

NADPI - New Approaches in Drug Policy & Interventions

Innovative cocaine and polydrug abuse prevention programme

From Diseased to In-Control?

**Towards an Ecological Model of Self-Regulation &
Community-Based Control in the Use of Psychoactive
Drugs**

Repertoire of Scientific Literature

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Part 1-Theoretical overview

1) Challenging the “disease model” of addiction

Becker H.S. (1953), Becoming a marijuana user, *American Journal of Sociology*, 59, 235-243

Becker, H. S. (1967). History, culture and subjective experience: an exploration of the social bases of drug-induced experiences. *Journal of health and social behavior*, 8(3), 163–76. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/6073200>

Bellis, M. A., Hughes, K., & Lowey, H. (2002). Healthy nightclubs and recreational substance use. From a harm minimization to a healthy settings approach. *Addictive behaviors*, 27(6), 1025–35. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/12369470>

Cohen P. (1990), *Drugs as a social construct*, Dissertation, University of Amsterdam (www.cedro-uva.org)

Cohen P. (1991), Junky Elend. Some ways of explaining and dealing with it, *Wiener Zeitschrift für Suchtforschung*, 14, 59-64

Davies J.B. (1992), *The myth of addiction*, Harwood Academic Publishers, Reading

Duff, C. (2005). Party drugs and party people: examining the “normalization” of recreational drug use in Melbourne, Australia. *International Journal of Drug Policy*, 16(3), 161–170. doi:10.1016/j.drugpo.2005.02.001

Duff, C. (2007). Towards a theory of drug use contexts: Space, embodiment and practice. *Addiction Research and Theory*, 15, 503–519.

Grund, J.-P. C. (1993, March 16). *Drug use as a social ritual* : *functionality, symbolism and determinants of self-regulation*. Erasmus University Rotterdam. Retrieved from (<http://repub.eur.nl/res/pub/39132/>).

(Based on ethnographic fieldwork among regular heroin and cocaine users, this study builds on Zinberg’s theory of Drug, Set & Setting, providing a more detailed conceptualization of the setting of drug use.)

Heather, N., Miller W.R.& Greely J. (1991) (eds), *Self control and addictive behaviours*, New York, Pergamon

Levy, N. (2013). Addiction is Not a Brain Disease (and it Matters). *Frontiers in Psychiatry*, 4, 24. doi:10.3389/fpsy.2013.00024

(Argues that neural dysfunction is not sufficient for disease: something is a brain disease only when neural dysfunction is sufficient for impairment. Claims that the neural dysfunction that is characteristic of addiction is not sufficient for impairment, because people who suffer from that dysfunction are impaired, sufficiently to count as diseased, only given certain features of their context.)

Lewis, M. (2013). Why Addiction is NOT a Brain Disease | Mind the Brain. Retrieved April 23, 2013, from <http://blogs.plos.org/mindthebrain/2012/11/12/why-addiction-is-not-a-brain-disease/>

Peele S. (1985), *The Meaning of Addiction*, Lexington Books, Lexington and Toronto

Peele, S. (2007), [Addiction as Disease. Policy, Epidemiology, and Treatment Consequences of a Bad Idea](#). In: J. Henningfield, W. Bickel, and P. Santora (Eds.), *Addiction Treatment in the 21st Century: Science and Policy Issues*. Baltimore: Johns Hopkins. pp. 153-163.

Reinerman C., Murphy S. & Waldorf D. (1989), Pharmacology is not destiny: the contingent character of cocaine abuse and addiction, *Addiction Research*, 2 (1), 21-36

Rhodes, T. (2002), 'The `risk environment': a framework for understanding and reducing drug-related harm', *International Journal of Drug Policy* 13(2), pp. 85-94.
(Although formulated in the context of HIV, Risk Environment theory addresses the multiple factors that impact on drug use and addictive behaviours and the associated harms, as well as their management and reduction.)

Rhodes, T. (2009), 'Risk environments and drug harms: A social science for harm reduction approach', *International Journal of Drug Policy* 20(3), pp. 193-201.
(An expanded discussion of the Risk Environment of drug use. The focus is not necessarily on direct cause and effect relationships but on factors contingent upon social context, subject to an environment where multiple biological, psychological and social factors meet and exercise mutual influence.)

