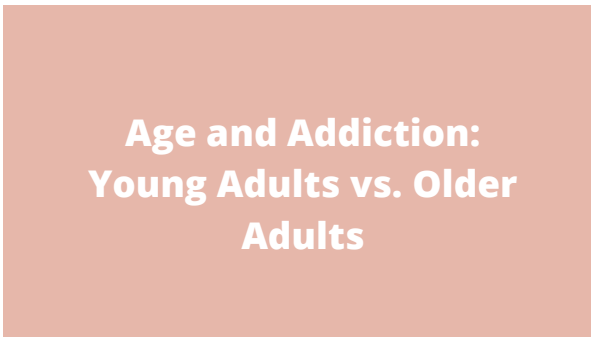


1



2



3

The differences between young adults and old adults are copious. From their looks, to the generation they grew up in and even in something as tangible as age; they are different. There are also differences in young adults and older adults when it comes to addiction and recovery. And why wouldn't there be when everything even down to the physical body and brain is different?

**Age and Addiction: Young Adults vs. Older Adults (palmpartners.com)*

4

Older Adults and Their Addiction

According to a report by SAMHSA or the Substance Abuse and Mental Health Services Administration the levels of addiction among adults over 50 are increasing. These people are known as the baby boomers and they came from an age of drug-friendly culture in the 1960s and 70s that gives them little to no qualms about popping pills in order to deal with anything including the emotional stress of aging.

So while the prescription painkiller epidemic may be limited to news about young adults overdosing, the truth is older adults are just as easily susceptible to an addiction. And recovery, well the older adults may be more docile and compliant than their younger addicted counterparts, but they still have their struggles to stay sober; struggles which are totally unique to them.

5

Related Video

Aging in Addiction | Aging Matters | NPT Reports (2:06)

(245) Aging in Addiction | Aging Matters | NPT Reports - YouTube

6

Older Adults and Their Recovery

While it may seem like that older adults would be more responsible or that they would recognize the severity of their situation, they do to a certain extent, they suffer from the disease of addiction. And the same fears that drive every addict to use again; drive older adults to use.

7

Many older adults have an overwhelming fear of growing old and being alone. This can exacerbate their addiction and cause them to relapse or be incapable of staying sober. Also, older adults have a hard time getting into recovery. Many times the feelings of guilt and shame associated with going to treatment or detox are too overwhelming. Older adults, some, grew up learning that alcoholics were the people under the bridge and don't believe that to be them or don't want to admit to having the same problem. This, or older adults find it especially shameful for a grandmother to have an addiction so they won't ask for help.

8

When older adults want recovery though, they usually tend to get it and there are no qualms about being an addict once they admit to being one. Usually, it takes some kind of event though to get them to admit it such as a fall, injury, blackouts etc. Regardless many older adults find they are able to hang onto recovery once they want it bad enough. These are many addicts and alcoholic's stories regardless of their age.

9

Young Adults & Their Addiction

10

In today's world of drug use and drinking, many young adults find themselves with a full-blown addiction at a very young age. Where older adults begin an addiction later in life, young adults are the exact opposite. Without needing many years of drugs and drinking, due to the nature of the drugs and the way they are used, many young adults find themselves in rehab before even legal drinking age of 21.

What constitutes well-being and how it is measured may result in disagreement between helping professionals. Nevertheless, labelling disagreement as founded on differing views of beneficence can help remind all involved that they share the common goal of maximizing benefits gained through the interdisciplinary treatment setting.

11

Related Video

Voices of Youth: Substance Use Vignettes (5:25)

(245) Voices of Youth: Substance Use Vignettes - YouTube

12

Young Adults & Their Recovery

13

Once a substance use problem has been identified

However, once a substance use problem has been identified, educating the client about what it means to have a SUD, the treatments available, and the stages of recovery can be useful. Clients can be encouraged to share the impact of the substance use on themselves and on their family system. Encouraging clients to share their feelings related to their experiences in the family is important as it helps them to break the silence so often associated with living with an SUD, and it can also increase their awareness about cognitive and behavioral patterns that contribute to the SUD.

14

If, through the assessment, it becomes clear that your client or someone in the family would benefit from treatment specifically for his or her SUD, facilitating a formal evaluation or referral to treatment will be helpful. An undetected SUD can cause treatment of any type of problem to be ineffective.

15

The following are some specific steps co-occurring counselors can take to be helpful when a SUD is suspected or identified.

