states to vote to legalize marijuana for recreational purposes. Since then, seven more states and Washington, DC, have followed—although Vermont and DC, while allowing marijuana possession and growing, have continued to bar sales for recreational purposes.

The point is that some drugs are treated as social problems within our society's dominant system of norms and institutions, but concerns about others are shifting. Meanwhile, other drugs, such as alcohol, caffeine, and nicotine, are not really defined as social problems even though in objective terms their harmful consequences have been fully documented (**Centers for Disease Control and Prevention, January 25, 2017d**).

> ## What Do You Think?
>
> Do you think that marijuana for personal use should be legal in the United States? Why or why not? What about more harmful drugs, such as alcohol, caffeine, and nicotine? Why do you think that some of these drugs are legal, while others are not?

4.1.2 Abuse and Addiction

The difficulty of separating the subjective and objective dimensions of drug use causes a great many problems of definition for experts in the field. The term drug abuse is widely used, but it can refer to many things. First, it may refer to the objectively harmful consumption of drugs that are subjectively approved of, such as alcohol and tranquilizers. Second, it also refers to the use—in any amount—of drugs that are subjectively disapproved of, such as marijuana, even if the objective facts about their effects in certain dosages do not indicate that they are particularly harmful. Third, almost all strongly addicting drugs, such as heroin or methamphetamine, are harmful both to the user and to society at any level of use and are usually included under the term drug abuse.

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Despite this ambiguity, the National Institute on Drug Abuse continues to support the use of the term *drug abuse*, and we will use it in this chapter—except that we define **drug abuse** as both the use of socially unacceptable drugs and/or the excessive or inappropriate use of acceptable drugs in ways that can lead to physical, psychological, or social harm.

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The term **addiction** is also used rather loosely, but in fact it is a complex phenomenon that involves the drug user's physical and psychological dependence, the type of drug, and the amount and frequency of use. Physical dependence occurs when the body has adjusted to the presence of a drug and will suffer pain, discomfort, or illness—the symptoms of withdrawal—if its use is discontinued. Psychological dependence occurs when a user needs a drug for the feeling of well-being that it produces and the person may become anxious or agitated when the drug is unavailable.

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It is important to note that not all drug use is considered abuse in the sense that it impairs health. A person who is suffering from an illness that requires treatment with morphine might be addicted but would not be considered an abuser. However, there can be no doubt that some drugs are not only physically addicting but also dangerous to society because they compel their users to seek ever larger quantities to maintain a high.

These highly addictive drugs can be a major social problem in that thousands of otherwise productive people may disappear from the labor market or become involved in an underground drug econo-

labor market or become involved in an underground drug economy. The classic example is the city of Shanghai before the Chinese Communist revolution of 1949. It has been estimated that almost 500,000 residents of Shanghai were addicted to opium and had to spend hours in smoking dens each day. Earlier in the twentieth century, thousands of Americans were addicted to a form of opium known as laudanum, which they used for headaches and menstrual cramps. Today, opioid addiction is wreaking havoc on many lives and communities in pockets within the United States.

However one ultimately defines abuse and addiction, mere knowledge of patterns of use in the general population at a given moment and over time is an essential starting point. This point is where social-scientific data play an important role. Large, national surveys of alcohol and drug use by adults and teens are carried out by professional social scientists. They also assess the incidence of mental illness and its relationship to drug and alcohol-related disorders. At their most basic level, these surveys establish the prevalence and incidence of alcohol, tobacco, and illegal drug use in the general population. As discussed in **Chapter 3**, prevalence refers to the estimated population of people living with a given condition, and incidence refers to the number of new cases.

Table 4–1 shows the proportion of high school seniors who have ever used a particular substance and those who have used it over the past month (**Johnston et al., 2018**). These data are from a large-scale annual survey, *Monitoring the Future*, which has been surveying high school seniors since 1975, and which included eighth and tenth graders beginning in 1991. Students are given a self-administered questionnaire (to encourage honesty) about their substance use. This survey is an essential barometer of drug use among young Americans. Like all surveys, however, it has its limitations; in particular, it does not sample young people who have dropped out of school, an important population in the study of drug use.

Table 4–1

Lifetime Prevalence Rates of Use of Different Drugs among High School Seniors, 2017

Substance	Ever Using Drug	Used during Past Month
Any Illicit Drug	49%	25%

Any Illicit Drug Other Than Marijuana	20%	6%
Marijuana	45%	23%
Prescription Drugs	17%	5%
Cocaine	4%	1%
Hallucinogens	7%	2%
Heroin	0.7%	0.2%
Inhalants	5%	0.8%
Ecstasy/MDMA	5%	1%
Amphetamines	9%	3%
Alcohol	62%	33%
Cigarettes	27%	10%
Any Vaping	36%	17%

Source: Based on Johnston, L.D., P.M. O'Malley, R.A. Miech, J.G. Bachman, & J.E. Schulenberg. 2015. Monitoring the Future National Survey Results on Drug Use: 1975–2017: Overview, Key Findings on Adolescent Drug Use. Ann Arbor: Institute for Social Research, The University of Michigan.

As shown in the table, nearly half of high school seniors report having used an illicit drug sometime in their life, and one-quarter report that they have used one over the past month. Marijuana and alcohol are the most commonly used drugs, although the number of high school seniors who have used prescription drugs has increased significantly from previous survey years. Vaping is also increasing in popularity; in fact it was not even included in the annual survey until 2015.

Drug prevalence data are especially helpful in comparing the popularity of specific drugs in a population or a segment of a population, such as teenagers. Questions from the *Monitoring the Future* survey that ask about the use of any illegal drugs over the lifetime, as reported in **Figure 4–1**, are especially helpful in tracking trends in drug consumption over time.

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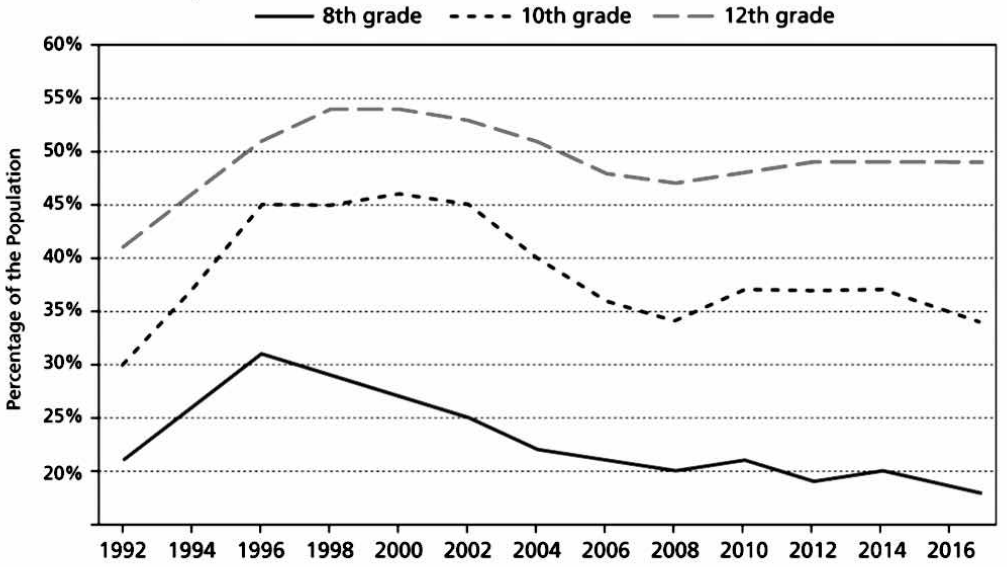
Figure 4–1

Trends in Lifetime Prevalence of Any Illegal Drug, 8th, 10th, and 12th Graders, 1992–2017



Source: Based on Johnston, L.D., P.M. O'Malley, R.A. Miech, J.G. Bachman, & J.E. Schulenberg. 2015. Monitoring the Future National Survey Results on Drug Use: 1975–2017: Overview, Key Findings on Adolescent Drug Use. Ann Arbor: Institute for Social Research, The University of Michigan.

The figure shows the trends among eighth-, tenth-, and twelfth-grade students between 1992 and 2017. Eighteen percent of eighth graders reportedly have tried an illicit drug, as have 34 percent of tenth graders and 49 percent of twelfth graders. Drug use by teenagers decreased significantly between the late 1990s and mid-2000s. Rates climbed somewhat in 2008, but have since stabilized (Johnston et al., 2015).

What Do You Think?

Why do you think that drug use among teenagers has stabilized since 2008? Consider economic, social, and cultural reasons.

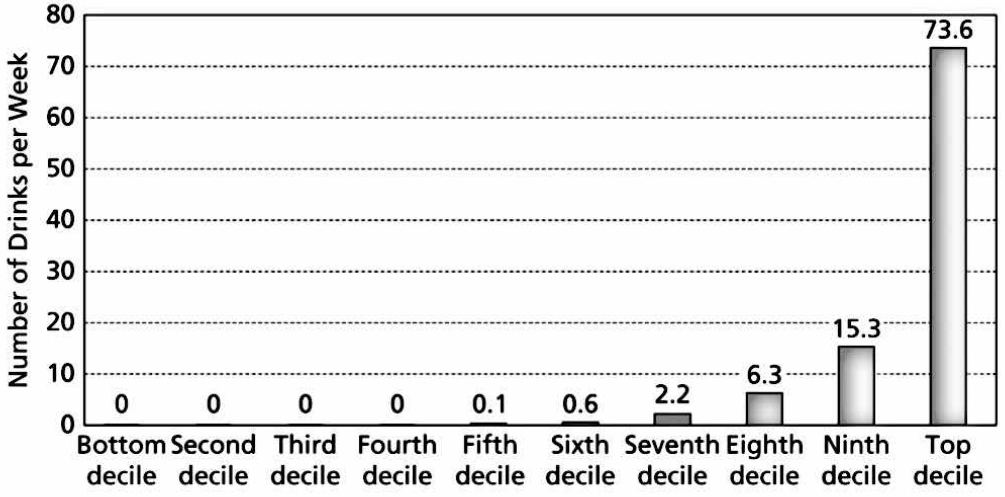
Alcohol Use, Abuse, and Alcoholism

4.2 Identify the perceptions toward alcohol and drinking patterns.

Because alcohol is the most commonly used drug and can do substantial harm to individuals, families, and communities, this section focuses on several aspects of alcohol use and abuse. There is wide variation in how much people drink. **Figure 4–2** breaks down the adult population into ten groups called deciles and examines how much each group drinks in an average week. As you can see, 40 percent of adults do not drink at all, and most groups drink very little. However, the top group—the top-drinking 10 percent of the population—consume an average of almost 74 drinks a week, or more than 10 drinks a day. The second highest group averages over two drinks a day (**Ingraham, 2014**).