Robins, L. N. (1993). The sixth Thomas James Okey Memorial Lecture. Vietnam veterans' rapid recovery from heroin addiction: a fluke or normal expectation? *Addiction (Abingdon, England)*, 88(8), 1041-54. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/8401158>

Robins, L. N., Helzer, J. E., & Davis, D. H. (1975). Narcotic use in southeast Asia and afterward. An interview study of 898 Vietnam returnees. *Archives of general psychiatry*, 32(8), 955-61. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/1156114>
(This paper is one of the first to present data raising doubts about the disease model of addiction, showing the spontaneous recovery from heroin addiction among US GIs, returning from Vietnam, where they were initiated to the drug.)

Zinberg, N. E. (1984), *Drug, set and setting*, Yale University Press, New Haven and London.
(Following a social learning perspective, Zinberg focuses on set, and setting variables -in addition to the drug factor- to explain the variety of drug use patterns. The use of any drug involves rules of conduct (social sanctions) and patterns of behaviour (social rituals), known as "informal social controls": they influence many people to prevent problems in drug use)

2) Control & Self-Regulation in use of licit drugs

Heather, N, Robertson, I (1981), *Controlled drinking*, London, Methuen

Humphreys, K., Moos, R.H.&Finney J.W. (1995), Two pathways out of drinking problems without professional treatment, *Addictive Behaviors*, 4, 427-441

Sobell L.C., Sobell M.B.&Toneatto T. (1991), Recovery from alcohol problems without treatment, in Heather et al (1991) cit.

3) Control & Self-Regulation in use of illicit drugs

Blackwell J.S. (1983), Drifting, controlling and overcoming: opiate users who avoid becoming chronically dependent, *Journal of Drug Issues*, 13, 2, 219-235
(*About the characteristics of long term recreational non dependent opiate users*)

Decorte T. (2000). *The taming of cocaine*. Brussels, VUB University Press.

Grund JP, Kaplan C.& De Vries M., Rituals of regulation: controlled and uncontrolled use in natural settings, in Heather N., Wodak A., Nadelmann E., O'Hare Pat (eds) (1993), *Psychoactive drugs and harm reduction: from faith to science*, Whurr Publishers, London
(*Self regulation and control is more than "moderate" use. In addition to rituals and rules, more factors are introduced as determinants of drug use: drug availability and life structure*)

Harding WM & Zinberg NE: The effectiveness of the subculture in developing rituals and social sanctions for controlled drug use. In: Du Toit BM (ed.): *Drugs, rituals and altered states of consciousness*. Rotterdam: Balkema, 1977: 111-133.
(<http://www.druglibrary.org/schaffer/lsd/zinsubcl.htm>)

Robins L.N., Davis D.H.& Goodwin D.W. (1974), Drug use in US Army enlisted men in Vietnam: a follow up on their return home, in *American Journal of Epidemiology*, 99, 235-249
(*Showing 12% recidivism among veterans after three years: the pharmacological properties of heroin does not by itself lead to permanent addiction*)

Waldorf D., Reinerman C.& Murphy S. (1991), *Cocaine changes. The experience of using and quitting*, Philadelphia, Temple University Press
(*The largest ethnographic study, with interviews to 267 heavy cocaine users. Controlled use is defined as "regularly ingestion without escalation to abuse or addiction, and without disruption of daily social functioning"*).

Warburton H, Turnbull PJ & Hough M. (2005). *Occasional and controlled heroin use: not a problem?* York, The Joseph Rowntree Foundation's Drug and Alcohol series (ISBN 1 85935 424 6).
(*This report explores the patterns of heroin use among a population of non-dependent and controlled dependent heroin users who saw their use as relatively problem-free. the report shows, some people, in some circumstances, can effectively manage and regulate their use, raising important issues for treatment. The report deconstructs some of the myths surrounding heroin use and heroin dependence.*)

Zinberg N.E.& Harding W.M. (1979), Control and Intoxicant Use: a Theoretical and Practical Overview. Introduction, in *Journal of Drug Issues*, 9, 121-143

Zinberg N.E.& Harding, W.M. (eds)(1982), *Control over intoxicant use. Pharmacological, Psychological and social considerations*, New York, Human Sciences Press

4) Control & Self-Regulation in non marginalized PWUD

Cohen P., Sas A. (1994). Cocaine use in Amsterdam in non deviant subcultures, *Addiction Research*, 2, 1, 71-94)

(A study on 160 “experienced” users showing mechanisms for controlling cocaine assumption - such as choosing the route of ingestion, keeping use at a moderate level, associating consumption to a limited number of social circumstances and emotional states).