<p>1</p> <p>Routinely assess for SUD problem and refer the individual to a specialty clinic for further assessment or treatment when indicated.</p>	<p>2</p> <p>If problem is identified, educate about SUD, treatment, recovery, and relapse. → Assess for post/prevent SUD in family or origin.</p>	<p>3</p> <p>Explore impact of SUD on client and the family.</p> <ul style="list-style-type: none"> • Explore feelings • Explore impact on children and extended family
--	---	---

16

Know	Know	Provide
<p>Know the structure of the family that the individual you are working with comes from (i.e., blended family, single parent family).</p>	<p>Know the developmental stage of the family that the individual you are working with comes from (family with teenagers, aging family).</p>	<p>Provide treatment referrals for family members (children, spouses, adult parents) where appropriate.</p> <ul style="list-style-type: none"> • Family therapy, couples therapy • 12-Step, dual axis, 12-step • Parent training • Multisystemic therapy

17

Coordinate	Facilitate	Educate
<p>Coordinate with school systems to help clients access school-based services, after-school care, and tutoring. Help parents with advocating in the school system for their children if psych/educational/needs psychological testing is needed or the development of an Individualized Education Plan.</p>	<p>Facilitate referrals to specialized courts is indicated: adult drug court, teen drug court, family court.</p>	<p>Educate clients with SUDs about pregnancy prevention and provide education about risks of drug exposure on fetus.</p>

18

Inform	Safety	Ask
<p>Believe about AA, NA for the patient with a BPD and Alcohol, Nar-Anon, Alateen for family members. Provide location and times of meetings in their area.</p>	<p>If there are safety issues with regard to children or the elderly, Child Protective Services or Elder Protection Services referral may be needed.</p>	<p>Ask questions about if the patient living situation is physically safe or if there have been past or present incidences of domestic violence.</p>

The impact of substance use Disorder on families and Children: from Theory to Practice - PNC Indiana

19

The Impacts of Substance Addictions on Society

A substance addiction deteriorates an individual's physical and mental well being. Many times, an individual will lose their job and their family, resulting in sustaining support from society.

The Impacts of Substance Addictions on Society - The Cabin Chiang Mai

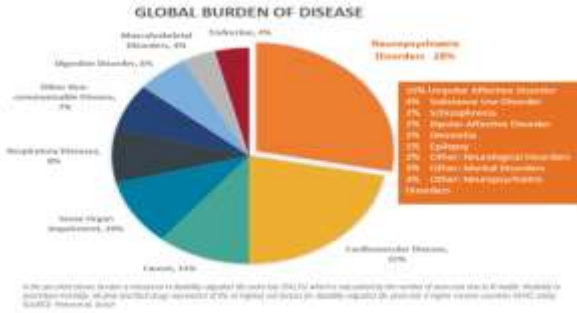
20

GLOBAL HEALTH IMPACT

Substance use disorders account for a high amount of disease burden throughout the world. Neuropsychiatric illnesses are the largest contributors to the global burden of disease, among which substance use disorders make up the second largest proportion of this burden (4%) after depression. Alcohol is the leading risk factor for death for men of working age worldwide.

» Impact: What is the Impact of Addiction? (recoveryanswers.org)

21



22

Society Impact 1: Loss of Family

Families of those caught in the downward spiral of addiction go through a lot. Oftentimes, they are subjected to domestic violence, abuse, and financial struggles. Children in this type of environment are at risk for being removed from the home and placed into state custody. The cost of putting children into state custody is approximately 1 billion USD each year.

23

Society Impact 2: Over packed Institutions

Public health systems are extremely overworked. In 2008, 15% of all patients admitted to hospitals had a substance addiction. Nearly 25% of money spent by Medicare is on inpatient treatment that is directly related to substance addiction.

Around 80% of prisoners incarcerated since 1985 are there because of a drug related offence. This is causing the prisons in the United States to be overpopulated. Inside the prison, 70% of inmates are involved in regular substance abuse.

24

Society Impact 3:

Crime

A large amount of crime can be attributed to substance addictions. This is because many addicts are trying to obtain money to purchase their substance of choice. When a purchase goes wrong they will need more money and violence normally occurs during these situations. Half of all the individuals arrested for a serious crime, such as, murder, robbery, and assault, were under the influence of an addictive, and usually illegal, substance. Society then must pick up the cost for the law enforcement, court, and incarceration.

25

Society Impact 4: Public

Welfare

Many substance offenders are on probation or parole. Others are involved in a specialized justice program, social work, or vocational rehabilitation. These are all necessary to re-integrate individuals back into society; however, unless private, all of these programs are covered by society.

26

Society Impact 5: Public

Impairment

It is well known that truck drivers, public transportation drivers, and even medical personnel have substance addictions. There have been several accidents that are the fault of a driver who was under the influence at the time of incident. This not only causes injuries and fatalities, but also huge damage costs. Many doctors that are accused of malpractice also have a substance addiction.

27

Society Impact 6: Environment

The environmental impact of substances is mainly the result of outdoor marijuana cultivation and methamphetamine production. The chemicals that are used to produce meth are flammable and hazardous. Many times, these chemicals are stored improperly, causing fire and explosions at labs.

The process used to make meth creates between 5 and 7 pounds of waste per pound of meth; this waste is typically discarded into streams, forests, and the sewers. It costs approximately 3,500-5,000 USD to clean up one meth lab or dumpsite. In 2009, 232 sites were cleaned up in California alone.