Figure 4–2

Average Number of Drinks Per Person Consumed Weekly by Decile, Adults Age 18 and Over, 2014



Source: Based on ***Ingraham, C. 2014****. "Think You Drink a Lot? This Chart Will Tell You." Washington Post. 25 September. Retrieved 15 April 2015 (www.washingtonpost.-com/blogs/wonkblog/wp/2014/09/25/think-you-drink-a-lot-this-chart-will-tell-you/).*

4.2.1 Perceptions of Alcohol Use, Abuse, and Alcoholism

In our society, people have mixed feelings about alcohol. On one

hand, alcohol creates warmth and high spirits and promotes interpersonal harmony and agreement ("Let's drink to that"). It has long been used in informal rituals (Christmas eggnog) and formal rites (wine as the blood of Christ) and has been important in the economies of many nations. The growing and harvesting of grapes, grain, and other crops used to produce alcoholic beverages, as well as the brewing, fermenting, distilling, and sale of alcoholic beverages, provide employment, trade, and tax revenues. On the other hand, the problems created by the abuse of alcohol are staggering. They include public drunkenness and disorderly behavior, traffic and industrial accidents, poor social functioning, broken marriages, child abuse, and aggravation of existing conditions such as poverty, mental and physical illness, and crime (National Institute on Alcohol Abuse and Alcoholism, June 2017).

Over 15 million Americans age 12 and over suffer from **Alcohol Use Disorder (AUD)** ⓘ. To be diagnosed with AUD, individuals must meet certain criteria outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Under DSM–5, the current version of the DSM, anyone meeting any two of the 11 criteria during the same 12-month period receives a diagnosis of AUD. The severity of AUD—mild, moderate, or severe—is based on the number of criteria met (**Substance Abuse and Mental Health Services Administration, September, 2017**):

> ***Alcohol Use Disorder (AUD)***
>
> Individuals must meet certain criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The severity of AUD—mild, moderate, or severe—is based on the number of criteria met.

1. spent a lot of time engaging in activities related to alcohol use
2. used alcohol in greater quantities or for a longer time than intended
3. developed tolerance
4. made unsuccessful attempts to cut down on use
5. continued use despite physical health or emotional problems associated with alcohol use
6. reduced or eliminated participation in other activities because of alcohol use
7. experienced withdrawal symptoms when cutting back or

Therefore, genes are important, but do not alone determine whether someone will become an alcoholic. Environmental factors, as well as gene and environment interactions, account for the remainder of the risk (**Chartier, Karriker-Jaffe, Cummings, and Kendler, 2017**).

Nonetheless, neurological studies show that brain function is often different in alcohol abusers and their children. Studies of alcoholism and biogenetic factors also indicate that some ethnic groups, particularly Native Americans, have lower tolerances for alcohol than other groups do, putting them at greater risk for alcoholism, and that some Asian populations have highly negative physiological reactions to alcohol, which tend to diminish their risk of becoming alcoholics.

Sex

Compared with women, men are more likely to drink alcohol, drink in larger quantities, and have more difficulty with their drinking, as indicated in **Table 4–2**  . Sixty-one percent of men report having consumed an alcoholic beverage over the last month, as compared with 51 percent of women.

Table 4–2

Sex Differences in Alcohol Consumption, 2015

	Women	Men
Drank Alcohol in the Last Month	51%	61%
Engaged in Binge Drinking in the Last Month	22%	32%
Engaged in Heavy Alcohol Use in the Last Month	5%	10%
Had Alcohol Use Disorder (AUD) in the Last Year	4%	8%
Had AUD and Received any Treatment in the Last Year	5%	7%

*Source: Data from **National Institute on Alcohol Abuse and Alcoholism. 2017**. "Alcohol Facts and Statistics." June. Retrieved 28 February 2018 (**www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics**).*

Sex differences in body structure and chemistry, however, cause women to absorb more alcohol and take longer to break it down and remove it from their bodies (i.e., to metabolize it). In other words, after drinking equal amounts, women have higher alcohol levels in their blood than men, and the immediate effects of the alcohol occur more quickly and last longer. One reason is that, on average, women weigh less than men. In addition, alcohol resides predominantly in body water, and pound for pound, women have less water in their bodies than men do. Other biological differences, including hormones, also may contribute. These differences also make women more vulnerable to alcohol's long-term effects on their health, including higher rates of liver damage, breast cancer, and heart disease (**National Institute on Alcohol Abuse and Alcoholism, June, 2017**; **Wilsnack, Wilsnack, and Kantor, 2014**).

Recent decades have seen a significant increase in alcohol abuse and alcoholism among adult women. Women are increasingly likely to be arrested for drunk driving and are showing up in emergency rooms dangerously drunk (**Glaser, 2013**). For both sexes, social factors—the presence of alcoholism in the family, childhood unhappiness, and trauma—are important influences. But for women, increasing rates of alcohol abuse and alcoholism seem to go beyond these traditional factors. Some suggest it is related to their greater freedoms in society as compared to previous generations—working and having a career, going to school, and remaining single—while others focus on the increased stress in women's lives as the culprit (**Glaser, 2013**). Today's women are supposed to "have it all"—a strong education, an exciting career, and a happy family life, and many choose to unwind from this stress with alcohol. Interestingly, it is upper-middle-class women and lower-middle-class men who are more likely to drink heavily.

Yet the statistics on female alcoholism may be misleading. As women have become more visible in society, their drinking patterns have become more visible. Perhaps researchers are only now learning to identify the female alcoholic, and many women may still be hiding their drinking problems at home. Moreover, even if there has been an increase in alcoholism among women, it remains true that women have far fewer drinking problems than men do.

A special issue among women involves drinking alcohol while pregnant. Alcohol can disrupt fetal development at any stage dur-

ing a pregnancy—including at the earliest stages before a woman even knows she is pregnant. Alcohol passes easily from a mother's bloodstream into her developing baby's blood. Alcohol present in a developing baby's bloodstream can interfere with the development of critical organs and body parts, including the brain, leading to **fetal alcohol spectrum disorders (FASD)**, which are a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. These effects can include physical abnormalities and problems with cognition, behavior, and learning that last a lifetime. Prenatal alcohol exposure is the leading preventable cause of birth defects in the United States (**Centers for Disease Control and Prevention, June 6, 2017c**).

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It is not known precisely how much alcohol must be consumed during pregnancy for these results to occur, so pregnant women are advised to avoid alcohol entirely. Because the fetus is small, its blood-alcohol content will be much higher than that of the mother. A woman may hardly notice the effects of her drinking, but meanwhile her fetus is getting drunk.

Age

Heavy drinking among men is most common at ages 21 to 30; among women, it occurs at ages 31 to 50. Nonetheless, drinking by teenagers and young adults is among the most serious aspect of alcohol use as a social problem, especially because so many lives are needlessly ended by alcohol-related deaths and because patterns of adult alcohol use are established during the teenage and young-adult years. Alcohol is by far the most frequently used illicit drug among teenagers, and it is consumed far more often than nicotine or marijuana (**Johnston et al., 2018**).

Many teenagers drink alcohol. The popularity of alcohol among young people is attributed to many factors, including the difficulty,

expense, and danger of obtaining other drugs, and the manufacture and advertisement of alcoholic products that are especially appealing to the young, such as sweet wines and alcoholic beverages that resemble popular drinks such as lemonade. Drinking among young people can also be construed as a rebellion against the adult world—an attempt to assert independence and imitate adult behavior. Some authorities believe strict regulations on drinking only make it more appealing. Moreover, prohibition of drinking by the young is extremely difficult in a society in which alcohol is widely used and relatively easy to procure.

A number of high-profile and well-funded research studies monitor alcohol use among teens and young adults because they are more likely than those in other age groups to binge drink, which contributes to a host of social and health problems.
Wavebreakmedia Ltd UC29/Alamy Stock Photo

When teens and young adults do drink, they often consume large amounts of alcohol. **Binge drinking** is defined as a pattern of drinking that brings blood alcohol concentration levels to 0.08 g/dL. This form of drinking amounts to a consumption of five or more drinks in a single session for males and four or more drinks for females. Binge drinking is a particularly dangerous behavior pattern because it can contribute to violence, auto accidents, and other major problems. Yet, more than half of the alcohol consumed by adults in the United States is in the form of binge drinks, as is about 90 percent of the alcohol consumed by youth under the age of 21 (**Centers for Disease Control and Prevention, June 7, 2017a**).

binge drinking

A pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 g/dL. Although the quantity of alcohol required to reach this level can vary, in general it amounts to a consumption of five or more drinks in a single session for males, and to four or more drinks for females.

Because binge drinking is found most commonly among young adults, it has been studied intensely by two nationwide surveys. The first one, the *Monitoring the Future* survey, introduced earlier in this chapter, is conducted by the Institute of Survey Research at the University of Michigan. The second survey, the *Harvard School of Public Health College Alcohol Study* (CAS), is based on 50,000 college students attending 120 universities around the country. From these data, we know that, among high school students, binge drinking is on the decline, from about 32 percent of students acknowledging binge drinking over a two-week period in 1998 to less than 20 percent today (**Johnston et al., 2018**). The CAS survey of college students reports higher levels of binge drinking, with 43 percent of students reporting binge drinking at least once in a two-week period (**Wechsler and Nelson, 2008**).

What Do You Think?

Why do many young college people binge drink? What are some of the consequences of binge drinking? Design a program to help combat binge drinking on your college campus.

Alcohol-Related Social Problems

4.3 Assess several social problems related to alcohol.

Excessive use of alcohol contributes to many different social problems: accidental injury, sexual assault, murder, family violence, divorce, suicide, ruined health, fetal harm, and many more. The United States spends approximately $249 billion annually on problems related to excessive drinking (**Centers for Disease Control and Prevention, June 7, 2017a**). In this section, we briefly describe a few of these problems.

4.3.1 Health

Alcohol contributes to 88,000 deaths per year in the United States (**Centers for Disease Control and Prevention, 2013**). On average, alcoholics can expect to live 10 to 12 fewer years than nonalcoholics.

There are several reasons for this shortened life span. Alcohol contains a high number of calories and no vital nutrients. Thus, alcoholics generally have a reduced appetite for nutritious food and inevitably suffer from vitamin deficiencies; as a result, their resistance to infectious diseases is lowered. Drinking can also damage the heart, causing problems such as stroke, high blood pressure, arrhythmias (irregular heartbeat), and cardiomyopathy (stretching and drooping of the heart muscle). Over a long period, large amounts of alcohol also destroy liver cells, which are replaced by scar tissue; this condition, called cirrhosis of the liver, is the cause of tens of thousands of deaths each year in the United States. Other problems associated with the liver may include steatosis (fatty liver), alcoholic hepatitis, or fibrosis. Heavy drinking also contributes to the incidence of cancer, especially cancers of the mouth, esophagus, throat, liver, and breast.