Cohen P.& Sas A. (1995), Cocaine use in Amsterdam II. Initiation and patterns of use after 1986, Department of Human Geography, University of Amsterdam (www.cedro-uva.org)

(A sample of 108 persons. External controls – such as low availability and heavy risk in purchasing- seem to play a smaller role in controlling use).

Erickson, P.G., Adlaf E.M.& Smart R.G., Murray G.F. (1994), *The steel drug. Cocaine and crack in perspective*, Lexington Books. New York

(A study of 111 cocaine users)

5) On cessation of drug use: the concept of maturing out

Anglin, D.M.& McGlothlin, W.H. (1984), Outcome of narcotics addict treatment in California, in Tims, F., Ruchman N. (eds), *Drug abuse treatment evaluation: strategies, progress and prospects*, NIDA Research Monograph Series, Washington, US Government Printing Office

(The authors develop a theoretical model for assessing the complex relationship among variables to explain maturing out over time)

Prins, E.H. (1995), *Maturing out. An empirical study of personal histories and processes in hard drug addiction*, Erasmus University Rotterdam, Rotterdam, The Netherlands.

(<http://repub.eur.nl/res/pub/21449/>)

(Building a conceptual framework of drug addiction trajectories: an adequate level of personal and social identity will allow about two thirds of all addicted people to “mature out” of addiction)

Winick, C. (1962), Maturing out of narcotic addiction, *U.S. Bulletin on Narcotics*, 14, 1-17

(Introducing the concept of “maturing out” as kicking the habit in a “natural” way, in opposition to the dominant view of addiction as a lifetime disease)

Winick, C. (1964), The life cycle of the narcotic addict and addiction, *U.S. Bulletin on Narcotics*, 16

(Analysing the records of Federal Bureau of Narcotics, the author concludes that most of the addicts became abstinent between the ages of 23 and 37)

6) On cessation of (legal and illegal) substances' use: the concepts of "spontaneous remission" and "natural recovery"

Biernacki P. (1986), *Pathways from heroin addiction: recovery without addiction*, Philadelphia, Temple University Press

(Focusing on identification in the addict life-style as a variable in recovery: street addicts find it difficult to overcome their addiction because of their immersion in the addict life-style and because they are excluded from conventional society)

Humphreys, K., Moos, R.H.& Finney J.W. (1995), Two pathways out of drinking problems without professional treatment, *Addictive Behaviours*, 20, 427-441

(A prospective study of natural resolutions, highlighting the relationship with the behaviour change process)

Marlatt, G.A., Baer J.S., Donovan D.M.& Kivlahan, D.R. (1988), Addictive behaviours: etiology and treatment, *Annual Review of Psychology*, 39, 8, 223-252

(Challenging the concept of "spontaneous" remission: cessation without any professional intervention is associated to a number of psychological and environmental factors related to the initiation of behaviour change)

Shaffer, H.J.& Jones S.B. (1989), *Quitting cocaine. The struggle against impulse*, Lexington, Lexington Books

(Investigating the reasons to quit and grouping them in "interpersonal reasons", "physical reasons", "social reasons", "illicit character of drugs")

Tucker, J.A., Vuchinich, R.E.& Gladsjo, J.A. (1994), Environmental events surrounding natural recovery from alcohol related problems, in *Journal of studies on alcohol*, 55, 401-411

(A controlled study investigating the role of "positive" and "negative life events" in the resolution process: the non resolved participants reported increased negative events and no change over time in positive events)

Waldorf et al. (1991) (cit.)