28

Related Video

How drug addiction affects society (4:13)
(245) How drug addiction affects society -24/7 Addiction Helpline Call 1(800)-615-1067 - YouTube



29

Outdoor marijuana cultivation, especially on public land, is another environmental impact that is causing concern. Cultivators often dam streams and redirect the water through plastic, gravity fed irrigation systems in order to water the plants. Because there is a high demand for this water, streams become strained and the vegetation that is dependent upon it becomes damaged.

30

Additionally, more dumpsites are being discovered with highly toxic insecticides, repellants, and poisons that are being produced in Mexico. These products, usually illegal to use in the US, are being smuggled in through Mexico because they are cheaper. They are contaminating the ground water and watersheds, as well as killing local wildlife. Overtime, these dangerous products enter the public drinking supply.

31

OTHER HARMS

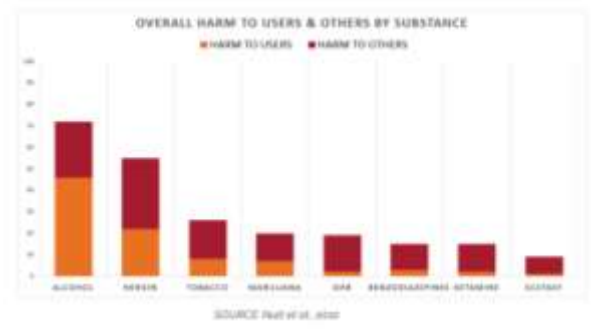
IMPACT

Harms to Those Who Use and Harm to Others by Substance Type

Alcohol is considered by experts to be the most harmful drug to other people (e.g., through assaults, domestic violence, etc.), followed by heroin and crack cocaine.

In a study that had experts rate the amount of harm to the user and others caused by a variety of drugs, alcohol was rated as producing the greatest economic cost, injury, and family adversity, while heroin was associated with the most crime. These factors were the largest contributors to the societal consequences of substance use (Nutt et al., 2010).

32



33

Economic Impact

34

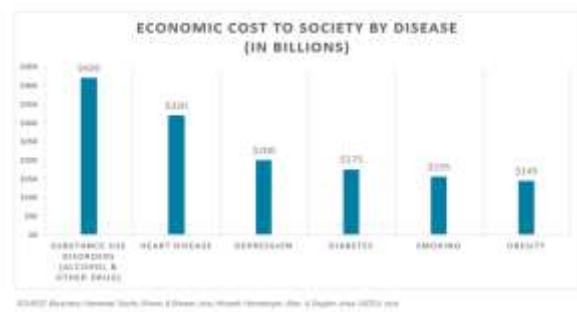
eee United States: Costs of Substance Use

In 2007, the direct and indirect costs of illicit drug use (excluding alcohol) totaled almost \$200 billion. These numbers include costs associated with crime, healthcare, and loss in productivity due to drug use.

These costs are greater than the direct and indirect costs attributable to diabetes, obesity, and smoking (USDOJ, 2011). The cost attributable to alcohol is estimated to be an additional \$224 billion (Bouchery, Harwood, Sacks, Simon, & Brewer, 2011).

» Impact: What is the Impact of Addiction? (recoveryanswers.org) *eee*

35



36

REDUCING THE IMPACT OF SUBSTANCE USE DISORDERS

37

The impact of Substance Use Disorder Can Be Reduced with Early Intervention in the United States (NDIC, 2017)

Substance use disorder treatment costs the country approximately \$36 billion per year in healthcare and approximately \$417 billion per year overall

On average, substance use disorder treatment costs \$1,583 per patient and is associated with a cost offset of \$11,487, which represents a greater than 7:1 ratio of benefits to costs

Cost-to-Benefit of Early Intervention

- Every \$1 in treatment saves \$4 in healthcare costs
- Every \$1 in treatment saves \$7 in law enforcement and other criminal justice

Medicaid cost reduction

- \$185-\$192 per member per month after receiving a brief intervention
- \$238-\$269 per member per month in costs associated with inpatient hospitalization from emergency department admissions

38

Addiction among Socioeconomic Groups from:

Addiction among Socioeconomic Groups | Sunrise House



•When addiction information and data is broken down by socioeconomic status, we can learn more about how certain groups of people are using substances. Often, socioeconomic status is measured by a combination of education, income, and occupation.

•A further look into socioeconomic groups and how they use substances also can provide valuable insights into understanding how treatment resources are divvied up, and where there might be inequities in the system.

39

The life experiences of most Americans indicate that a person's financial resources and social standing can make a difference in their health, material prosperity, and overall quality of life.

Statistics show that socioeconomic status can have a strong impact on one's risk of abusing drugs and alcohol. By the same token, an individual's financial standing can help to determine whether the person enters treatment for addiction and the level of care that the person is able to receive.

