

Week 2 – The Politics of Substance Abuse

Addiction, Power, and Powerlessness
Alcoholism as a Professional Discourse
Is alcoholism a disease? Who defines an addiction? Threaded

[NPR Audio Broadcast](#)

Discussion
Features of Addictive and Sober Systems (Handout)

Discussion

Activity: Watch the Movie Traffic (2000), complete the readings and be prepared to discuss its contents in this week's threaded discussion and Centra event on Tuesday Feb 7th.

Framing the discussion:

The media and conventional wisdom construct illegal drugs as a social problem. However, from a social, economic, and health perspective, legal substances (tobacco and alcohol) have a tremendous impact and do most of the damage. We create together what counts as a problem and what does not. Using alcohol and tobacco is legal but they are still the ones responsible for serious public health problems.

- Why does the abuse of these drugs generate such a paradoxical response on the part of the authorities and professionals?
- Who decides when a drug is legal and when it is not?
- What considerations amount as the privileged ones?
- Who is held responsible for the deleterious impact of legal substances abuse?
- To what extent the "war on drugs" and the legitimization of other drugs feeds and augments the problems?
- Who benefits and loses in this process?

[Statistics](#)



Driving Under the Influence (DUI) among Young Persons (Substance Abuse and Mental Health Services Administration)

FASTATS: Alcohol Use (National Center for Health Statistics)

General Alcohol Information (Centers for Disease Control and Prevention)

Illicit Drug Use among Lifetime Nondrinkers and Lifetime Alcohol Users (Substance Abuse and Mental Health Services Administration)

Percent of Adults Aged 18 Years and Over with Excessive Alcohol Consumption: United States, 1997 - 2002 (National Center for Health Statistics)

Polydrug Admissions: 2002 (Substance Abuse and Mental Health Services Administration)

Quick Facts: Alcohol Topics (National Institute on Alcohol Abuse and Alcoholism)

Snapshot of Annual High-Risk College Drinking Consequences (National Institute on Alcohol Abuse and Alcoholism)

Notes About Family Therapy and Systems Theory:

A lot of texts about family therapy highlight a set of elusive concepts to define the field. An article written by Donald Williamson summarizes what family therapy is about. Let me share with you some of what he includes in his list as the core to understand and treat emotional problems:

- A compassionate spirit
- A calling for more reciprocity
- A greater attention to context
- A greater sense of community and interdependence

Its aims are to:

- Minimize the isolation
- Depathologize the identified client
- Demythologize the therapist
- Renew the language
- Expect and promote health
- Marvel at the complexity of the emotional process in families and the spiritual dynamics in all social systems

The interconnected relationships within a family are widely recognized as crucial elements of substance use disorders and their treatment. Clinicians and researchers agree that interactions among family members can affect the emotional health of individual members and thus fail to prevent the development of substance use disorders. Although family factors have been implicated in the etiology of adolescent substance use, it is important to recognize that individual,



environmental, and contextual factors also contribute to adolescent substance use behaviors. With that in mind, adolescent substance use disorders are commonly referred to as multidimensional disorders.

Through the years, many substance use disorder treatment programs have worked with family members in a component called family-based therapy, family-centered therapy, or simply family therapy. Just as these names differ, so have the services differed from one treatment program to another. They reflect that family-based interventions work at the level of family change (e.g., parenting practices, family environment, problem solving) and also aim to take into account the psychosocial environments in which the adolescent lives. In one situation, family therapy might refer to an educational session or a discussion of family problems with a substance abuse counselor. In others, it might consist of a few family conferences with members of the treatment team present to explore what family members can do to help the patient. Some programs may have very effective family counseling sessions, referred to as family therapy.

The distinctions among family-based therapy, family-centered therapy, and family therapy are not unimportant. They reflect different versions of family-based intervention. Some family-focused interventions assume that information about the 12-Step philosophy, delivered in the context of family treatment, is sufficient to affect the substance-using behaviors of the adolescent. Other approaches, as well as most family-based therapies, assume that the interaction within the family and between important family members and other extrafamilial individuals is critical to making change. Data support the link between changes in central aspects of family functioning and changes in the substance-using and problem behaviors of the adolescent (Schmidt et al., 1996).