(Negative effects of cocaine use combined with the interaction of such effects with their lives and identities were found as the main reasons to quit)

Waldorf, D.& Biernacki, P. (1982), Natural recovery from opiate addiction: a review of the incidence literature, in Zinberg, N.E., Harding, W.M. (eds), *Control over intoxicant use* (cit.)

(The first systematic review of literature related to the incidence of natural recovery from heroin addiction, leading to the conclusion that spontaneous recovery is not a rare phenomenon and that untreated addicts have equal possibilities to recover as those professionally treated)

7) On cessation of drug use: the concept of drifting out

Blackwell, J.S. (1983), Drifting, controlling and overcoming: opiate users who avoid becoming chronically dependent, *Journal of Drug Issues*, 13, 2, 219-235

("Drifters" identified as casual users who were able to control their drug consumption, with other aspects of their life strongly competing with use)

Brown, J. W., Glaser D.& Ward, E., Geis G. (1974), Turning off: cessation of marijuana use after college, *Social Problems*, 21, 4, 526-538
(*Cessation of marijuana as a result of acquiring commitment to non student roles*)

Waldorf, D. (1983), Natural recovery from opiate addiction. Some social-psychological processes of untreated recovery, *Journal of Drug Issues*, 13, 2, 237-280
(*The author found that many, apparently not committed to the life style of an addict, seemed to simply drift away from heroin without conscious effort*)

Part 2- Studies on controls over different substances

Marijuana

Cohen, Peter, & Arjan Sas (1998), *Cannabis use in Amsterdam*. Amsterdam, Centrum voor Drugsonderzoek, Universiteit van Amsterdam. <http://www.cedro-uva.org/lib/cohen.canasd.html>
(*A wide and multisided range of data – positive and negative effects, consequences, disadvantages and advantages- from a large sample of experienced cannabis users*)

Reinarman, Craig, Peter D.A. Cohen & Hendrien L. Kaal (2004), The Limited Relevance of Drug Policy: Cannabis in Amsterdam and in San Francisco. *American Journal of Public Health*, 2004;94:836–842. <http://www.cedro-uva.org/lib/reinarman.limited.html>
(*Showing strong similarities across both cities and finding no evidence to support claims that criminalization reduces use or that decriminalization increases use*)

Sifaneck S. (1995). Keeping off, stepping on, and stepping off: The stepping-stone theory reevaluated in the context of the Dutch cannabis experience. *Contemporary Drug Problems*, 22. 483-512.
(*Discusses shifts in patterns of cannabis use in the Netherlands.*)

Opiates

Shewan D.& Dalgarno P. (2005), Low levels of negative health and social outcomes among non treatment heroin users in Glasgow (Scotland): evidence for controlled heroin use), *British Journal of Health Psychology*, 10, 1-17
(*A longitudinal study focused on 126 long-term heroin users who had never been in specialist treatment for use of any drug. While there was evidence of intensive risky patterns of drug use among the sample, there was equal evidence for planned, controlled patterns of use*)

Snow M. (1973), Maturing out of narcotic addiction in New York City, *International Journal of the Addictions*, 8 (6), 921-938
(*How people limit or stop their heroin use because of change in life circumstances and the adoption of certain adult roles*)

Warburton H. (2005) et al., above quoted

Cocaine and other stimulants

Chitwood D.D & Morningstar P. (1985), Factors that differentiate cocaine users in treatment from non treatment users, *The International Journal of the Addictions*, 20 (3), 449-459

Cohen P. (1989), *Cocaine use in Amsterdam in non deviant subcultures*, Amsterdam, Instituutvoor Sociale Geografie

Cohen, Peter, & Arjan Sas (1992), *Loss of control over cocaine: Rule or exception?* Paper presented at the American Society of Criminology, New Orleans 3-7 November, 1992. Amsterdam, CEDRO Centrumvoor Drugsonderzoek, Universiteit van Amsterdam. (*Data on 268 experienced cocaine users show that loss of control as a function of heavy cocaine use is a rare phenomenon*) <http://www.cedro-uva.org/lib/cohen.loss.html>

Cohen P., Sas A. (1994) (above quoted)

Decorte T. (2000). *The taming of cocaine* (above quoted)