40

Cultural Stereotypes About Income and Addiction

41

There are several pervasive cultural stereotypes about socioeconomic status and addiction in the U.S.

For example, one stereotype holds that drug addiction and alcoholism primarily affect the poor, who use drugs and alcohol as a way to cope with the stress of poverty. School and education seem to institutionalize social-class distinctions, and social-class stereotypes can lead to a reinforcement of inequality.

42

In reality, addiction crosses the boundaries of wealth and social status, affecting people from all socioeconomic groups. A seriously outdated misunderstanding of addiction states that drug and alcohol abuse are moral failings that create an underclass of impoverished, chronically unemployed individuals who have little hope of ever rising above their miserable circumstances. Instead, experts have defined addiction as a disease that impacts the brain and a person's behavior that has nothing to do with "moral failing".

43

Alcohol Abuse and Income Level

- Income level can affect drug or alcohol use in many ways. People might assume that individuals in a poor or lower-middle-class neighborhood would be more likely to abuse alcohol and drugs because of financial stress, lack of education about substance abuse, and insufficient resources for treatment.
- Among the socioeconomically disadvantaged, increases in alcohol use, heavy drinking, and alcohol use disorder have led experts to consider this alcohol use a public health crisis. A lower socioeconomic status can increase alcohol-related death by 66% for men, and by a whopping 78% for women.

44

Other socioeconomic groups are also affected by alcohol use.

- Statistics indicate that alcohol use can increase in higher income groups. Alcohol use is more common among upper-class, highly educated Americans:
 - About 80% of upper-income survey respondents reported drinking alcohol, compared with approximately 50% of lower-income respondents.
 - About 80% of college graduates reported that they drink, compared with 52% of those who had a high-school education or less.
- Approximately 78% of individuals with an income of \$75,000 or more reported that they drink, compared with 45% of individuals with an income of \$30,000 or less.
- Altogether, 64% of American adults from all income categories reported that they use alcohol.

45

Among American adolescents, heavy alcohol use is more widespread in individuals whose families have higher levels of income and education. Teens whose parents had a higher education and a higher household income were more likely to engage in heavy drinking episodes than young people from lower-income homes whose parents were less educated.

46

However, individuals with a history of belonging to a lower-income socioeconomic group were more likely to engage in *heavy drinking or binge drinking (the consumption of five or more drinks in one sitting)*, while individuals in higher-income groups were more likely to engage in light or social drinking.

Individuals from a working-class background were more likely to indulge in heavy drinking; however, they were also more likely to be completely abstinent from alcohol than the white-collar Americans who were studied.

47

Opioid Addiction and Socioeconomic Status

Although opioid-related death rates have diminished in the last decades in most categories, nearly 70% of all overdose deaths in the U.S. involved an opioid in 2018. And synthetic opioid-involved death rates have increased 10%.

Abuse of illegal or prescription opioids may be highest among the poor and continues to affect people in Appalachia and those living in poverty at disproportionate rates.

48

Middle-aged white Americans who have less education, experience poverty, and increased stress due to their financial situation have increased mortality related to substance use.

Other communities and demographics, including Black Americans, that experience high poverty and a lack of local economic investment also experience opioid use at increased levels, as well as polysubstance use.

49

Homelessness and Substance Abuse

In mainstream American society, homeless Americans are the most vulnerable and socioeconomically disadvantaged. The financial instability of these individuals makes it difficult to track their use of drugs or alcohol.

The Substance Abuse and Mental Health Services Administration estimates that 34.7% of homeless adults living in shelters have drug or alcohol use disorders; however, this number does not account for the thousands of homeless people who live unsheltered in the streets.

50

Mental illness, which often goes hand in hand with substance abuse, is also common, affecting over 26% of sheltered homeless adults. In the homeless, psychiatric disorders like depression, schizophrenia, and bipolar disorder can be a greater barrier to treatment than socioeconomic obstacles.

For most of these individuals, fulfilling basic survival needs, like the need for food or shelter, takes priority over getting help for substance abuse or seeking treatment for mental illness. In addition, many homeless people lack a support system of family and friends who will motivate or encourage them to get help.

51

Research has also shown that Americans who are on Medicaid are more likely to:

- Be prescribed opioids.
- Receive higher doses for opioids.
- Take opioids for a longer period of time.

This can increase Medicaid's users' risk for addiction. Unfortunately, this socioeconomic subset is also less likely to have access to appropriate addiction treatment.

52

Is Socioeconomic Status a Barrier to Treatment?

In 2018, common reasons for not receiving substance use treatment among people aged 12 or older who needed treatment and perceived a need for treatment but did not receive treatment at a specialty facility:

53

Were not being ready to stop using (18.4%)	Had no healthcare coverage and were not able to afford the cost of treatment (32.5%)	Did not know where to go to get treatment (21.1%)
Felt that getting treatment would have a negative effect on their job (10%)	Felt that getting treatment would cause their neighbors or community to have a negative opinion of them (14.9%)	Multiple or qualitative studies in the U.S. indicate that there is clearly a need for more affordable treatment services for all Americans, regardless of their income level.

