

SOCI 270

Drugs, Society and Behavior

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“Semi-Charmed Life”

Third-Eye Blind
(1997)



I'm packed and I'm holding
I'm smiling, she's living, she's golden
And she lives for me
She says she lives for me
Ovation
She's got her own motivation
She comes round and she goes down on me
And I make her smile
It's like a drug for you
Do ever what you want to do
Coming over you
Keep on smiling, what we go through
One stop to the rhythm that divides you
And I speak to you like the chorus to the verse
Chop another line like a coda with a curse
And I come on like a freak show takes the stage
We give them the games we play, she said

*I want something else
To get me through this
Semi-charmed kind of life, baby, baby
I want something else
I'm not listening when you say
Good-bye*

The sky was gold, it was rose
I was taking sips of it through my nose
And I wish I could get back there,
someplace back there
Smiling in the pictures you would take
Doing crystal meth, will lift you up until you
break
It won't stop, I won't come down
I keep stock with the tick-tock rhythm, I
bump for the drop
And then I bumped up, **I took the hit that I
was given**
Then I **bumped** again, then I **bumped**
again, I said...

Theme: Dependence

Song: *I Can't Quit You, Baby*

Artist: Willie Dixon



B. Drugs and Social Policy:

Changing Attitudes (Chapter 2)

What 3 factors made the government change from the *laissez-faire* attitude of the 1800s to one of **social control** of drugs?

- 1. Toxicity
- 2. Dependence
- 3. Crime

B.1. Toxicity

Toxic = poisonous, deadly, or dangerous



•What makes a drug toxic?

- Amount used
- How it is used
- What the user did while on the drug

B.1. Types of Toxicity

a. **Physiological** (body) toxicity vs. **Behavioral** (action) toxicity

b. **Acute** (momentary) effects vs. **Chronic** (long-term) effects

	Physio	Behavior
Acute	momentary body	momentary choices
Chronic	long-term body	long-term choices

B.1. Drug Abuse Warning Network (DAWN)

- A system for collecting data on drug-related deaths and emergency room visits at some **U.S. metropolitan hospitals**

- **DAWN** collects data on improper use of legal prescription and over-the-counter drugs as well as illicit drugs



B.1. Drug Abuse Warning Network Toxicity Data

ER Visits (2011)

1. Alcohol-combo	724,306	29.5
2. Pain relievers	573,497	46.1
3. Cocaine	505,224	40.3
4. Opiates/opioids	488,004	39.2
5. Marijuana	455,668	36.4
6. Benzodiazepines	357,836	28.7
7. Heroin	258,482	20.6
8. Amphetamines (incl. Meth)	159,840	12.8
9. Alcohol only (<21)	117,653	4.8

Deaths (2006-07)

1. Prescription Opioids (Oxycontin, hydrocodone, Vicodin, Percoset, etc; <i>not</i> heroin)
2. Cocaine
3. Alcohol-in-combination
4. Benzodiazepines
5. Methadone

B.1. Drug Abuse Warning Network (DAWN)

- What it tells us about how dangerous a drug is:
 - Simply gives us total deaths/ER visits
- What it does **not** tell us about how dangerous a drug is:
 - Consider relative danger vs. total impact of the drug
 - Number of users vs. number of reported problems

Nonetheless, there is general agreement on dependence potential for particular drugs (see table 2.2, p. 34, text).

- Note, the DAWN program ended in 2011, but is being revived as of 2020.

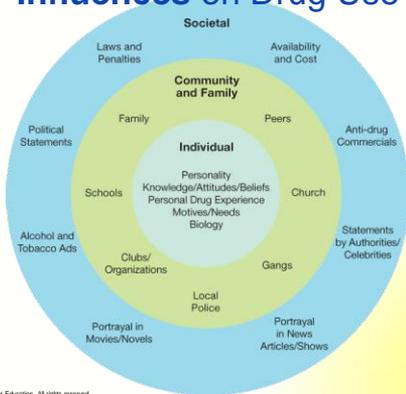
The Biopsychosocial Perspective

Dependence is related to dysfunctions of:

- Biology
- Personality
- Social interactions



Influences on Drug Use



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B.2. Dependence

Changing views from **Physical to Psychological**



- **Early medical model** = physical dependence
- **Positive reinforcement model** = no physical dependence necessary
- **Psychological dependence** increasingly blamed

B.2.b. Dependence Defined

Substance Abuse and Dependence: **DSM-V**

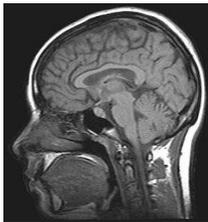
- American Psychological Association diagnostic criteria for abuse and dependence
- Dependence can occur with or without physiological dependence (i.e., withdrawal)

B.2.b.i. Substance Dependence: **DSM-V**

1. Substance is often taken in **larger amounts** and/or over a longer period than the patient intended.
2. Persistent attempts or one or more **unsuccessful efforts made to cut down** or control substance use.
3. A great deal of **time** is spent in activities necessary to **obtain the substance**, use the substance, or recover from effects.
4. **Craving** or strong desire or urge to use the substance
5. Recurrent substance use resulting in a **failure to fulfill major role obligations** at work, school, or home.
6. Continued substance use despite having persistent or recurrent **social or interpersonal problem** caused or exacerbated by the effects of the substance.
7. Important social, occupational or **recreational activities given up** or reduced because of substance use.
8. Recurrent substance use in situations in which it is **physically hazardous**.
9. Substance use is continued despite knowledge of having a persistent or recurrent **physical or psychological problem** that is likely to have been caused or exacerbated by the substance.
10. **Tolerance**, as defined by either of the following:
 - a. Markedly increased amounts of the substance in order to achieve intoxication or desired effect;
 - b. Markedly diminished effect with continued use of the same amount;
11. **Withdrawal**, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for the substance
 - b. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.

B.2.b.iii. Is Dependence Biological?

- Is dependence due to biochemical or physiological actions in the brain?



B.2.b.iii. Is Substance Dependence a Disease?

- Founders of AA characterized alcohol dependence as a disease.



3. Drugs and Crime

There are 4 ways in which drugs are allegedly related to crime:

- i. Drug use may change a person's personality - people under the influence may commit crimes (e.g., many cases of homicide, domestic violence, etc.); cf. "Reefer Madness"



3. Drugs and Crime

- ii. Drug use somehow changes the individual's behavior when under the influence.

There is little evidence of this supposition. See p. 42, text