Decorte T. & Sloock S. (2005). *The taming of cocaine II*. VUB Brussels University Press (*A six years follow up study of 77 cocaine and crack users from the original ethnographic study carried out in 1996/7 on 111 users*)

Decorte T. & Muys M. (2010), Tipping the balance. A longitudinal study of perceived “pleasures” and “pains” of cocaine use (1997-2009), in Decorte T., Fountain J., *Pleasure, pain and profit*, PABST Wolfgang Science, Lengerich (Chapter 3) (*A twelve year follow up study of 56 cocaine users from the original ethnographic study in 1996/7: most users prevent their use from escalating when the balance between the perceived advantages and disadvantages tips towards the latter*)

Erickson et al., 1994 (above quoted)

Mugford S.K. & Cohen P. (1989), *Drug use, social relations and commodity consumption: a study of recreational cocaine users in Sydney, Canberra and Melbourne*. Report to the National Campaign against drug abuse, Canberra, Australian National University

Mugford S.K. (1994), Recreational cocaine use in three Australian cities, *Addiction Research*, 2 (1), 95-108

Uitermark, Justus, & Peter Cohen (2004), *Amphetamine users in Amsterdam. Patterns of use and modes of self-regulation*. <http://www.cedro-uva.org/lib/uitermark.amphetamine.html> (*this paper sets forth to answer some questions with respect to use patterns, the formal and informal modes of control that users employ, the role of context variables in fostering in facilitating these modes of control. Some drug policy implications are discussed*)

Part 3- Alternatives to the disease model in drug policies and interventions

Harm Reduction as an alternative policy

Cohen, P. (1999), Shifting the main purposes of drug control: From suppression to regulation of use. Reduction of risks as the new focus for drug policy. *International Journal of Drug Policy*, 10 (1999), 223-234. <http://www.cedro-uva.org/lib/cohen.shifting.html>

(Ten years of drug use data in the population of Amsterdam are presented. They show a remarkable level of control and stability in drug use patterns in a policy environment that allows relatively easy access to drugs. Internal controls on drug use can be expected to play a much larger part in structuring these patterns than classic drug policy theory allows for)

Marlatt G.A. (1996), Harm Reduction: come as you are, *Addictive Behaviors*, 21(6), 777-788
(Some basic assumptions are illustrated: 1) harm reduction is a public health alternative to the moral/criminal and disease models of drug use and addiction; 2) it has emerged primarily as a "bottom-up" approach based on addict advocacy, rather than a "top-down" policy established by addiction professionals; 3) it promotes low threshold access to services as an alternative to traditional high threshold approaches)

Marlatt G.A. (ed.)(1998), *Harm Reduction. Pragmatic strategies for managing high risk behaviors*, The Guilford Press, New York

(The first part of the book gives an overview on basic principles of Harm Reduction in drug policies, while the second part shows applications for alcohol problems, nicotine, illicit drugs)

Reinermann et al. (2004), *The limited relevance of drug policy*
(above quoted)

Harm Reduction as an alternative model of intervention

Denning P., Little J.& Glickman A. (2004), *Over the influence. The Harm Reduction Guide for managing drugs and alcohol*, The Guilford Press, New York

(The book presents HR as a new approach to problems with alcohol and illicit drugs in alternative to the disease model. The basic principle of the disease model- the "all or nothing" hypothesis (either abstinent or addict)- is challenged from the theoretical perspective of the social learning model (drug, set, setting) and of the process of change. Change is as a step by step process, involving all areas of users' life experience. The book has both a theoretical and a practical value)

Peele S. (1991), *The truth about addiction and recovery*, Simon& Schuster, New York
(The book presents an alternative theory to the addiction as a disease. Addiction is an "addictive habit", which may occur for many human experiences, from substances to activities. Addiction is easier to beat than usually believed and most people recover without treatment, as addiction is changeable along with the change in life circumstances)

Peele S. (2004), *Seven tools to beat addiction*, Three Rivers Press, New York
(A practical guide to overcoming addiction of any kind, by providing basic building blocks for non addictive lives: values, motivation, rewards, resources, support, a mature identity and higher goals)