4.3.2 Drinking and Driving

> After a hard night of partying, Nate hopped in his car for the drive home. “I’ll drive slowly,” he told himself, assuming that he could outwit the effects of six beers on his system. He was not successful. He

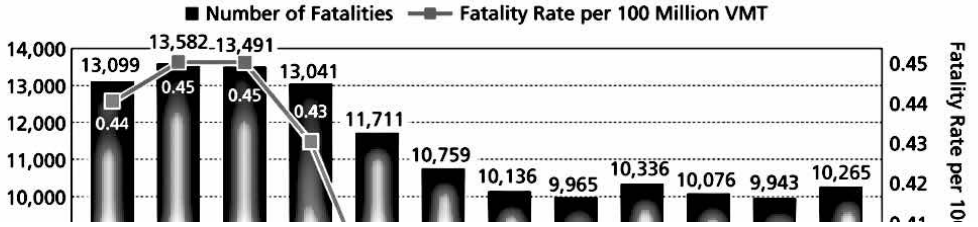
didn't see the stop sign and ran right through it, totally oblivious. But he did feel the bump a minute later—"What was that?" He got out of the car, still wobbly, and saw that he had hit a cat, a black and white kitten, whose tuxedo face was now covered in blood and whose body was twisted in an awful position. He prayed the cat was dead so it wouldn't suffer, and he was thankful that he didn't hit a person. Two weeks later, he received a photo ticket in the mail, showing his car running the stop sign. He stared at the ticket, his stomach clenching, realizing that he could have paid far heavier penalties for driving while drunk.

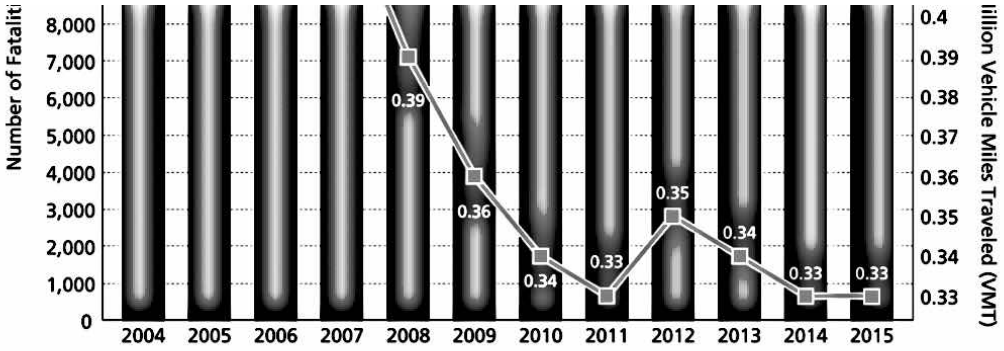
There is a significant connection between alcohol use and vehicular accidents. Drivers whose alcohol level is over the legal limit of .08 are involved in nearly a third of traffic fatalities, accounting for 10,076 deaths in 2013 (**National Highway Traffic Safety Administration, January, 2018**). Body weight, length of time between drinks, type of alcohol, fatigue level, and medications or other drugs can all affect a person's blood alcohol level, so there is no set amount of alcohol that determines the legal limit. The good news, however, as you can see in **Figure 4–3**, is that there has been a steady decline in the rate of alcohol-related fatalities, down to about 10,300 in 2015 (**Centers for Disease Control and Prevention, June 16, 2017b**).

These declines can be attributed to low rates of drinking by high school students and young adults, greater awareness of the consequences of drunk driving, more rigorous social policies (e.g., raising the drinking age to 21 in all states), and enforcement of those policies. In particular, as states have adopted more uniform laws about driving under the influence of alcohol, and as more funding has been devoted to enforcement of these laws, declines in alcohol-related driving fatalities are evident.

Figure 4–3

Fatalities and Fatality Rate per 100 Million Vehicle Miles Traveled (VMT) in Alcohol-Impaired-Driving Crashes, 2004–2015



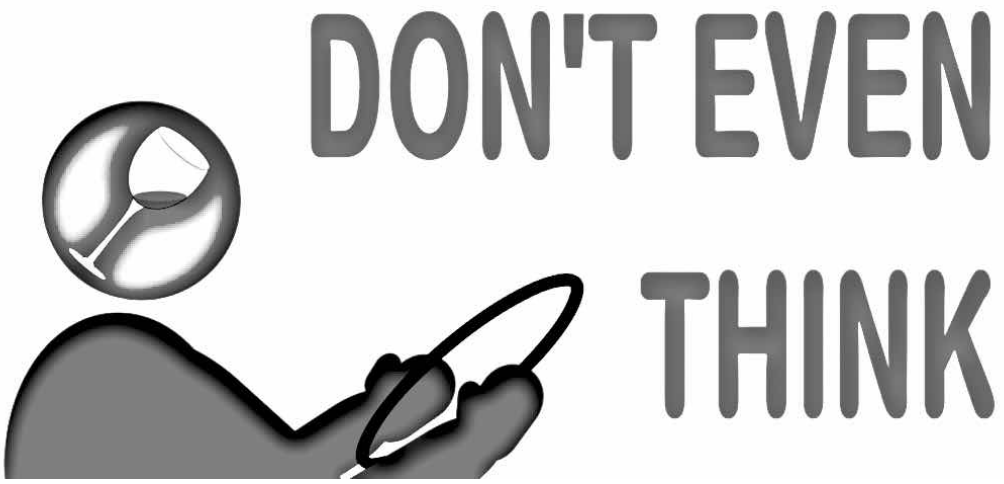


Source: National Highway Traffic Safety Administration. "Traffic Safety Facts 2016 Data: Alcohol-Impaired Driving." U.S. Department of Transportation, Washington, DC; 2017 Retrieved 16 April 2018 (https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812450).

State police and other authorities credit much of this success to the activities of **Mothers Against Drunk Driving (MADD)** ⓘ, a nonprofit organization working to protect families from drunk driving and underage drinking through education and support of victims and survivors. Candy Lightner founded MADD in 1980 after the death of her 13-year-old daughter Cari in California. Cari was walking to a school carnival when a drunk driver struck her from behind. The driver had three prior drunk driving convictions and was out on bail from a hit-and-run arrest two days earlier. Her daughter was not alone. Nearly 17 percent of the 200 children who are killed by alcohol-impaired drivers each year are children who are struck down while walking or riding their bicycles (**National Highway Traffic Safety Administration, 2016**).

Mothers Against Drunk Driving (MADD)

A nonprofit organization working to protect families from drunk driving and underage drinking through education and support of victims and survivors.



Drivers under the influence of alcohol kill about 10,000 people a year. This number, while very high, represents a decline over the past couple of decades, and is due to many factors, including an increase in the drinking age, more effective law enforcement, and widespread educational campaigns to highlight the risks of driving while intoxicated.
Solomonjee/Fotolia

4.3.3 Crime

At least one-third of crimes are committed by someone under the influence of alcohol. Some of these crimes are relatively minor offenses such as disorderly conduct or vagrancy. In arrests for serious violent crimes, drunkenness generally does not appear in the charges, although alcohol often contributes to criminal acts. Based on victim reports, alcohol use by the offender was a factor in (**National Council on Alcohol and Drug Dependence, Inc., 2015a**):

- 37 percent of rapes and sexual assaults (much higher among college students),
- 15 percent of robberies,
- 27 percent of aggravated assaults, and
- 25 percent of simple assaults.[1]

1National Council on Alcohol and Drug Dependence, Inc., 2015.

Sexual assault is a pervasive problem in society, and it is especially prominent on college campuses, where most assaults involve alcohol use by the perpetrator, victim, or both (**Behnken, 2017**; **Testa and Cleveland, 2017**; **Tyler, Schmitz, and Adams, 2017**). Roughly 1 in 5 females and 1 in 71 males will experience sexual as-

sault while in college (**Krebs et al., 2009**). It is estimated that about 80 percent of victims and perpetrators know each other to some degree. They may be so-called "friends," classmates, acquaintances, or roommates. Drinking parties are a staple at most colleges and universities, and while alcohol does not cause rape per se, it does reduce inhibitions, thereby leading to vulnerable situations, aggressiveness and hostile masculinity, and inappropriate behavior. Sexual assault and rape will be discussed more fully in the next chapter.

Likewise, in many homicide cases, alcohol is found in the victim, the offender, or both. A significant percentage of male sex offenders are chronic alcoholics or were drinking at the time of the offense. The reasons for the high correlation of drinking with arrests for serious violent crimes are not fully understood. It has been pointed out that alcohol, by removing some inhibitions, may cause people to behave in unaccustomed ways. Also, as with other drugs, the need to obtain the substance may lead to theft or other property crimes and sometimes to violent crimes like armed robbery. Since chronic alcoholics may be unable to hold steady jobs, their financial difficulties are compounded, perhaps increasing the temptation to commit crimes. Also, the values and self-image of chronic heavy drinkers tend to change as their condition worsens. They are more likely to associate with delinquents or criminals, which may lead them to commit criminal acts themselves.

In addition to its link with serious crimes, alcoholism creates another problem; it places a major strain on the law enforcement system, which must process large numbers of petty offenders. Arrests, trials, and incarcerations of offenders cost taxpayers billions of dollars each year. And many of these arrests involve a small segment of the community—the neighborhood drunk or derelict who may be repeatedly arrested and imprisoned briefly over the course of a year.

What Do You Think?

Identify a research question or hypothesis related to alcohol use and/or abuse that a functionalist, a conflict theorist, and an interactionist might pose. How are these research questions or hypotheses different from one another?

Effects of Alcoholism on the Family

4.4 Describe the effects of alcohol on the family.

If the only victims of alcoholism were the alcoholics themselves, the social effects would be serious enough. However, other people, especially the families of alcoholics, also suffer. The home can become a chaotic battlefield, affecting all family members.

4.4.1 Consequences for Adults

Alcohol abuse can leave a marriage or relationship very shaky or may cause it to break up completely because the relationship usually centers around the drinking member: his or her moods, health, feelings, work situation, stresses, and coping. The needs of the other spouse or partner and the needs of the children are ignored or subsumed under the needs of the alcoholic.

Two common interrelated sources of marital conflict are financial and work issues. Alcohol is expensive—and can cost upwards of thousands of dollars a year. At the same time, many alcoholics find it difficult to keep a job, or they are absent from work frequently, missing out on pay after their sick-leave benefits expire.

