Mitch Earleywine

Advances in Psychotherapy –
Evidence-Based Practice

Substance Use Problems

2nd edition

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About the Author

Mitch Earleywine, PhD, is Professor of Clinical Psychology at the University at Albany, State University of New York, where he teaches drugs and human behavior, substance abuse treatment, and clinical research methods. He has received over 20 teaching commendations, including the coveted General Education Teaching Award from the University of Southern California. His research funding has come from the National Institute on Alcohol Abuse and Alcoholism, the Alcoholic Beverage Medical Research Foundation, and the Marijuana Policy Project. He serves on the editorial boards of four psychology journals, reviews for over a dozen, and has more than 120 publications on drug use and abuse, including Understanding Marijuana (Oxford University Press, 2002). He served as Chair of the Board of Directors for the National Organization for the Reform of Marijuana Laws, and is a member of the Research Society on Alcoholism, the Association for the Advancement of Behavior Therapy, and the Drug Policy Alliance.

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My daughters, Dahlia and Maya, continue to teach me that no matter how much I may know about genetics and environment, I cannot explain all the variance in behavior. My wife, Elana, continues to show inexplicable support, including astounding clinical skill at dealing with frequent and severe bouts of DMS (drug manuscript syndrome). I dedicate this book to her with love.

But I think I owe the biggest debt to the clients who sat with me as we all crawled, walked, ran, and occasionally flew toward better lives.

Table of Contents

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Description

1.1 Terminology

This first section reviews diagnostic terms, epidemiology, prognosis, differential diagnosis, comorbidities, and diagnostic procedures for drug-related problems. A clear understanding of each of these topics will lay a foundation for efficient assessment and treatment.

1.1.1 Diagnostic Terms

Defining problem drug use can seem like a fool's errand. Some people clearly have their lives altered by their use of psychoactive substances; others seem to use without troubles. The range of substances, intoxication experiences, and negative consequences is vast. Several terms appear to describe drug problems adequately, but many others are imprecise, ambiguous, or pejorative. The definition of problematic use reflects tacit assumptions about drugs and drug users. These assumptions can alter our interactions with clients in ways that may escape our awareness. Those who consider illicit drug use (or any illegal behavior) inherently wrong can find that their interactions with these clients differ dramatically from their interactions with other clients. The moral implications of using drugs change in different environments and different eras. Perhaps the best perspective for defining problem drug use requires understanding the goal of the definition. Ideally, identifying drug problems could serve as a step toward building a productive therapeutic relationship. Precise names for these problems can also aid communication within a treatment team. When everyone involved gives the same meaning to terms like *addiction* or *substance use disorder*, it is easier to avoid confusion.

Categories and Continua

Many used the term *addict* without a formal definition for years, which often led to misunderstandings. *Dependence* and *abuse* had specific meanings with acceptable discriminant validity, giving them the potential to improve communication, but subsequent research revealed that they seemed to stem from a single, underlying factor dubbed *substance-related and addictive disorders*. Recent work focuses on adapting substance-related and addictive disorders to provide a convenient way for clinicians and researchers to communicate. Nevertheless, two people with this diagnosis may not share a single symptom. A rigid focus on these diagnostic categories can also lead clinicians to miss a chance to prevent problems before they start. A client experiencing negative

consequences unrelated directly to the chosen symptoms might not qualify for a diagnosis, or at least not a severe one, but could still benefit from altering drug use. Thus, thinking about the impact of drugs on quality of life can prevent problems in a way that a premature focus on diagnoses might neglect.

Unfortunately, lay conceptions of diagnostic categories confuse both clients and the public. For example, some people define any use of an illegal drug as problematic, but busy clinicians rarely have time to split hairs over who does or does not qualify for a label. Perhaps the best approach to defining misuse relies on cataloging problems that stem from the drug. This approach may provide the most specific information for treatment. Many view drug problems categorically – either substance use interferes with someone's life or it does not. Nevertheless, examining drug problems on a continuum has considerable utility and empirical support (Denson & Earleywine, 2006). One useful way to look at this range of troubles would place complete abstinence on one end of a continuum and serious troubles, including a diagnosis of severe substance use disorder, on the other. Unfortunately, the word *abstinence* has some odd connotations. People who do not use a drug might not be showing some effortful attempts to abstain. They might not show any interest. *Non-use* remains an awkward alternative but gets the meaning across. Nonproblematic use might fall near the abstinence end of the continuum, while troubles that might not qualify for a diagnosis might lie closer to the diagnosable disorder. Variation within substance use disorder is also acknowledged, from mild to severe, depending upon the number of symptoms. This continuous model might challenge those of us trained in the tradition of diagnosis or disease, but could also heighten awareness for the prevention of problems (see Figure 1). This continuous approach is also consistent with the reformulation of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013).

Substance misuse problems can lie along a continuum

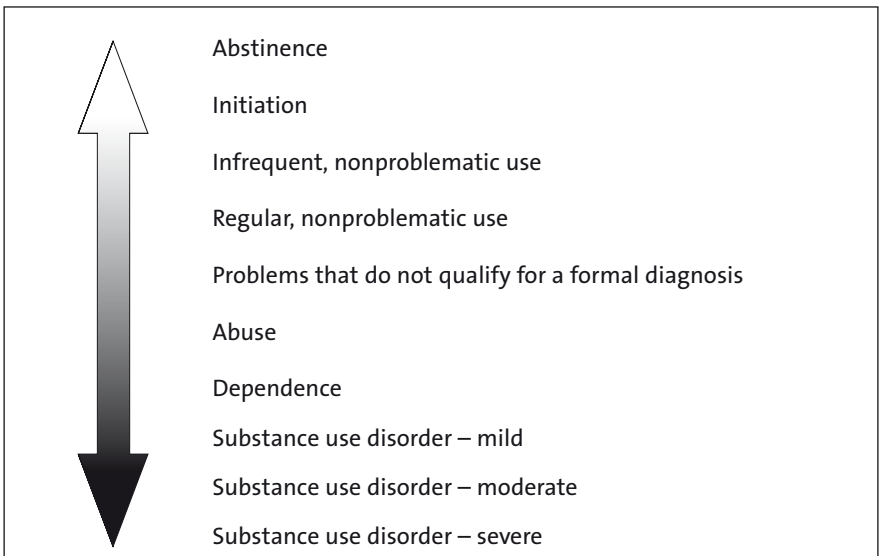

Figure 1
A continuum of drug use and problems.