54

Since the Affordable Care Act was passed into law, substance use disorder treatment had expanded in the U.S., offering states a larger arsenal of tools to address all manner of substance use. Major coverage expansions, regulatory changes requiring coverage of SUD treatments in existing insurance plans, and requirements for SUD treatments to be offered on par with medical and surgical procedures have helped fight addiction and aid recovery, specifically with opioid use disorder.

55

How Americans Pay for Treatment

No matter what their income or social position may be, the majority of Americans who need substance abuse treatment wonder how they will pay for rehab. The National Survey of Substance Abuse Treatment Services (NSSATS) for 2018 listed the following forms of payment, along with the percentage of treatment facilities that accepted those payment options:¹⁵

- Cash or self-payment: 90%
- Private health insurance: 71%
- Medicaid: 66%
- State-financed health insurance: 48%
- Medicare: 36%
- Federal military insurance: 36%
- IHS/Tribal/Urban funds: 10%

56

In general, privately funded treatment centers were less likely to accept payment through federal or state assistance programs, like Medicare, while federally funded programs were less likely to accept cash payment. Out of the facilities surveyed, 58% reported that they had a sliding scale option, which allows clients to pay for treatment based on their financial resources. Treatment at no charge or for a lesser payment was offered by 45% of facilities.

57

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58

COVID-19 & Substance Use

Opiate and Meth Impact particularly in the pandemic

Researchers have observed increases in substance use and drug overdoses in the United States since the COVID-19 pandemic was declared a national emergency in March 2020. The COVID-19 pandemic also presents unique challenges for people with substance use disorders and those in recovery. For example, people with substance use disorders are at increased risks for poor COVID-19 outcomes. Because of these factors, NIDA plays an important role in the federal response to the COVID-19 pandemic.

•COVID-19 & Substance Use | National Institute on Drug Abuse (NIDA) (nih.gov)

59

Are People Using more during the pandemic?

Data indicated there have been large increases in many kinds of drug use in the United States since the national emergency was declared in March 2020. Researchers have found increases in the number of positive urine drug screens ordered by health care providers and legal systems. In these reports, positive screens for fentanyl, cocaine, heroin, and methamphetamine have all increased from previous years. Studies in the United States and other countries also suggest many people increased their use of alcohol and cannabis (marijuana), especially people with clinical anxiety and depression and those experiencing COVID-19-related stress.

60

Social isolation and pandemic-related stress are likely contributing factors to increases in substance use and poor substance use outcomes, though further research is needed to understand the relationship between the COVID-19 pandemic and patterns of substance use. NIDA continues to support and conduct research to better understand and respond to pandemic-related risk factors for substance use and substance use disorders.

Among adolescents, rates of cannabis use and binge drinking during the COVID-19 pandemic did not change significantly from prior years, according to a nationally representative survey of 12th graders in the United States conducted between mid-July and mid-August 2020. The same study found nicotine vaping in high school seniors declined somewhat between 2019 and 2020. Another study found 10-14-year-olds had similar overall rates of drug use before and during the first six months of the COVID-19 pandemic.

61

Did COVID 19 Impact Frequency of Overdose?

- Provisional data show that drug overdoses have accelerated during the COVID-19 pandemic. More than 93,000 drug overdose deaths were estimated to have occurred in the United States in 2020, the highest number of overdose deaths ever recorded in a 12-month period and a nearly 30% increase from 2019, according to recent provisional data from the Centers for Disease Control and Prevention.
- This increase follows a steady rise in overdose deaths in the United States since at least the 1980s. Since 2016, drug overdose deaths have been driven largely by fentanyl and similar synthetic opioids.

62

Experts note that factors related to the pandemic—such as social isolation and stress, people using drugs alone, an overall increase in rates of drug use, and decreased access to substance use treatment, harm reduction services, and emergency services—likely exacerbated these trends, though more research is needed to better understand this relationship.

63

Related Video

How the pandemic is complicating America's addiction crisis (9:29)

(245) How the pandemic is complicating America's addiction crisis - YouTube

64

The good news is that policy changes facilitating telehealth and expanding access to medications for opioid use disorder may compensate somewhat for these problems. People with opioid use disorders can now begin treatment with buprenorphine without an initial in-person doctor visit, which used to be the rule. Methadone treatment previously required daily supervised dosing with tightly controlled take-home options, but patients deemed stable may now obtain 28 days of take-home doses; others may receive 14 days of doses.

65

Changes to Medicare and Medicaid rules are also enabling telemedicine consultations for SUD to be reimbursed more easily. These developments may particularly benefit people who live in rural areas or who otherwise have had trouble accessing treatment in the past, and NIDA has provided supplemental funds to grantees to evaluate the impact of such changes.