Spouses and partners deal with alcoholism in several ways. **Codependency** refers to a relationship pattern in which a person assumes the responsibility for meeting others' needs, often to the detriment of their own needs. Codependency is far more than simply caring for another person. Instead, codependent people lose their own sense of identity and awareness of their own feelings. They take too much responsibility for their addicted spouse or partner. Usually, a codependent person engages in **enabling behaviors**. They will do things to cover for, support, and enable the alcoholic to continue to drink. For example, the codependent person might call an employer to claim that the drinker is sick when he or she is actually suffering from a hangover, might buy alcohol for the drinker, might excuse the drinker from doing domestic chores or participating in family life, might make up excuses to the children as to why their parent is not fulfilling his or her roles in the family, or might in other ways send messages to the drinker that it is okay to continue drinking.

codependency

A relationship pattern in which a person assumes the responsibility for meeting others' needs, often to the detriment of their own needs.

enabling behaviors

Behaviors that a codependent person will do to cover for, support, and enable an alcoholic to continue to drink (or to enable another type of abuser to continue toxic behaviors).

4.4.2 Consequences for Children

Alcohol abuse in a family can strain children's lives. Children in families where one or both parents abuse alcohol are more likely to have problems with depression, aggression, peer relationships, delinquency, school performance, and emotional issues as compared with their peers whose parents do not have problems with alcohol. These problems stem from the painful emotional climate, dysfunction, and turmoil in the home (**Dayton, 2011**). Their environment is often unpredictable, chaotic, and filled with broken promises. Children may be asked to keep inappropriate secrets (e.g., "Don't tell Mommy that you saw Daddy drinking"); to live by arbitrary and rigid rules (e.g., going to bed unusually early so parents can drink); and to cope with chronic disappointment (e.g., parents making promises that they repeatedly do not keep). Many children in this kind of environment receive inadequate nurturing. Unlike a spouse who can choose to leave the situation, children in dysfunctional families are trapped. They cannot leave. Instead, they often play one of several roles to cope:

A Personal View

"My Dad Is an Alcoholic"

My dad is an alcoholic. There, I said it. Do you know that this is the first time that I have talked about this issue to someone outside my family? He gets drunk every night after work, "I think I'll have a little scotch," he says, even when he is finishing a huge bottle. I hate it when he asks me to make him a drink.
Monkey Business/Fotolia

I'm too ashamed to admit to my friends that my dad is an alcoholic, but they probably know because he is often drunk when they come over. And he gets loud when he is drunk. I don't even like my friends to come to my house anymore; I'll make excuses why it would be better for me to go over to their houses or meet somewhere else. My sister, Rachel, doesn't bring her friends over either. One time Dad made a crude sexual joke in front of one of her friends, and that was that. She got mad at him and yelled, and he slapped her hard in front of her friend. He apologized the next day, as he usually does, but I don't think she will ever forgive him. She told me she hates him.

I just try to stay out from under his radar. I do really well in school so he doesn't have any reason to bother me. I like the attention that I get from my teachers. They all think I'm really smart. I'm not so sure I'm smart, but it makes me feel good that they think so.

I tried talking to Mom about his drinking and how Rachel hates him, but my mom just said that it's natural for girls and their fathers to fight. She doesn't see the problem. It's weird. Sometimes she will come to Rachel and me at night crying about his drinking, but then at other times when we bring it up, she'll say "Oh, it's not that big of a deal." She even sometimes does both in the same conversation! A couple of weeks ago, Mom

came to us crying and saying that she couldn't take it anymore, and a minute later, when Rachel said that she couldn't take it anymore either, Mom gave her a mean look and said, "Don't talk about your father like that! He's doing the best he can." It's like Mom just snapped. She can say it, but we can't. I hate what my dad is doing to my family.

—Chris, age 13

Critical Thinking

When a parent is an alcoholic, other members of the family often play specific roles related to the alcoholism. What roles do you see being played out in this family?
Monkey Business/Fotolia

- **Chief Enabler.** A child may put aside his or her own personal feelings and become increasingly more responsible for control of the alcoholic and the family.
- **Family Hero.** This child tries to better the family situation by succeeding in the environment outside the home, such as school. Often, this behavior is a cry for positive recognition for the family or to increase self-worth.
- **Scapegoat.** Not willing to work as hard as the hero for recognition, the scapegoat pulls away in a destructive manner, bringing negative attention to the family.
- **Lost Child.** This child takes care of his or her personal problems quietly and avoids trouble. Often ignored by the family, this child faces problems inward, and is often lonely and quietly suffering.
- **Mascot.** To deal with personal pain and loneliness, this child is charming and funny in times of stress. This behavior relieves pain for some family members, but does not really help the mascot.

Many children experience long-term effects of their parent's alcohol abuse. They may have little grasp of what is considered "normal" family behavior. Many suffer from low self-esteem, have trouble forming and maintaining close relationships, and experience other emotional difficulties (**Kaplan, Nayak, Greenfield, and Karriker-Jaffe, 2017**; **Park and Schepp, 2015**).

The feature box, ***A Personal View: "My Dad Is an Alcoholic,"*** chronicles a teenage boy's family life in which his

father is an alcoholic. Can you identify the roles played out in the family?

Treatment of Alcoholism

4.5 Compare treatment options for alcoholism.

There are several treatment options for alcoholism, including rehabilitation, Alcoholics Anonymous, Antabuse, and other programs. These approaches differ from one another; there is not one option that is right for everyone.

4.5.1 Rehabilitation

Alcoholism is increasingly viewed as an illness with a variety of psychological and physiological components; therefore, it is possible to rehabilitate, but not completely cure, many alcoholics (**Brick, 2004**). A variety of nonpunitive attempts have been made to assist alcoholics in overcoming their addiction or habituation and to help alcoholism-prone individuals handle disturbing emotions and anxieties. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 created the National Institute on Alcohol Abuse and Alcoholism to coordinate federal government activities. It also created the National Advisory Council on Alcohol Abuse and Alcoholism to recommend national policies. The act also provided grants to states for the development of comprehensive programs for alcoholism, for specific prevention and treatment projects, and incentives for private hospitals that admit patients with alcohol-related problems.

Traditionally, hospitals offered little beyond the "drying out" and release of alcoholic patients; they might treat a specific medical problem caused by alcohol but not alcoholism itself. The American Hospital Association now advocates hospital alcoholism programs and is attempting to utilize the resources of general hospitals in community treatment programs.

4.5.2 Alcoholics Anonymous

Some of the most impressive successes in coping with alcoholism have been achieved by Alcoholics Anonymous (AA). The effectiveness of this group in helping individual alcoholics is based on what amounts to a conversion. Alcoholics are led to this experience through fellowship with others like themselves, some of whom

have already mastered their problem while others are in the process of doing so. In 2017, there were more than 118,000 AA groups throughout the world, with over 2.1 million members (**Alcoholics Anonymous, June, 2017**).

The organization insists that drinkers face up to their shortcomings and the realities of life and, when possible, make amends to people they have hurt in the past. The movement also concentrates on building up alcoholics' self-esteem and reassuring them of their basic worth as human beings. Since its founding in 1935, the group has developed a technique in which recovered alcoholics support and comfort drinkers who are undergoing rehabilitation. This support is also available during crises when a relapse seems likely, and on a year-round basis through meetings that the alcoholic may attend as often as necessary.

Alcoholics Anonymous (AA), founded in 1935, has over 2 million members. The cornerstone of AA is a 12-step program based on faith in a "higher power."
Radub85/Fotolia

AA has created special groups to deal with teenage and young adult drinkers. It has also established programs to aid nonalcoholic spouses and the children of alcoholics. Alateen is for young people whose lives have been affected by someone else's drinking. The alcoholic need not be a member of AA for relatives to participate in these offshoot programs, which developed out of the recognition that an entire family is psychologically involved in the alcohol-related problems of any of its members.

It appears that AA is the most successful large-scale program for dealing with alcoholism; it estimates its membership at over 2 million. According to the AA 12-step credo, it is essential for addicts to acknowledge their lack of control over alcohol use and to abstain from all alcoholic beverages for the rest of their lives. This approach sees alcoholism as an allergy in which even one drink

can produce an intolerable reaction—a craving for more.

The voluntary nature of the program probably contributes to its success; however, it is unlikely that this approach, with its insistence on total abstinence, could be applied successfully to all alcoholics. In particular, alcoholics who reject the spiritual tenets of AA, which teach the recovering alcoholic to seek help from a "higher power," whatever that may mean to the individual, would not identify with many aspects of the AA approach. Alcoholics who are unwilling to accept these tenets can find programs that are related to the 12 steps of the AA program but eliminate the spiritual aspects.

4.5.3 Antabuse

Antabuse, a prescription drug, sensitizes the patient in such a way that consuming even a small quantity of alcohol causes strong and uncomfortable physical symptoms. Drinkers become intensely flushed, their pulse quickens, and they feel nauseated.

Before beginning treatment with Antabuse, the alcoholic goes through a process to **detoxify** (keep off alcohol until none shows in blood samples) his or her body. Then the drug is administered to the patient along with doses of alcohol for several consecutive days. The patient continues to take the drug for several more days, and at the close of the period another dose of alcohol is administered. The trial doses of alcohol condition the patient to recognize the relationship between drinking and the unpleasant symptoms. (Similar treatment programs depend on different nausea-producing drugs or electric shock to condition the patient against alcohol; this process is known as **aversion therapy or behavior conditioning**).

detoxify

To keep a person off alcohol or another substance until none shows in blood samples.

aversion therapy/behavior conditioning

A form of treatment that applies nausea-producing

Antabuse (or Disulfiram) has gained only limited acceptance in the treatment of alcoholics. Critics claim that its effect is too narrow and that this approach neglects the personality problems of the drinker. They also maintain that the drug does not work for people who are suspicious of treatment or who have psychotic tendencies.

4.5.4 Other Programs

A problem drinker or alcoholic who receives help while at home and on the job usually responds better than one who is institutionalized. Community care programs treat these problem drinkers, as well as their families, to improve their self-image and enhance their sense of security within the family.

Employee assistance programs, a relatively new development, have demonstrated considerable effectiveness in treating problem drinkers in the workplace. Their success depends on their availability on a scheduled basis and during crises, on the maintenance of absolute confidentiality, and on the development of rapport between the counselor and the patient as they explore underlying psychological problems such as loneliness, alienation, and poor self-image. Also important is the patient's desire to remain in the community and to continue working.

Illegal Drug Use and Abuse

4.6 Summarize the most commonly used drugs that are abused.

Although alcohol currently has a secure place in American social policy, it was made illegal during the Prohibition era in the early twentieth century. How does society respond to other drug use? The major categories of illegal drugs are constantly changing as culture and customs change. In eighteenth-century England, the use of tobacco was forbidden; anyone found guilty of consuming it could be punished by extreme measures such as amputation or splitting of the nose. In the United States, cocaine was introduced to the public early in the twentieth century as an additive to a new commercial soft drink, Coca-Cola.