Too often, however, the phrase "family therapy" is a "catch-all" name for any activity that brings family members together for discussion. Unfortunately, much of what has passed for family therapy throughout the development and history of substance use disorder treatment has not been the provision of services using a carefully learned and disciplined therapeutic approach. Nor has it been designed with a solid understanding of family dynamics or led by well-trained and experienced family therapists.

Fortunately, these old approaches have all but disappeared from treatment programs. It is now recognized throughout the substance use disorder treatment field that working with families is a huge responsibility that requires a clinical understanding of family interactions and pathologies. It is notable that one of today's leading texts on family therapy has concluded that much of the cutting edge research in the field at large is done in the context of a substance use disorders (Nichols and Schwartz, 1998).

Over the past two decades, much has been learned in carefully constructed and controlled research studies to indicate how a family therapist, working in conjunction with other members of the treatment staff or alone, can intervene constructively to help a family change behaviors (Stanton and Todd, 1979; Stanton and Shadish, 1997; Gurman et al., 1986; Liddle, 1992). These studies have been conducted in research-based settings, not within existing community-based programs. However, sufficient outcome data and experience now exist to transfer the research models to naturalized treatment settings. Family therapy programs may also be suitable sites of effective research on adolescents who have substance use disorders.

Substance use disorder treatment programs can use family therapists to apply therapeutic approaches that have been proven effective with adolescents and their families. Preparing for and integrating a therapist who will provide family therapy in a treatment program requires a considerable amount of time. Furthermore, a therapist who practices a family-based approach should have formal, professional training in this method. Family therapy fits well into the regimen of treatment in which case management is used; it has also been shown effective in home-based treatment (Comfort and Shirley, 1990; Thompson et al., 1984).

What Is Family Therapy?

Three approaches of family therapy are being applied in treatment settings today:

The **old-style paradigm believes that something wrong in the family** produced the substance use disorder. In other words, the family caused it. This view has been recently revised to reflect an increased understanding of family dynamics.

The **second paradigm focuses on risk and protective factors** by working with families to reduce the risk factors and increase the protective factors. It is commonly used in adolescent substance use prevention programs as well as treatment.

The **third paradigm of family therapy takes a multisystemic or multidimensional perspective in the therapeutic process.** Therapy includes all family members, and in some cases, peers (although their involvement would be limited to when the therapist believes their participation would be helpful). In effect, the family or the group is the patient. The justification for the multidimensional approach is that the two most important influences on the adolescent are his family and members of his peer group. Multidimensional family therapy started sometime in the 1930s when social scientists began to understand that family members are interconnected and interdependent parts of a system. They constantly interact with and affect each other. When there is a change in any individual member of the family, others in



the family system are affected. From a systems perspective, families are seen as organisms that continuously change and reconstitute themselves (Gladding, 1995). One study summarized family systems as a powerful and influential series of interconnected relationships among family members that provide for human behavior, emotion, values, and attitudes (Figley and Nelson, 1990).

Contemporary family therapy approaches understand the importance of treating individuals as subsystems within the family system and as units of assessment and intervention; in other words, **each member of the family is capable of being assessed and can act as a unit of intervention**--for example, by changing her interactional patterns. The critical point is that family-based treatments work with multiple units, including individual parents, adolescents, parent-adolescent combinations, and whole families, as well as family members vis-_-vis other systems. It is the multiple systems approach that distinguishes current family-based therapies from older family therapy approaches (Liddle, 1995).

Applied appropriately, **family therapy often can quickly cut through to the reality of a situation.** This makes it an effective tool in treatment. When used with all of the members of the family, it can open and improve communications, often eliminating the family secrets that have enabled the client to continue practicing his addiction. It is important to note that some families with an adolescent with a substance use disorder do not need family therapy. These families function well and should not change in any substantive way. If the family system is effective overall, individual or group therapy for the member with the substance use disorder may be the focus of the therapy, with occasional family meetings to convey information, to help the family provide support to the substance-using member, and to integrate the family into the long-term goal of relapse prevention.