66

Inevitably, since many people with SUDs do not have computers or smartphones, other innovative methods, such as combining telemedicine with street outreach, will be critical to ensuring that all people receive the care they need.

67

Drug Cultures and the Culture of Recovery
 Drug Cultures and the Culture of Recovery - Improving Cultural Competence - NCBI Bookshelf (nih.gov)

Related Video

Drug Use in Silicon Valley: Dysfunctional Fused Drug and Work Cultures (2:40)
 (245) Drug Use in Silicon Valley: Dysfunctional Fused Drug and Work Cultures - YouTube



68

Treatment providers should consider how cultural aspects of substance use reinforce substance use, substance use disorders, and relapses. Factors to note include clients' possible self-medication of psychological distress or mental disorders. Beyond specific biopsychosocial issues that contribute to the risk of substance-related disorders and the initiation and progression of use, counselors and treatment organizations must continually acquire knowledge about the ever-changing, diverse drug cultures in which client populations may participate and which reinforce the use of drugs and alcohol.

Moreover, behavioral health service providers and program administrators need to translate this knowledge into clinical and administrative practices that address and counter the influence of these cultures within the treatment environment (e.g., by instituting policies that ban styles of dress that indicate affiliation with a particular drug culture).

69

What Are Drug Cultures?

The SAMHSA TIP we are drawing from in this section looks primarily at those cultural groups because they are the major cultural forces that shape an individual's life and worldview. However, there are other types of cultural groups (sometimes referred to as subcultures) that are also organized around shared values, beliefs, customs, and traditions; these cultural groups can have, as their core organizing theme, such factors as sexuality, musical styles, political ideologies, and so on.

*For most clients in treatment for substance use disorders (including those who have a co-occurring mental disorder), the drug subculture will likely have affected their substance use and can affect their recovery.

70

Some people question whether a given drug culture is in fact a subculture, but many seem to have all the elements ascribed to a culture. A drug culture has its own history (pertaining to drug use) that is usually orally transmitted. It has certain shared values, beliefs, customs, and traditions, and it has its own rituals and behaviors that evolve over time.

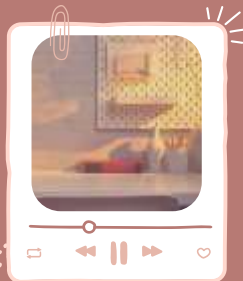
Members of a drug culture often share similar ways of dressing, socialization patterns, language, and style of communication. Some even develop a social hierarchy that gives different status to different members of the culture based on their roles within that culture. As with other cultures, drug cultures are localized to some extent. For example, people who use methamphetamines in Hawaii and Missouri could share certain attitudes, but they will also exhibit regional differences.

71

Related Video

It's Unfortunate That Drug Use Is Associated With EDM Culture | Steve Aoki | Larry King Now Ora TV (1:17)

(2:45) It's Unfortunate That Drug Use Is Associated With EDM Culture | Steve Aoki | Larry King Now Ora TV - YouTube



72

Related Video

Lenny Kravitz on New York City's 70's Drug Culture | Oprah's Master Class | Oprah Winfrey Network (1:28)

(2:45) Lenny Kravitz on New York City's 70's Drug Culture | Oprah's Master Class | Oprah Winfrey Network - YouTube



73

Drug Culture		
Establishing Trust and Credibility How do you go about establishing credibility?	Realizations How were you introduced to the culture?	Values What values are upheld or devalued in the group?
Status In what ways can you obtain status or become a success?	Roles Are there gender and age-related roles or norms?	Gender Roles and Relationships What gender expectations exist surrounding drug use?
Concepts of Tradition, Persistence, and Conflict Mediation How does the group address in-group conflicts?	Symbols and Images Are there symbols that represent or particular associations with a group or substance?	Dress Are there specific ways to dress that show allegiance to a specific substance or group?
View of Past, Present, and Future Are there specific beliefs about the past, present, and/or future?	Languages & Communication Are there specific words or phrases used to communicate about substance-related activities?	Attitudes What are attitudes toward other persons, police, etc.?

74

Many subcultures exist outside mainstream society and thus are prone to fragmentation. A single subculture can split into three or four related subcultures over time. This is especially true of drug cultures, in which people use different substances, are from different locales, or have different socioeconomic statuses; they may also have very different cultural attitudes related to the use of substances. Bourgois and Schonberg (2007) described how ethnic and racial differences can affect the drug cultures of users of the same drugs to the point that even such things as injection practices can differ between Black and White heroin users in the same city.

75

Drug Cultures Differ

There is overlap among members, but drug cultures differ based on substance used—even among people from similar ethnic and socioeconomic backgrounds. The drug culture of heroin use differs from the drug culture of ecstasy use.

76

Drug cultures differ according to geographic area; people who use heroin in the Northeast United States are more likely to inhale than inject the drug, whereas the opposite is true among people in the Western United States who use heroin.

Drug cultures can differ according to other social factors, such as socioeconomic status. The drug culture of young, affluent people who use heroin can occasionally mirror the drug culture of the street user, but it will also have notable differences.