Today the use of illegal drugs embraces an extremely diverse set of behaviors, ranging from recreational use of marijuana to heroin addiction. The most commonly used drugs today, in addition to alcohol, are marijuana, prescription drugs or cold medicines (for nonmedical purposes), hallucinogens (such as LSD), cocaine, inhalants, MDMA (which often goes by the names of Ecstasy or Molly), methamphetamine, crack cocaine, and heroin (**National Institute on Drug Abuse, 2018c**). Opioids have come under increasing scrutiny because of the large numbers of people who have become quickly addicted to them, which will be discussed later in this chapter.

The percentage of people ages 12 and over and those between the ages of 18 and 25 who have reported using these drugs at some point during the past year is reported in **Table 4–3**. Use ranges from a third of young adults using marijuana to less than 1 percent trying heroin (**National Institute on Drug Abuse, April, 2017c**). Next, we'll discuss each of these drugs, concluding with a section on the recent opioid crisis.

Table 4–3

Percentage of Persons Age 12 and Older and Ages 18–25 Who Have Used a Drug in the Past Year, 2016

	Age 12 and Older	Ages 18–25
Marijuana	14%	33%

Prescription Drugs/Psychotherapeutics	7%	15%
Hallucinogens	2%	7%
Tranquilizers/Sedatives	3%	6%
Cocaine	2%	6%
MDMA (Ecstasy/Molly)	0.9%	4%
Inhalants	0.6%	1.4%
Methamphetamine	0.5%	0.8%
Heroin	0.4%	0.7%

Source: ***National Institute on Drug Abuse. 2017c****. "Trends & Statistics: Costs of Substance Abuse." April. Retrieved 28 February 2018 (www.drugabuse.gov/related-topics/trends-statistics).*

4.6.1 Marijuana

Marijuana refers to the dried leaves, flowers, stems, and seeds from the hemp plant, *Cannabis sativa*. The plant contains the mind-altering chemical *delta-9-tetrahydrocannabinol* (THC) and other related compounds.

Like alcohol, marijuana is a social drug, one that is often used in social gatherings because it is thought to ease or enhance interaction. Because the use of marijuana is widespread and there is little evidence that it has detrimental long-term effects or leads to the use of stronger drugs, the federal government has shifted its enforcement efforts to the more clearly addicting drugs. About half of states now allow small amounts of marijuana to be used for medicinal purposes, such as helping with nausea.

As of mid-2018, nine states—California, Colorado, Washington, Oregon, Nevada, Vermont, Massachusetts, Maine, and Alaska—have legalized small amounts of marijuana for personal use. In contrast, being caught with any marijuana in Arizona is a felony. Under President Obama, federal prosecutors were discouraged from bringing charges wherever marijuana is legal under state law. However, President Trump rescinded this policy in his first few days in office, creating some confusion surrounding whether it is

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legal to sell, buy, or possess marijuana in those parts of the country where state and federal law conflict (**Savage and Healy, 2018**). This could be a problem for Republicans facing reelection battles in states with legal marijuana.

Is marijuana harmful? Many people compare it to alcohol, which, although legal, does have some harmful side effects, especially with heavy use. Marijuana use directly affects the brain—specifically the parts of the brain responsible for memory, learning, attention, decision making, coordination, emotions, and reaction time. Developing brains, like those in babies, children, and teens, are especially susceptible to these adverse effects of marijuana. Long-term or frequent marijuana use has been linked to increased risk of psychosis or schizophrenia in some users (**Volkow et al., 2016**; Fibey et al., 2014).

Proponents of marijuana point out that the prohibition of marijuana takes a financial and social toll on society, and that enforcement is inherently biased. They point to the medicinal properties of marijuana and point out that it is less toxic than alcohol.

4.6.2 Abuse of Prescription Drugs

Abuse of prescription drugs is becoming an ever more serious form of drug use and addiction. Opium-derived pain medicines such as Oxycontin and Vicodin; benzodiazepine tranquilizers such as Valium and Xanax; sedatives and sleeping pills such as Ambien and the barbiturates; and prescription amphetamines, often dispensed as diet pills, are among the most frequently abused of the widely available but heavily controlled prescription drugs. Pain relievers, which, because they are derived from opium, are among the most addictive prescription drugs, are also the most commonly abused.

Most adults over age 40 who abuse or become addicted to prescription drugs first used the drug under a physician's supervision. But young adults and adolescents tend to obtain the drugs through friends and street dealers. The National Institute on Drug Abuse reports that since the early 1990s, abuse of prescription-type drugs has "escalated substantially" across the nation, especially among people between the ages of 12 and 25 (**National Institute on Drug Abuse, January, 2018a**). The agency also warns that use of multiple drugs, known as polydrug use, is extremely common among abusers of prescription drugs. The mixing of

drugs for nonmedical recreational use has risks that are dangerously underestimated by users.

4.6.3 Hallucinogens

Hallucinogenic compounds found in some plants and mushrooms (or their extracts) have been used—mostly during religious rituals—for centuries. While the exact mechanisms by which hallucinogens exert their effects remain unclear, research suggests that these drugs work, at least partially, by temporarily interfering with neurotransmitter action or by binding to their receptor sites. Some hallucinogens also cause users to feel out of control or disconnected from their body and environment (**National Institute on Drug Abuse, January, 2016c**).

Unlike most other drugs, the effects of hallucinogens are highly variable and unreliable, producing different effects in different people at different times. This changeability is mainly due to the significant variations in amount and composition of active compounds, particularly in the hallucinogens derived from plants and mushrooms. Because of their unpredictable nature, the use of hallucinogens can be particularly dangerous even though there is little evidence of hallucinogens being habit forming.

4.6.4 Cocaine

Cocaine is a powerfully addictive stimulant drug made from the leaves of the coca plant native to South America. It produces short-term euphoria, energy, talkativeness, and a feeling of increased intellectual power. Cocaine is a strong central nervous system stimulant that increases levels of the neurotransmitter dopamine in brain circuits regulating pleasure and movement. Normally, dopamine is released by neurons in these circuits in response to potential rewards (like the smell of good food) and then recycled back into the cell that released it, thus shutting off the signal between neurons. Cocaine prevents the dopamine from being recycled, causing excessive amounts to build up in the synapse, or junction between neurons. This buildup amplifies the dopamine signal and ultimately disrupts normal brain communication. It is this flood of dopamine that causes cocaine's characteristic high.

Crack cocaine is a form of cocaine that can be smoked rather than ingested through the nasal passages. Commercial cocaine is "cooked" with ether or bicarbonate of soda to form a "rock" of crack. When it is smoked, crack produces an instant and extremely powerful rush that tends to last only about 15 minutes and to cause a strong desire for another rush. This form of cocaine is therefore highly addicting. Crack is more expensive than cocaine in its powder form, and its use is often associated with an expensive lifestyle. Perhaps for this reason, some athletes, movie stars, and politicians who previously used cocaine have become addicted to crack, with disastrous consequences in some cases.

With repeated use, cocaine can cause long-term changes in the brain's reward system as well as other brain systems, which may lead to addiction. With repeated use, tolerance to cocaine also can develop; many cocaine abusers report that they seek but fail to achieve as much pleasure as they did from their first exposure. Some users will increase their dose in an attempt to intensify and prolong their high, but this practice can also increase the risk of adverse psychological or physiological effects (**National Institute on Drug Abuse, June, 2016b**).

4.6.5 Inhalants

Many products readily found in the home or workplace—such as spray paints, markers, glues, and cleaning fluids—contain volatile substances that have mind-altering properties when inhaled. People do not typically think of these products as drugs because they were never intended for that purpose.

Abusers of inhalants breathe them in through the nose or mouth in a variety of ways (known as "huffing"). They may sniff or snort fumes from a container or dispenser (such as a glue bottle or a marking pen), spray aerosols (such as computer cleaning dusters) directly into their nose or mouth or place a chemical-soaked rag in their mouth. Abusers may also inhale fumes from a balloon or a plastic or paper bag. Although the high produced by inhalants usually lasts just a few minutes, abusers often try to prolong it by continuing to inhale repeatedly over several hours.

> ### Slide Show
>
> Legalizing Marijuana

Legalizing Marijuana

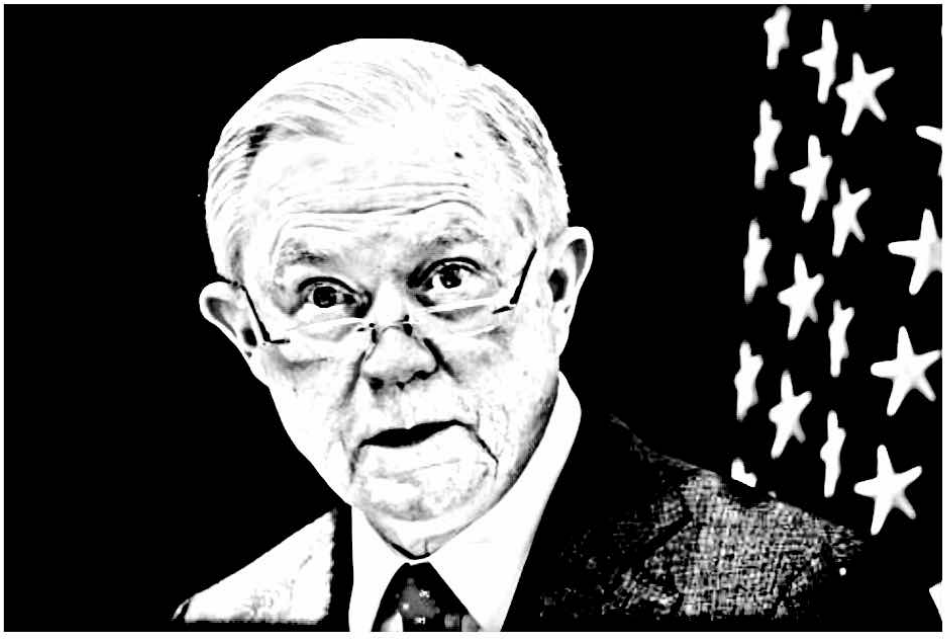
Americans are ambivalent about marijuana. In the 1960s, the drug was popular among college students and other people "rebelling" against the norms of society. Today, as research shows the health effects of marijuana are significantly less serious than those of other drugs, including alcohol, many people are wondering why it is still illegal and lumped together with other "illicit" drugs.

