

Drug Use and Abuse

DIFFERENT DRUGS HAVE DIFFERENT EFFECTS

When we speak of drugs, we mean those substances that affect our brain and, thus, our behavior. Different drugs have different types of effects. The major classes of psychoactive drugs are depressants, amphetamines, hallucinogens, inhalants, opiates, and cannabis. Below are brief descriptions of these drugs and their effects.

- **Depressants**, such as barbiturates and benzodiazepines, slow down the brain and central nervous system and include alcohol, tranquilizers (Valium[®], Xanax[®]), and sedatives (e.g., Dalmane[®], Amytal[®], and Seconal[®]). These drugs, even when prescribed, can cause a strong physical and psychological dependence.
- **Stimulants**, such as crack, cocaine, methamphetamine, and diet pills, speed up the central nervous system. Rapid psychological and physical dependence to amphetamines can occur, particularly if these drugs are injected or smoked.
- **Hallucinogens** produce distortions of perception (for example, seeing or hearing things that are not there) and affect insights and judgment. Common hallucinogens include LSD, PCP, MDA, and mescaline. Although physical dependence is rare, frequent use can lead to psychological dependence.
- **Inhalants** give users an immediate “high” or “buzz.” Inhalants such as glue, solvents, aerosols, and volatile nitrates were never meant to be used as drugs, and, when inhaled, their long-term use often results in very serious health problems, including brain damage. Frequent use of inhalants can cause psychological dependence.
- **Opiates** are very strong painkillers and include heroin, methadone, morphine, Demerol, percodan, and Dilaudid. Although some opiates are prescribed for short-term medical use, abusers seek a different effect: highs and relaxed feelings. People can become physically and psychologically addicted to opiates.
- **Cannabis**, the most commonly used illegal mood-altering drug in North America, includes marijuana, hashish, and hash oil. Regular and frequent use of large doses can cause psychological and physical dependence.

WHY DO PEOPLE USE DRUGS?

People have used drugs as far back as recorded history. Drugs’ healing and pain-reducing properties are an essential element of medicine

People use drugs for a variety of reasons and their use can be beneficial, neutral, or detrimental. Whether it is to avoid “feeling bad,” to enhance good feelings, to be “one of the gang,” to cope with stress, or for other reasons, the rewards for drug use usually occur sooner than the negative effects. Feeling good, or “high,” is often one reason why people are willing to risk the long-term negative consequences of drug use. Although negative consequences do not always occur, when do they do happen, they can be devastating.

WHAT DO DRUGS DO?

Repeated heavy drug use over extended periods can have long-term negative effects on the user’s health, family and social relationships, and psychological well-being.

Health problems can range from mild medical problems, such as headaches or stomach inflammation, to serious or fatal medical problems, such as heart failure, liver, or kidney damage, brain damage, or, if needles are shared, AIDS.

Negative social and/or psychological effects can range from mild problems, such as absence from work or school, to serious problems with depression and strained or broken ties with family and friends.

The effects of drugs depend on several things: the amount taken at one time and the route of use (inhaled, injected, etc.); the strength of the drug; past experience and expectations of the user; and circumstances in which drug use occurs (such as the person's mood, whether others are present).

Tolerance to drugs develops with repeated drug use. As tolerance develops, people need more of the drug to achieve the same effects previously produced by smaller amounts. Individuals who develop a substantial tolerance can sometimes use drugs without appearing impaired.

Regular drug use can lead to **psychological dependence** and, for some drugs, **physical dependence**. Psychological dependence is a compulsive need for drugs: People often continue to use drugs even when they are aware of how it can harm them. Psychological dependence is different from physical dependence, although both can occur together.

Not all drugs produce obvious signs of physical dependence. Physical dependence occurs when the body, and particularly the central nervous system, has adapted to the presence of drugs. When people who are physically dependent on a drug stop using drugs, they can experience withdrawal, which is the body's way of readjusting to the drug's absence. The body's reaction is usually the opposite of what it would have been were the drug present. For example, withdrawal from depressant drugs may cause over-stimulation of the nervous system, which can lead to anxiety, tremors (shakes), hallucinations, and seizures. Withdrawal from stimulants can involve serious feelings of depression (a "crash") and can even trigger psychotic symptoms. The length and severity of withdrawal varies with the drug and how long it takes to be eliminated from the body. Sometimes medical treatment is required for drug withdrawal.

WHAT CAN BE DONE?

Because drug problems can be mild to severe, and affect people differently, it is unlikely that a single approach will be right for everyone. Various treatment approaches can help people who are experiencing problems due to their drug use. Many types of therapy, including individual and group therapy, residential therapy programs, pharmacotherapy (for instance, methadone treatment), and various types of **behavior therapy**, are effective. Some people even overcome their drug problems on their own. As with many other serious health problems, there are many pathways to recovery. The ultimate goal, of course, is to eliminate the drug use and related problems. If this is not possible, the goal becomes harm reduction, or reducing the risks of ongoing use.

The success rate of treatment varies and can be affected by various factors such as the person's age, motivation, social and family support, and the presence or absence of friends who are using drugs.

Behavioral research has contributed significantly to major changes that have taken place in the drug field over the past decade, most notably in the areas of assessment and treatment. Behavioral treatments start with a detailed assessment of the behavior. This information is used to develop an individualized treatment plan that is tailored to each person's needs.

Specialized treatment typically starts with motivational enhancement and a detailed assessment of a person's drug use and related behavior. This information is used to develop an individualized treatment plan. Common guiding principles similar to treatments in other health care areas suggest that treatment should (1) be individualized (tailored to each person); (2) be least restrictive (requiring the least total life change, while still achieving goals and maintaining accomplishments); (3) empower the

person to take responsibility for his or her own change; and (4) address issues related to relapse (since relapse rates are very high following treatment).

HOW LONG WILL TREATMENT TAKE?

Treatment length varies. For some this might be a few sessions; for others it might involve a longer or more intensive process. Typically, the more severe the drug use and abuse the more intense the treatment. It is recommended that treatment start with the minimal intervention suitable for the severity of the person's drug problem and that treatment that is more intensive be implemented only if necessary. For example, many people will only need outpatient treatment, while others may require hospitalization followed by outpatient treatment. Some people may need only one course of treatment, while others may have continuing problems with drugs and require several courses of treatment.

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or Goals might involve:

- a way of acting - like smoking less or being more outgoing;
- a way of feeling - like helping a person be less scared, less depressed, or less anxious;
- a way of thinking - like learning to problem-solve or get rid of self-defeating thoughts;
- a way of dealing with physical or medical problems - like lessening back pain or helping a person stick to a doctor's suggestions; or
- a way of adjusting - like training developmentally disabled people to care for themselves or hold a job.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well, with ways of living that work, and giving people more control over their lives are common goals of behavior and cognitive behavior therapy.

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

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