Drug cultures (even involving the same drugs and the same locales) change over time; older people from New York who use heroin and who entered the drug culture in the 1950s or 1960s feel marginalized within the current drug scene, which they see as promoting a different set of values.

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Differences in the physiological and psychological effects of drugs account for some differences among drug cultures. For example, the drug culture of people who use heroin is typically less frenetic than the drug culture involving methamphetamine use. However, other differences seem to be more clearly related to the historical development of the culture itself or to the effects of larger social forces.

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How To Identify and Discuss Key Characteristics of a Drug Culture

Counselors and clinical supervisors must acquire knowledge about drug cultures represented within the client population. Drug cultures can change rapidly and vary across racial and ethnic groups, geographic areas, socioeconomic levels, and generations, so staying informed is challenging. Besides needing an understanding of current drug cultures (to help prevent infiltration of related behaviors and attitudes within the treatment environment), counselors also need to help clients understand how such cultures support use and pose dynamic relapse risks.

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This section aims to explain that people who use drugs participate in a drug culture, and further, that they value this participation. However, not all people who abuse substances are part of a drug culture. White (1996) draws attention to a set of individuals whom he calls "acultural addicts." These people initiate and sustain their substance use in relative isolation from other people who use drugs.

Examples of acultural addicts include the medical professional who does not have to use illegal drug networks to abuse prescription medication, or the older, middle-class individual who "pill shops" from multiple doctors and procures drugs for misuse from pharmacies.

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Although drug cultures typically play a greater role in the lives of people who use illicit drugs, people who use legal substances—such as alcohol—are also likely to participate in such a culture.

Drinking cultures can develop among heavy drinkers at a bar or a college fraternity or sorority house that works to encourage new people to use, supports high levels of continued or binge use, reinforces denial, and develops rituals and customary behaviors surrounding drinking. Drug culture also refers to cultures that evolve from drug and alcohol use.

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When people who abuse substances are marginalized, they tend not to seek access to mainstream institutions that typically provide sociocultural support. This can result in even stronger bonding with the drug culture. A marginalized person's behavior is seen as abnormal even if he or she attempts to act differently, thus further reducing the chances of any attempt to change behavior. The drug culture enables its members to view substance use disorders as normal or even as status symbols. The disorder becomes a source of pride, and people may celebrate their drug-related identity with other members of the culture. Social stigma also aids in the formation of oppositional values and beliefs that can promote unity among members of the drug culture.

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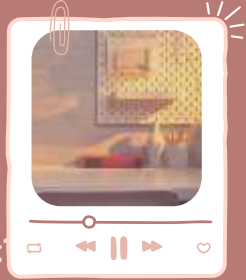
In some communities, participation in the drug trade—an aspect of a drug culture—is simply one of the few economic opportunities available and is a means of gaining the admiration and respect of peers. However, drug dealing as a source of status is not limited to economically deprived communities. In studying drug dealing among relatively affluent college students at a private college, Mohamed and Fritsvold (2006) found that the most important motives for dealing were ego gratification, status, and the desire to assume an outlaw image.

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Related Video

Buying Drugs Over Snapchat | High Society
Up to 2:50

(245) Buying Drugs Over Snapchat | High Society - YouTube



84

The more an individual's needs are met within a drug culture, the harder it will be to leave that culture behind. White (1996) gives an example of a person who was initially attracted in youth to a drug culture because of a desire for social acceptance and then grew up within that culture. Through involvement in the drug culture, he was able to gain a measure of self-esteem, change his family dynamic, explore his sexuality, develop lasting friendships, and find a career path (albeit a criminal one). For this individual, who had so much of his life invested in the drug culture, it was as difficult to conceive of leaving that culture as it was to conceive of stopping his substance use.



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The Role of Drug Cultures in Substance Abuse Treatment

Most people seek some kind of social affiliation; it is one aspect of life that gives meaning to day-to-day existence. Behavioral health service providers can better understand and help their clients if they have an understanding of the culture(s) with which they identify. This understanding can be even more important when addressing the role of drug culture in a client's life because, of all cultural affiliations, it is likely to be the one most intimately connected with his or her substance abuse. The drug culture is likely to have had a considerable influence on the client's behaviors related to substance use.



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Drug Cultures in Assessment and Engagement

The first step in understanding the role a drug culture plays in a client's life is to assess which drug culture(s) the client has been involved with and his or her level of involvement. There are no textbooks that can inform providers about the drug cultures in their areas, but counselors probably know quite a bit about them already, as they learn much about drug cultures through talking with their clients. Counselors who are themselves in recovery may be familiar with some clients' substance-using lifestyles and social environments or will have insight into how to explore the issue with clients. They can also educate their colleagues.