Marijuana is the most commonly used illicit drug, tried by nearly half the population ages 12 and over. It is one of the few drugs whose use has been increasing in recent years.
ststoev/Fotolia

There has been a move to allow marijuana to be used for medical

purposes when prescribed by a physician. People who suffer from cancer or other painful illnesses, or whose medical treatment causes nausea, may find significant relief from their symptoms from marijuana. Currently, only about half of the states allow marijuana for medicinal purposes.
goodmanphoto/Fotolia

Some advocates of marijuana go even further to suggest that it should be legal. Nine states have legalized small amounts of marijuana for personal use.
Aquir/Fotolia



Other people oppose legalizing marijuana. They believe that it is a powerful drug with harmful side effects for the person using it and for society. Jeff Sessions, the U.S. Attorney General, has

said that good people don't smoke marijuana.
Andrew Harrer/Bloomberg/Getty Images

Some people oppose legalizing marijuana because they are concerned that it will lead to using other, more dangerous drugs. The popular view that marijuana is a stepping stone or gateway to stronger drugs is not supported by research. It may be true that most people who abuse drugs first use alcohol and marijuana, but only a small percentage of people who use these drugs go on to use more dangerous and addicting drugs.
Photographee.eu/Fotolia

Critical Thinking

> Reflecting on the four themes of this text—the importance of using an empirical approach, linking individual experiences with social structure, understanding that social inequality contributes to social problems, and acknowledging that understanding social problems requires a comparative perspective—how do each of these themes inform your understanding of drug and alcohol use?

Most abused inhalants depress the central nervous system in a manner not unlike alcohol. The effects are similar—including slurred speech, lack of coordination, euphoria, and dizziness. Inhalant abusers may also experience light-headedness, hallucinations, and delusions. With repeated inhalations, many users feel less inhibited and less in control. Some may feel drowsy for sever-

al hours and experience a lingering headache. Long-term use can damage the heart, liver, and muscles and can cause anemia and nerve damage (**National Institute on Drug Abuse, February, 2017a**).

4.6.6 MDMA

MDMA (3,4-methylenedioxy-methamphetamine), popularly known as ecstasy or, more recently, as Molly, is a synthetic mind-altering drug that has similarities to both the stimulant amphetamine and the hallucinogen mescaline. It produces feelings of increased energy, euphoria, emotional warmth and empathy toward others, and distortions in sensory and time perception. MDMA was initially popular among white adolescents and young adults in the night-club scene or at "raves" (long dance parties), but the drug is now used by a broader segment of the population.

MDMA is taken orally, usually as a capsule or tablet. The popular term *Molly* (slang for "molecular") refers to the pure crystalline powder form of MDMA, usually sold in capsules. The drug's effects last approximately 3 to 6 hours, although it is not uncommon for users to take a second dose of the drug as the effects of the first dose begin to fade. It is commonly taken in combination with other drugs.

MDMA acts by increasing the activity of three neurotransmitters—serotonin, dopamine, and norepinephrine. The emotional and pro-social effects of MDMA are likely caused directly or indirectly by the release of large amounts of serotonin, which influences mood. The surge of serotonin caused by taking MDMA depletes the brain of this important chemical, however, causing negative after-effects —including confusion, depression, sleep problems, drug craving, and anxiety—that may occur soon after taking the drug or during the days or even weeks thereafter (**National Institute on Drug Abuse, October, 2016a**).

4.6.7 Methamphetamine

Methamphetamine (also called meth, crystal, chalk, and ice, among other terms) is an extremely addictive stimulant drug. It takes the form of a white, odorless, bitter-tasting crystalline powder. Methamphetamine is taken orally, smoked, snorted, or dis-

solved in water or alcohol and injected. Smoking or injecting the drug delivers it very quickly to the brain, where it produces an immediate, intense euphoria. Because the pleasure also fades quickly, users often take repeated doses, in a "binge and crash" pattern (**National Institute on Drug Abuse, February, 2017b**).

"Meth" can be used in a number of ways. Many people prefer to inject it into their veins because it produces an intense euphoria almost instantaneously.
age fotostock/Alamy Stock Photo

Methamphetamine is causing widespread concern among law enforcement officials and medical professionals. It is often manufac-

tured in makeshift "super laboratories" in Mexico or the United States, but it can also be manufactured in people's homes and garages using inexpensive over-the-counter drugs. At present, methamphetamine is making headlines and appears to be gaining in popularity among teenagers and young adults, especially in rural areas and small towns throughout the nation. Because the drug can be produced using some over-the-counter cold remedies, these cold medicines have been pulled from the market.

4.6.8 Heroin

Heroin is an opioid drug that is synthesized from morphine, a naturally occurring substance extracted from the seedpod of the Asian opium poppy plant. Heroin can be injected, inhaled by snorting or sniffing, or smoked. All three routes of administration deliver the drug to the brain very rapidly. Most heroin users experience a sudden, intense feeling of pleasure; others may feel greater self-esteem and composure. But because heroin slows brain functions, the addict becomes lethargic after the initial euphoria (**National Institute on Drug Abuse, January, 2018b**).

Heroin has a very high risk for addiction, which can be characterized by uncontrollable drug-seeking no matter the consequences. The notorious relationship between crime and heroin addiction results not from the influence of the drug, per se, but from the suffering caused by the lack of it: Addicts avoid withdrawal symptoms at all costs.

A person addicted to heroin frequently suffers from malnutrition, as well as from hepatitis, AIDS, and other infections caused by intravenous injection of the drug. In communities where heroin addicts are numerous and visible, there is often conflict over the advisability of providing free needles so that addicts will not be forced to share illegally purchased hypodermics and risk the mixing of blood that may contain the HIV virus.

What Do You Think?

What types of drugs were popular in your high school? What was the general attitude toward these drugs and their health risks?

Patterns, Problems, and Treatment

4.7 Identify some of the patterns, problems, and treatments associated with drug abuse.

People who abuse drugs face many of the same issues as those who abuse alcohol (and some people abuse both simultaneously). But there are also substantial differences between who uses drugs, the problems they can bring, and treatment options.

4.7.1 Patterns of Drug Use

The study of drug use in the United States is a social-scientific undertaking of great magnitude. The data come from two major sources. The first source includes reports from public and private agencies that deal with arrest, hospitalization, treatment, or legal matters. These reports offer important evidence about trends in drug use among individuals arrested for crimes or admitted to hospital emergency rooms. But they do not tell us very much about the distribution of drug use in the general population. This information is obtained from large-scale national surveys, the second source.

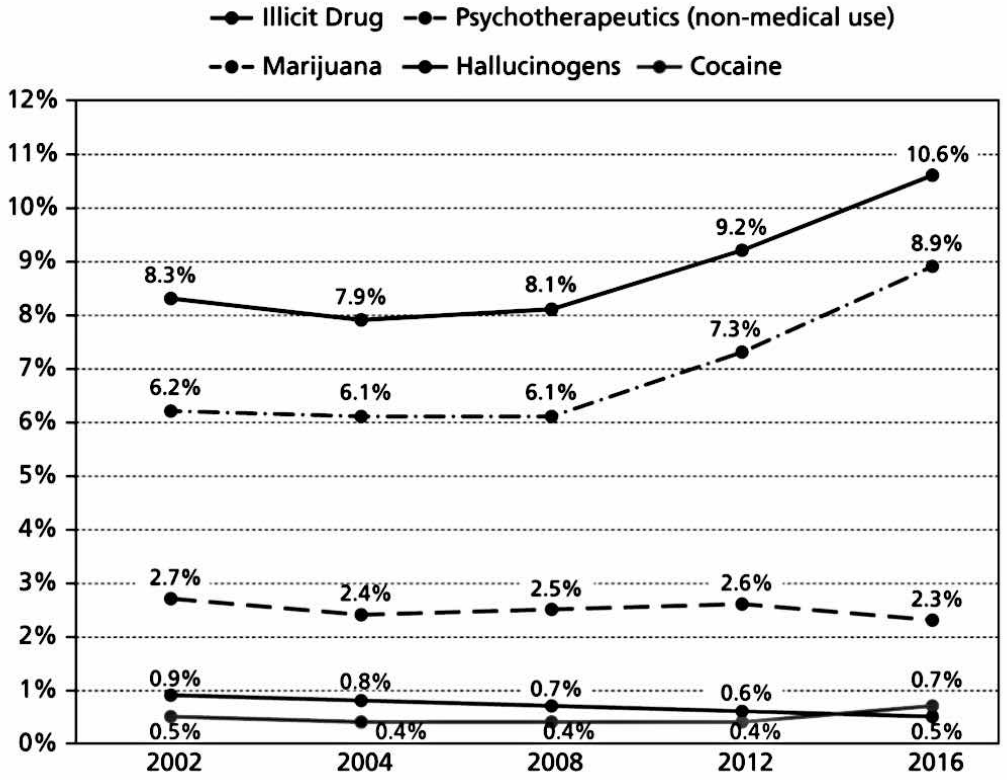
The annual survey of 16,000 high school seniors that was mentioned earlier, *Monitoring the Future*, gives a glimpse of drug (and alcohol) use among teenagers. Another important survey is the National Household Survey on Drug Abuse, which is sponsored by the National Institute on Drug Abuse, and which focuses on adults. Other surveys that collect information on various aspects of substance use and abuse are quite common, but these two allow researchers to track patterns of use from year to year.

Who Uses Drugs?

Data from the national surveys indicate that drug use among Americans has stabilized or is declining somewhat, except for a few drugs, most noticeably marijuana. As shown in **Figure 4–4**, after a decline in the early 2000s, marijuana use began to increase by the mid-2000s. By 2016, there were more than 20 million people who had used it in the past month—about 8.9 percent of people ages 12 and over.

Figure 4–4

Percentage of Persons Age 12 and Older Who Have Used Drugs Over the Past Month, 2002–2016



Source: ***National Institute on Drug Abuse. 2017c****. "Trends & Statistics: Costs of Substance Abuse." April. Retrieved 28 February 2018 (****www.drugabuse.gov/related-topics/trends-statistics****).*

Surveys of drug use over time also provide information about its distribution by sex, socioeconomic status, and racial or ethnic background (**Newcomb, Birkett, Corliss, and Mustanski, 2014**). Men are more likely to use drugs, and they use more of them than do women. Drug use is found in all socioeconomic groups, although the type of drug used differs substantially due to the cost of the drug and the culture surrounding its use. For example, the abuse of prescription drugs is more likely to occur among the middle classes and those with more money because of the cost of the drugs or the likelihood of having health insurance to help pay for the drugs. Drug use is higher among Native Americans and blacks, least common among Asians, with whites and Hispanics falling somewhere between. Young adults use drugs more frequently than those who are older; however, drug use among older people is increasing.

How Does Drug Use Spread?

Most sociologists and social psychologists agree that drug use is

a learned behavior that spreads through groups of peers who influence one another. In a pioneering study, **Howard S. Becker (1963)** traced the career of a marijuana user, showing that users must learn how to smoke the drug and identify their reaction to it as pleasurable. If they are unable to make this identification, they stop using the drug. They also gradually learn that the social controls that work against marijuana use—limited supplies, the need to maintain secrecy, and the definition of drug use as immoral—either do not apply to the peer group or can be circumvented.