Tatarsky A. (2002), *Harm Reduction psychotherapy. A new treatment for drug and alcohol problems*, Rowman& Littlefield Publishers, Lanham, Maryland
(The book presents Harm Reduction psychotherapy as treatment that works psychotherapeutically, and demonstrates how it is rooted in the basic principles of good psychotherapy practice and it is consistent with psychodynamic and cognitive-behavioral models)

Tucker J.A., Donovan D.M.& Marlatt G.A. (1999), *Changing addictive behavior. Bridging clinical and public health strategies*, The Guilford Press, New York
(The aim of the book is to move beyond the familiar clinical model and to consider public health approaches to addictive behavior change, both for alcohol and illicit drugs problems. The present clinical approach is best suited to a minority of population. Learning from natural resolution pathways, innovative interventions aimed at reducing risks can be implemented. These interventions allow to reach a wider target of users).

Psychosocial constructs as building blocks for alternative models of intervention: stages of change, self efficacy, proactive approach

Guides to moderation management

Moderate drinking guidelines (Suggested readings at Moderation Management meetings)
(www.moderation.org)

Rotgers F., Kern M.F.& Hoetzel R. (2002), *Responsible drinking. A moderation management approach for problem drinkers*, New Harbinger, Oakland, California
(The book shows moderation as a viable alternative to abstinence for problem drinkers, bridging the gap between alcohol research and practice. "Moderation"- step down strategies, such as "temporary abstinence" – or "taking a break from drinking"- are thoroughly examined)

Transtheoretical model of change

Main references:

Prochaska, J. Q, & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 20, 161-173.

Prochaska, J. Q, & DiClemente, C. C. (1992). Stages of change in the modification of problem behaviors. In M. Hersen, R. M. Eisler, & P. M. Miller (Eds.), *Progress in behavior modification* (pp. 184-214). Sycamore, IL: Sycamore Press.

Prochaska, J. O., Norcross, J. C, & DiClemente, C. C. (1995). *Changing for good*. New York: Avon.

Prochaska, J. O., & Norcross, J. C. (2010). *Systems of psychotherapy: A transtheoretical analysis* (7th ed.). Pacific Grove, CA: Brooks/Cole.
(Studies since the eighties until the latest editions are shown in this paper about the Transtheoretical Model of Change that involves five stages: precontemplation, contemplation, preparation, action and maintenance).

DiClemente, C. C., & Hughes, S. L. (1990). Stages of change profiles in alcoholism treatment. *Journal of Substance Abuse*, 2, 217-235.
(In this paper Transtheoretical Model of Change is applied to alcoholism).

DiClemente, C. C., & Prochaska, J. O. (1982). Self-change and therapy change of smoking behavior: A comparison of processes of change in cessation and maintenance. *Addictive Behaviors*, 7, 133-142.

DiClemente, C. C., Prochaska, J. Q., & Gilbertini, M. (1985). Self-efficacy and the stages of self-change of smoking. *Cognitive Therapy and Research*, 9, 181-200.

Prochaska, J. O., Velicer, W. F., DiClemente, C. C., & Fava, J. S. (1988). Measuring processes of change: Applications to the cessation of smoking. *Journal of Consulting and Clinical Psychology*, 56, 520-528.

Prochaska, J. Q., & DiClemente, C. C. (1983). Stages and processes of self-change in smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 5, 390-395.

Prochaska, J. Q., DiClemente, C. C., Velicer, W. F., Gimpil, S., & Norcross, J. C. (1985). Predicting change in smoking status for self-changers. *Addictive Behaviors*, 10, 395-406.
(The majority of studies about changes related to smoking cessation).

Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47, 1102-1114.

DiClemente, C. C. (2003). *Addiction and change*. New York: Guilford Press.
(How people intentionally change addictive behaviors with and without treatment is not well understood by behavioral scientists. These articles summarize research on self-initiated and professionally facilitated change of addictive behaviors using the key transtheoretical constructs of stages and processes of change. Individuals typically recycle through these stages several times before termination of the addiction.
Multiple studies provide strong support for this model of change that systematically integrates the stages with processes of change from diverse theories of psychotherapy).