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•Providers who have never personally abused substances can learn from recovered counselors as well as from their clients. However, asking a client point-blank about his or her involvement in a drug culture is likely to be answered with a blank stare. Instead, talking to clients about their relationships, daily activities and habits relating to substance use, values, and views of other people and the world can allow providers to develop a good sense of the meanings drug cultures hold for clients.

♦ **To engage a client in treatment, understanding his or her relationship with a drug culture may be as important as understanding elements of that client's racial or ethnic identity.** Clients are unlikely to self-identify as members of the drug culture in the same way that they would identify as an African American or Asian American, for example, but they can still be offended or distrustful if they think the provider or program does not understand how their lifestyle relates to their substance use. Affiliation with a drug culture is a source of client identity; the client's place in the drug culture can be important to his or her self-esteem.

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After the assessment and engagement stage, the provider's attitude toward the client's participation in a drug culture will be significantly different from his or her attitude toward the client's other cultural affiliations. As most providers already know (even if they do not use the term drug culture), if a client continues to be closely affiliated with the drug-using life, then he or she is more likely to relapse. The people, places, things, thoughts, and attitudes related to drug and/or alcohol use act as triggers to resume use of substances.

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Behavioral health service providers need to help their clients weaken and eventually eliminate their connections to the drug culture. White (1996) identifies an important issue to address during transition from engagement to treatment—in the process of engaging clients, providers help them identify how their connections to the drug culture prevent them from reaching their goals and how the loss of these connections would affect them if they chose to cut ties with the drug culture.

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Finding Alternatives to Drug Cultures

A client can meet the psychosocial needs previously satisfied by the drug culture in a number of ways. Strengthening cultural identity can be a positive action for the client; in some cases, the client's family or cultural peers can serve as a replacement for involvement in the drug culture. This option is particularly helpful when the client's connection to a drug culture is relatively weak and his or her traditional culture is relatively strong. However, when this option is unavailable or insufficient, clinicians must focus on replacing the client's ties with the drug culture (or the culture of addiction) with new ties to a culture of recovery.

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To help clients break ties with drug cultures, programs need to challenge clients' continued involvement with elements of those cultures (e.g., style of dress, music, language, or communication patterns). This can occur through two basic processes: replacing the element with something new that is positively associated with a culture of recovery (e.g., replacing a marijuana leaf keychain with an NA keychain), and re-framing something so that it is no longer associated with drug use or the drug culture (e.g., listening to music that was associated with the drug culture at a sober dance with others in recovery; White 1996). The process will depend on the nature of the cultural element.

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Working to shape a peer culture within the program so that longer-term clients and staff members can socialize new clients to a culture of recovery.

Having regular assessments of clients and the entire program in which staff members and clients determine areas where work is needed to minimize cultural attitudes that can undermine treatment.

Involving clients' families (when appropriate) in the treatment process so they can support clients' recovery as well as participate in their own healing process.

Teaching clients about the existence of drug cultures and their potential influence in clients' lives.

Teaching clients about cultures of recovery and discussing how elements of the drug culture can be replaced by elements of a culture of recovery.

Establishing clear boundaries for appropriate behavior (e.g., behavior that does not reflect drug cultures) in the program and consistently correcting behaviors that violate boundaries (e.g., wearing shirts depicting pot leaves; displaying gang-affiliated symbols, gestures, and tattoos).

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WHY STRONG RELATIONSHIPS IN RECOVERY ARE IMPORTANT

- The opposite of addiction is not sobriety; the opposite of addiction is connection.” This quote from British journalist Johann Hari has become a popular saying in recovery communities over the past few years, and connections forms 'Why Strong Relationships in Recovery are Important.'
- There's a good reason for that. This quote reinforces what addicts in recovery have known for decades. Connecting with other people, especially other addicts, is essential to maintaining sobriety.

Why Strong Relationships in Recovery are Important - Pathfinders Recovery Centers (AZ & CO) (pathfindersaz.com)

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EXPERIENCE, STRENGTH, AND HOPE

Formal SUD treatment gives addicts a lot of good information about staying sober. Addicts who go to treatment learn new coping mechanisms that help them to avoid drinking and using. They also learn how they can change their lifestyle to avoid drinking and using.

But once they leave treatment, putting the things they've learned into practice can be difficult. Without someone supporting them regularly and providing them with advice about how to stay sober, the substance user is likely to succumb to temptation and use.

That's why recovering people need to create relationships with people who have stayed sober for a long time. These people with long term sobriety have a lot of experience with what it takes to stay sober. They've stayed sober through whatever life has thrown at them.

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This "experience, strength, and hope" as it's called in the rooms of 12-step programs, is essential wisdom for any recovering person looking to stay sober. When they run into a situation they don't know how to handle, they can reach out to people with long term sobriety to get advice.

When you're newly sober, it can feel like you have to relearn how to do life daily. People with long term sobriety can help newly sober people with this relearning process. This helps prevent relapse when the newly sober person has to deal with something difficult. It also helps newly sober people deal with the sometimes overwhelming tasks of everyday life.

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