Drug use is high among young people ages 18–24. The peer group is an important influence on whether a young person will use drugs. *Monkey Business/Fotolia*

The most important direct influence on drug use is that of the peer group (**Sellers, O'Brien, Hernandez, and Spirito, 2018**). However, other factors set the stage for involvement in drug-using peer groups, including the individual's socioeconomic status and neighborhood environment and the influences of family, religion, and school. Drug use is more likely when a young person has problems in school, or when the family is forced to live in a neighborhood where young people have ready access to drugs (**Green et al., 2010**). If the individual's social milieu contributes significantly to drug use, what effect might a change in milieu have? Most U.S. soldiers who were addicted to heroin in Vietnam were generally able to kick the habit rather easily when they returned home, which shows that people can abstain from an extremely addicting drug when their social milieu no longer supports it. This is also an example of the phenomenon that drug researchers term "maturing out," that is, the tendency of drug users to decrease their use of

drugs of all kinds, including alcohol, beginning in their late 20s (**Han, Gfroerer, and Colliver, 2010**).

4.7.2 Problems Associated with Drug Abuse

A wide number of social and health problems are associated with drug abuse. Here we will examine two: crime and the spread of HIV.

Crime

Images of drugs and crime abound in the media. Popular television shows, such as *NCIS*, illustrate how drugs and crime are interrelated. However, the nature of drug-related crimes varies with the type of drug involved. Neither marijuana nor low-to-moderate use of barbiturates are likely to promote violence. Users of other drugs, such as heroin, crack cocaine, or methamphetamine, in contrast, seem disproportionately involved in crime. The connection of these drugs with crime occurs because people who abuse these drugs can rarely support their habit on their own without resorting to crime. In addition, many abusers already have a criminal history (**National Council on Alcohol and Drug Dependence, Inc., 2015b,c**).

The crimes committed to support a drug habit tend to be money-seeking crimes such as burglary, prostitution, and shoplifting. Although these crimes may provide 40 to 50 percent of the addict's income for drug purchases, one study estimated that almost half the annual consumption of heroin in New York City is financed by selling the drug itself along with the equipment needed to inject it. All these crimes, considered nonviolent in themselves, nevertheless are often accompanied by violence such as muggings or armed robberies.

Jail or prison time alone has little effect on the reduction of drug addiction or in promoting recovery. Sixty to 80 percent of those who abuse drugs commit a new crime (typically a drug-driven crime) after release from jail or prison (**National Council on Alcohol and Drug Dependence, Inc., 2015b,c**). Incarceration without access to treatment or without specific plans for treatment after the person's discharge is not particularly effective.

Drug Use and Aids

A primary means by which AIDS spreads among heterosexual populations is the sharing of needles and syringes by intravenous drug users. Public health officials were slow to realize the extent of AIDS transmission among intravenous drug users. Hence, they were also slow to initiate educational and other programs that might hinder the spread of the disease in this population.

Efforts to reach addicts must overcome several obstacles. Because their activity is illegal, addicts are reluctant to come forward to be tested for AIDS. Public health workers lack credibility in the eyes of addicts but attempts to employ ex-addicts in outreach programs have had more success. Needle exchange programs have been tried successfully in many cities. The World Health Organization sponsored a study of HIV prevalence in 103 cities throughout the world. In 36 cities with needle exchange programs, HIV infections declined by 19 percent annually, but in 67 cities without such programs infection rates increased by 8 percent each year (**Campbell, 2005**). Remarkable results like these provide strong support for needle exchange and other "harm reduction" programs that seek to reduce the ravages of drug addiction. However, public opposition to programs that appear to condone drug use limits their impact.

4.7.3 Treatment of Drug Abuse

Efforts to rehabilitate those who abuse drugs have been impeded by the notion that "once an addict, always an addict." Until recently, statistical evidence supported this belief, and the prospects for returning addicts to normal living were bleak. However, drug use spreads through the peer group and may be reversed with a change in social milieu. And drug use does not necessarily follow a predictable course from experimentation to addiction; instead, it encompasses a wide range of behaviors that may include experimentation, occasional use, regular use, and heavy use. These behaviors stem from the interaction of many complex factors, and efforts to rehabilitate addicts have not always addressed all of them. Two types of treatment programs are discussed here: therapeutic communities and methadone maintenance.

Therapeutic Communities

Therapeutic communities are a way to attack the high relapse rate of addicts who are detoxified and returned to the larger society. They enable individuals to reenter social life gradually and at their own pace. This controlled reentry reduces the shock of moving from a protective institutional environment to the much greater freedom of the outside world.

Phoenix House operates one of the most highly developed therapeutic community programs around the country. In the Phoenix program, addicts who have completed their treatment are transferred to a Re-Entry House for gradual reintegration into everyday life. Educational facilities are part of the program and include training in vocational skills and preparation for entry into other educational programs.

The Phoenix House approach rests on two key precepts: that addicts must assume responsibility for their own actions and that treatment should address psychological as well as physical difficulties. Phoenix House relies on ex-addicts, who are often more effective in breaking through the barriers of isolation and hostility. In addition, ex-addicts provide living proof that addiction can be overcome. In operation since 1968, the Phoenix House program has helped many addicts recover permanently.

Methadone Maintenance

Methadone, a synthetic narcotic, has been tested extensively and is now used regularly in treatment programs for heroin addicts. In prescribed amounts, it satisfies the addict's physical craving, preventing the agonizing symptoms of withdrawal. Although it does not produce a high, methadone is addicting and therefore offers not a cure but a maintenance treatment for addicts who do not respond to other types of therapy.

Many people, including addicts themselves, believe methadone keeps addicts dependent on drugs and hence is useful only for a short time while the addict is weaned from heroin. Methadone treatment can be regarded as a form of social control imposed by the dominant culture. The substance is legally available only through approved programs, which require addicts to report to the treatment center for their daily dosage. Nonetheless, these ambivalent attitudes toward methadone treatment do not seem to deter potential clients.

Social Policy

4.8 Review policy considerations of drug laws and enforcement.

Social policies that address drug and alcohol abuse take two main forms. One consists of control strategies—that is, attempts to help individuals or groups control their own behavior—coupled with efforts to build local institutions (e.g., residential treatment centers) that provide helping services. The second is law enforcement, meaning attempts to tighten the enforcement of existing laws or to enact new laws designed to deal with the problem more effectively. Control strategies such as rehabilitation and other efforts were discussed earlier in the sections on treatment, and this section focuses on law enforcement.

4.8.1 Law Enforcement

One approach to a problem like drug abuse is to crack down on the sale or use of the drug. This rationale was used for Prohibition, an era in which the manufacture, sale, or transportation of alcoholic beverages was banned beginning in 1919 by an amendment to the U.S. Constitution. Although Prohibition was repealed in 1933, the attitudes that gave rise to this approach are still in evidence. Chronic drinkers are still thrown in jail to dry out; people are still arrested in most states for possession of a single marijuana cigarette; drug addicts still receive heavy jail sentences. In many places "treatment" is simply incarceration.

Yet, repeated arrests of chronic alcoholics or drug abusers merely perpetuate a revolving-door cycle. Offenders are arrested, processed, released, and then arrested again, sometimes only hours after their previous release. Each such arrest, which involves police, court, and correctional time, is expensive and may contribute to the labeling process in which an excessive drinker becomes an alcoholic and behaves accordingly.

It is also important to note law enforcement approaches can differ considerably depending on the type of drug involved. For example, response to the opioid crisis is markedly different from that of crack cocaine just a few decades ago. Some have alleged that the difference in the two approaches is tantamount to racism, as described in the feature box, ***A Closer Look: "Can Drug Policies Be***

4.8.2 Drug Law Reform

Many observers believe that revising drug laws so that they deal with issues more realistically and consistently can ease the drug problem. The most insistent demands for reform have focused on marijuana. It is considered unfair to classify marijuana with the far more dangerous hard drugs, and even people who do not favor legalization of marijuana may support reductions in the penalties for its possession and sale.

The legalization of marijuana for medical uses has created a major rift between states and the federal government. Marijuana can significantly reduce the pain and nausea associated with cancer, cancer treatments, and other serious illnesses. Critics see the use of marijuana for medicinal purposes as a first push toward legalizing marijuana more generally. After some states objected to this push, in 2005 the Supreme Court, in a 6 to 3 ruling, decided that doctors can be barred from prescribing marijuana for patients. The ruling gave clear precedence to federal antidrug legislation over "medical marijuana" laws passed by the states. Yet, the number of states allowing marijuana to be used for medical purposes, as well as allowing it for personal use, is quickly growing.

Regarding other drugs, some experts advocate revision of drug laws and, in some cases, propose outright legalization. One argument for the legalization of heroin is that it would drive down the price of the drug so that addicts would no longer be compelled to engage in crime to support their habit. The British system is cited in support of this position. The British view drug addiction as a disease that requires treatment, and they regulate the distribution of narcotics through physicians and government-run clinics. This system does not give addicts unlimited access to narcotics, but it eases the problem of supply. Those who oppose this approach fear that it might tempt people to experiment with drugs.

A Closer Look

Can Drug Policies Be Racist?

dpa picture alliance/Alamy Stock Photo

Opioid use and abuse has reached epidemic proportions—over 40,000 deaths were attributed to opioids alone in 2016. That comes to 116 deaths each day (**U.S. Department of Health and Human Services, 2018**). Faced with a rising national wave of opioid addiction and its consequences, families, law enforcement, and political leaders of all persuasions are joining one another to speak with moving compassion about real people crippled by addiction. Today, police chiefs facing heroin addiction in their communities are responding not by invoking a drug war, but by trying to save lives and get people into rehabilitation so that they can get the help they need. Addiction is couched as a public health problem. The national plan to fight opioid addiction is largely geared toward prevention, treatment, and recovery. One other important fact is worthy of mention—most opioid users are white and at least middle class.

There was no such compassion for the victims of the crack cocaine epidemic that swept the country thirty years ago. Instead of concern, we felt scorn and asked for punishment. Politicians in both parties spoke of "super predators"—young faceless poor black men who elicited little sympathy. We heard of crack babies and shameless black mothers who put their "high" above their families' well-being. There was little talk about the problems these addicts faced: their stresses, lack of jobs, or poverty. The fight against crack cocaine was deemed a war on drugs rather than a public health effort, and the federal drug czar of the time announced that the war would be fought primarily by spending more on law enforcement personnel and building prisons. Mandatory minimum prison sentences sent hundreds of thousands of poor, young black men to prison for non-violent drug offenses. Fueled by the media,

popular opinion supported these efforts; there was little compassion or empathy toward those who were addicted.