Self-efficacy and addiction

Main references:

Bandura A. (1977). Self-efficacy: toward a unifying theory of behavioral change. *Psychological Review*;84(2):191-215.

Bandura A. (1986). *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs, NJ: Prentice-Hall.
(These papers are related to the psychological construct of self-efficacy).

Kadden R.M&Litt M.D (2011),The Role of Self-Efficacy in the Treatment of Substance Use Disorders, *Addictive Behaviors*; 36(12): 1120–1126.
(*Self-efficacy and Substance Use Disorders*).

Litt M.D, Kadden R.M& Stephens R.S (2005), Marijuana Treatment Project Research Group. Coping and self-efficacy in marijuana treatment: Results from the Marijuana Treatment Project,*Journal of Consulting and Clinical Psychology*,73:1015–25.

Stephens R.S, Wertz J.S& Roffman R.A (1995), Self-efficacy and marijuana cessation: A construct validity analysis, *Journal of Consulting and Clinical Psychology*,63(6),1022–1031.
(*Use of Marijuana and the effect of coping strategies and self-efficacy*).

Martinez E, Tatum KL, Glass M, Bernath A, Ferris D, Reynolds P& Schnoll R.A (2010), Correlates of smoking cessation self-efficacy in a community sample of smokers, *Addictive Behaviors*, 35,175–178.
(*Self-efficacy and smoking*).

Marlatt G.A& Gordon J.R(1980), Determinants of relapse: Implications for the maintenance of behavior change, in Davidson P.O, Davidson S. M(eds),*Behavioral Medicine: Changing Health Lifestyles*, New York, Brunner/Mazel, pp. 410–452.

Moos R.H& Moos B.S (2006), Rates and predictors of relapse after natural and treated remission from alcohol use disorders,*Addiction*,101(2),212–222.
(*Predictors of relapses*).

Warren J.I, Stein J.A &Grella C.E (2007), Role of social support and self-efficacy in treatment outcomes among clients with co-occurring disorders, *Drug and Alcohol Dependence*,89(2–3), 267–274.
(*Dependences and co-occurring disorders, the role of self-efficacy*).

Proactive approach

Main references

McGinnis J.M., Williams-Russo P.& Knickman, J.R. (2001), The Case For More Active Policy Attention To Health Promotion, *Health Affairs*, 21(2), 78-93, doi: 10.1377/hlthaff.21.2.78

Schwartz S.J, Pantin H, Coatsworth, J.D& Szapocznik, J. (2007), Addressing the challenges and opportunities for today's youth. Toward an integrative model and its implication for research and interventions, *The Journal of Primary Prevention*, 28(2), 117-144.
(*The proactive approach, unlike the risk and protective factors approach, is focused on a theory based on human plasticity, and on individual competences and skills*).

Cook, J.R& Kilmer, R.P (2012), Systems of Care: New Partnerships for Community Psychology, *American Journal of Community Psychology*, 49(3-4), 393-403.

Fagan A.A, Hanson K, Briney J.S, Hawkins J.D (2012), Sustaining the Utilization and High Quality Implementation of Tested and Effective Prevention Programs Using the Communities That Care Prevention System, *American Journal of Community Psychology*, 49(3-4), 365-377.

(The interventions are aimed to promote community and social resources and the involvement of environment).

Lorig, K.& Holman H.R (2003), Self-Management Education: History, Definition, Outcomes, and Mechanisms, *Annals of Behavioral Medicine*, 26 (1),

http://link.springer.com/article/10.1207/S15324796ABM2601_01#page-1

Lorig, K. (2012), Patient-Centered Care, *Health Education Behavior*, 39 (5), 523-525.

(Rooted in the proactive approach, the Self-Management Model enhances the patients' expertise, psychological and social empowerment. The professional care is only a part in a complex system of formal and informal care.

Both the Trans theoretical and the Self Management models are proactive, though with differences: while the former is focused on the process of change and the role of choice and decision, the latter underlines the expertise of individuals and the patient's skills.)

See also studies on community-based prevention systems, e.g. Communities That Care, that result effective in reducing adolescent drug use, delinquency, and other problem behaviors.