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

Compiled by Jean Paul Grund, Patrizia Meringolo, Grazia Zuffa
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


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


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


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


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


(Robin's 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.)


(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


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


(*About the characteristics of long term recreational non dependent opiate users*)


(*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*)


(*Showing 12% recidivism among veterans after three years: the pharmacological properties of heroin does not by itself lead to permanent addiction*)


(*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”*)


(*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.*)

4) Control & Self-Regulation in non marginalized PWUD


(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).


(A study of 111 cocaine users)

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


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


(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)


(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)


(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”


*(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)*


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


*(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)*


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


*(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)*


*(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


*(“Drifters” identified as casual users who were able to control their drug consumption, with other aspects of their life strongly competing with use)*
Part 2- Studies on controls over different substances

Marijuana

(A wide and multisided range of data – positive and negative effects, consequences, disadvantages and advantages from a large sample of experienced cannabis users)

(Showing strong similarities across both cities and finding no evidence to support claims that criminalization reduces use or that decriminalization increases use)

(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**


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


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


Decorte T. & Slock 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)


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


(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)


(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


(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)


(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)
(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)

(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)

(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:


(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. (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:


(Self-efficacy and Substance Use Disorders).


(Use of Marijuana and the effect of coping strategies and self-efficacy).

(Self-efficacy and smoking).

(Predictors of relapses).


(Dependencies and co-occurring disorders, the role of self-efficacy).

Proactive approach

Main references


(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).

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. (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.*