Jake Lyell/Alamy Stock Photo

It seems that the framing of a drug problem is more sympathetic, and the response is much more oriented toward help when the addicted are white and middle class than when they are black and poor. When white people are affected, addiction becomes a "disease." This likely reflects the fact that most legislators are white and upper class. They know people who are affected by opioids—their neighbors, friends, or family members. The epidemic feels real to them. However, when the poor black community was primarily afflicted, it was easy for legislators to blame the victim; to think that "those people" are immoral and responsible for their own problems.

Yes, drug policies can be racist.

*Sources: **(Baker, 2017; Lopez, 2017; U.S. Department of Health and Human Services, 2018)***

Critical Thinking

What are the causes of the opioid crisis, and in what ways are these causes similar or different to the crisis involving crack cocaine? Which approach to fighting drug use makes most sense to you: treatment or incarceration? Many people, mostly black men, are still in prison for their involvement with crack cocaine, while whites are getting treatment instead of prison for their involvement with opioids. What should be done about

this, if anything?

Issues of foreign policy complicate the problem of enforcement at the national level. Through economic and military aid, the United States supports the governments of countries that are major suppliers of illegal drugs, particularly Colombia, Peru, and Bolivia. It has been suggested that the United States should suspend foreign aid to governments that do not cooperate with efforts to stop the flow of drugs into the U.S. market. Other suggestions include imposing trade sanctions on those countries or reducing military assistance.

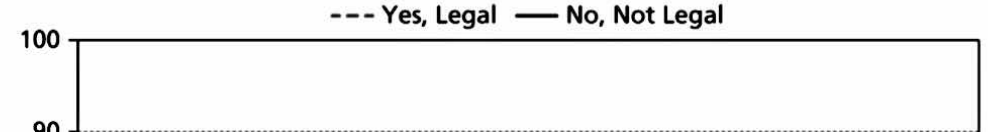
An issue that has generated a great deal of controversy is the testing of public employees for drug use. Appeals court rulings have reversed lower court decisions that such testing violates the Fourth Amendment to the Constitution, which protects citizens against "unreasonable searches and seizures." Many private firms are imposing drug (including alcohol) testing on employees in sensitive positions.

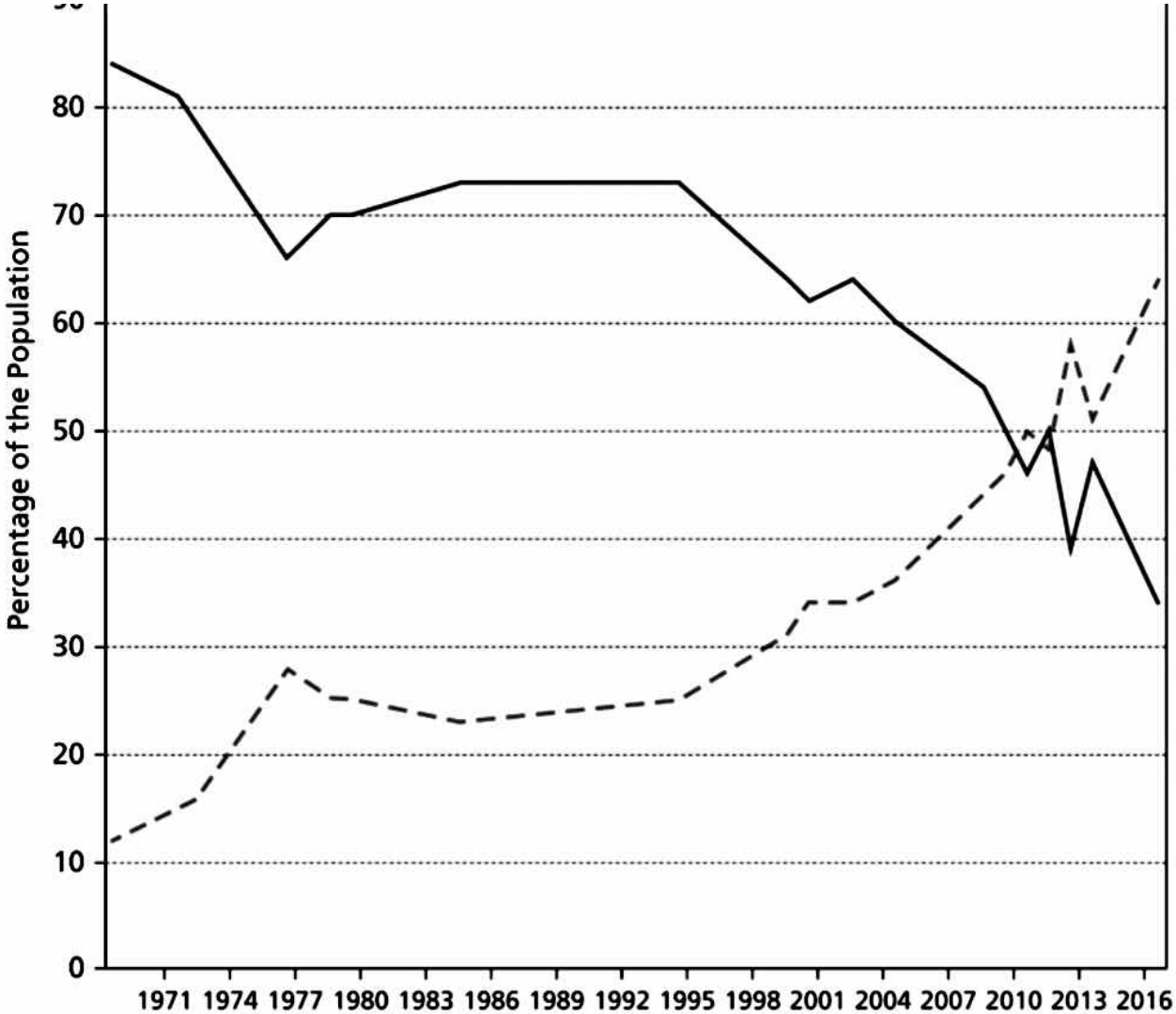
4.8.3 Future Prospects

It is difficult to bring about change in drug policies in the United States. No elected official wants to look "soft" on drugs, even if most constituents ask for a softer approach. Nearly half of American adults say that they have tried marijuana (Swift, 2017). The majority of Americans now favor legalizing marijuana for personal use, as illustrated in **Figure 4–5** (**McCarthy, 2017**). As you might expect, there is a difference between Republicans (51 percent) and Democrats (72 percent) in the support for legalizing marijuana, but a majority of both groups now support legalization. Nonetheless, right now many elected officials who oppose legalization see the political stakes as being too high for them to reconsider their stance. However, this may change in the near future if the number of Republicans and Democrats who support legalization continues to rise. This is certainly an issue to watch.

Figure 4–5

Americans' Views on Legalizing Marijuana, 1969–2017





Source: Based on ***McCarthy, J. (Oct. 25, 2017)*** *"Record-High Support for Legalizing Marijuana Use in U.S.," Gallup.*

Going Beyond Left and Right

Is there really a difference between the views of those on the left and those on the right about drug and alcohol use and abuse? In fact, there are many differences, although there are no monolithic views on either side of the political spectrum. Too many people have had direct experiences with drug and alcohol use, and too many people have had problems for this issue to be a partisan one.

Summary

4.1 Discuss the nature of the problem associated with alcohol and drugs, including definitions, abuse, and addiction.
Like so many other social problems, drug use has both objective and subjective dimensions. The term *drug abuse* is widely used, but it can refer to many things. In this chapter, the term *drug abuse* is defined as both the use of socially unacceptable drugs and/or the excessive or inappropriate use of acceptable drugs in ways that can lead to physical, psychological, or social harm. The term *addiction* is often used rather loosely, but in fact is a complex phenomenon that involves the drug user's physical and psychological dependence, the type of drug, and the amount and frequency of use.

4.2 Identify the perceptions toward alcohol and drinking patterns.
In our society, people have mixed feelings about alcohol. Despite high rates of alcohol consumption by some people, the problems associated with alcohol abuse—especially chronic inebriation, vagrancy, missed days of work—arouse less interest and concern than the abuse, or even the use, of other drugs. Several factors seem to be related to whether, how much, and in what ways an individual uses alcohol and becomes an alcohol abuser or alcoholic. Among these factors are biological and socioeconomic factors, gender, age, religion, and cultural influences.

4.3 Assess several social problems related to alcohol.
Excessive drinking contributes to health problems, accidental deaths and injury through drunk driving, and crime. Alcohol is a factor in 88,000 deaths per year; Mothers Against Drunk Driving (MADD) has waged a large campaign to reduce the number of drivers who are impaired; and about one-third of all crimes are committed by someone under the influence of alcohol.

4.4 Describe the effects of alcohol on the family.
Alcohol abuse can leave a marriage or relationship very shaky or may cause it to break up completely because the relationship usually centers on the drinking member and his or her moods, health, feelings, work situation, stresses, and coping. Partners and children often take specific roles within the family to cope with living with the alcoholic and engage in enabling behaviors.

and children often take specific roles within the family to cope with living with the alcoholic and engage in enabling behaviors.

4.5 Compare treatment options for alcoholism.
There are several treatment options for alcoholism, including rehabilitation, Alcoholics Anonymous, Antabuse, and other programs. Rehabilitation is often done through hospitals and clinics, allowing a person to "dry out" while under care. Alcoholics Anonymous focuses on fellowship with others like themselves, some of whom have already mastered their problem while others are in the process of doing so. Antabuse, a prescription drug, sensitizes the patient in such a way that consuming even a small quantity of alcohol causes strong and uncomfortable physical symptoms.

4.6 Summarize the most commonly used drugs that are abused.
In addition to alcohol, the most commonly abused drugs include marijuana, prescription medicines, hallucinogens, cocaine, inhalants, MDMA, methamphetamine, and heroin.

4.7 Identify some of the patterns, problems, and treatments associated with drug abuse.
Data from national surveys indicate that drug use among Americans has stabilized or is declining somewhat—except for a few drugs, most noticeably, marijuana. Drug use is higher among males, Native Americans, and young adults. Drugs are associated with several social problems, including crime and the spread of HIV. There are several treatment options, including therapeutic communities and methadone maintenance.

4.8 Review policy considerations of drug laws and enforcement.
Social policies that address drug and alcohol abuse take two main forms. One consists of control strategies—that is, attempts to help individuals or groups control their own behavior—coupled with efforts to build local institutions (e.g., residential treatment centers) that provide helping services. The second is law enforcement, meaning attempts to tighten the enforcement of existing laws or to enact new laws designed to deal with the problem more effectively. It is extremely difficult to bring about change in drug policies or create a more relaxed enforcement of certain policies. No elected official wants to look as though he