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substance use, abuse, and addiction

@ duke university

The booklet you are holding offers a collection of perspectives. It is a work in progress, and is by no means exhaustive. My goal is thus not to condemn, or to condone - but rather to provide insight into points of view that we are unaware of, are indifferent to, or actively ignore.

Let this be a springboard for critical inquiry on the prevalence, perpetuation, and implications of substance use, abuse, and addiction.

Our starting point is Duke.

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the prevalence of substance use @ duke

"Alcohol is most in the open, with marijuana close behind. It's really hard to gauge the prevalence of other drugs, mostly because the data we have is all self-reported." *-David Frankel, Office of Student Conduct*

In an anonymous survey distributed to 250 students:

80.5% reported alcohol use in the past month.

Yet, statistics compiled by DuWell indicate that only 30-35% of students report any experience with alcohol prior to their arrival at Duke.

*And only about **3%** indicate active use of 'hard drugs'.*

"Many times, new students come here with pre-conceived ideas. They might have had some experience, maybe they have not, and maybe they come here thinking that many more of their peers are drinking than in actuality" *-John Dailey, Chief of Police (DUPD)*

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alcohol solutions are not fully effective:

anonymous student perspectives

"I think the fact that you have to already be drunk to stand being in Shooters speaks for itself. Nobody really knows why they're there - we just sort of aggregate around it, and at one point, I think you stop questioning what you're actually getting out of it."

"I think most people at Duke who use substances regularly are probably at risk for addiction because the mindset tends to be "I drink to forget my problems" which is never good. I think the legality of the substances is not the main issue, but the personal health concerns. I really wish there were a better way to encourage people to drink safely than the AlcoholEdu or TrueBlue but I think the way that has to happen has to come from upperclassman influence and also from getting rid of Greek life / SLGs."

duke culture:
work hard(er)

The rigorous curriculum and sometimes aggressively competitive academic environment at Duke perpetuates a culture of prescription stimulant abuse.

"I've done surveys where almost half of the students admit that they are using stimulants to improve their grades. I think it's well-known, and very common, but students still tend to look down upon people who are 'drug users'."

-Jenifer Hamil-Luker, Ph.D
Assistant Professor of the Practice in the Department of Sociology

Duke students that choose to do drugs typically do stimulants, and this plays into the cycle of 'I want to do more, I want to do better, I want to go faster'."

-Tom Szigethy, Director of DuWell

"The assumption is often that this makes me study better,so it's okay'."

- Liadainn Gilmore, LCSW at CAPS

anonymous student perspectives:

"I feel that the only danger can come from trying to use these drugs to cope with the sometimes ines-capable feeling of stress as a student here."

"Duke students in particular have unhealthy habits regarding substance use such as binge drinking or abusing drugs on a daily basis. This can be attributed to the academic rigor and stress placed on the students."

fun fact:
In 2011, Duke University **banned** the use of prescription drugs as a means to enhance academic performance

"On the topic of prescription drugs, people might think, oh it's from my doctor, so even if I take five instead of one, it's still safe."

- Nicole Scramm-Sapyta, Ph.D.

play hard(er)

Yet, partying three nights a week is also part of the Duke norm.

anonymous student perspectives:

"I think substance use is very normalized at Duke. Maybe I just notice it more since I chose not to partake in drug/alcohol use and, for personal reasons, have strong opinions on it, but it seems that substance use is a deeply ingrained part of social culture."

"Binge drinking is really bad on campus. Blacking out is pretty normalized."

"Substance use seems to be tied to social groups and peer pressure. I personally tried the most substances while dating someone who was really into experimenting and who was also in a fraternity in which he could partake in a mass ordering weed, LSD, molly, etc."

Tom Szigethy, Associate Dean, and Director of DuWell, draws attention to the lack of choice in social settings, and what this might imply for individuals choosing not to partake:

"If you're having a party and all you're serving is alcohol, that's akin to throwing a party for diabetics and only serving chocolate cake. When somebody who might have an alcohol problem walks in, you're not giving them a choice. "

...why do we drink?

"When I ask [students], what else do you want do? What are the things that really inflame your passion for life? How do you identify what you want to do socially to decompress and build up your energy? Most of the time, they just stare at me."

...but is substance use or abuse actually stigmatized at Duke?

glorification.

"Glorification of talking about drug use is an interesting dynamic. They almost want to one-up each other in terms of what they've done." -*Matthew Brown, Behavioral Technician at CAST*

"I would argue that instead of being stigmatized, substance abuse is glorified. I overhear people almost daily laughing about blacking out and last year, I had a friend who used cocaine so often that he would get nose bleeds - but he was not concerned about his habit and thought it was funny. While I don't have an addictive personality and choose not to drink/smoke when I am in a bad mood, I have many friends that struggle with depression and anxiety who turn to drugs to cope. Many friends who use substances to cope seem to be the ones who use drugs dangerously." *-Anonymous*

"I feel like there's more of a stigma towards people who don't use substances than people who do. I have people who won't talk to me because I don't drink. I think they think that I'm judging them but really that's just not something that appeals to me and I don't dislike them because they drink." *-Anonymous*

"People offer me weed or alcohol, and I usually decline. I don't think weed or alcohol are particularly bad (there are worse things), but don't want to partake. This makes people uncomfortable." *-Anonymous*

"I've encountered people "joking" they'll mix a substance that you don't want to try into your drink when you're not looking, or who look down on you if you don't want to partake - this kind of culture is uncool and risky at Duke. " *-Anonymous*

"It's a mandatory part of everyday Duke life. If you don't partake, you're looked down upon."

"My sense is that college-age students sub-segregate in many ways. So non greeks might *tut tut* about it, but does this really create a psychologically harming environment for the Greek kids? Probably not, they probably don't care. They have assembled a community of similar peers, and that's the community whose opinions matter to them." *-Cynthia Kuhn, Ph.D*

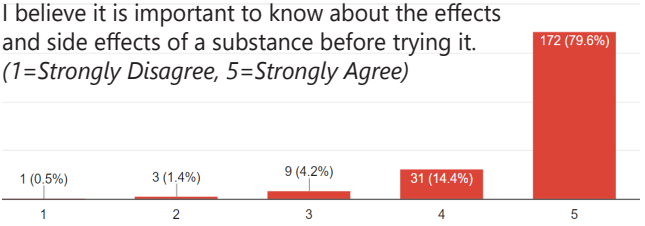
"Coke seems to be a big thing here. Although it's a dangerous drug, students like to brag that they do coke, as if they think it boosts their social status." *-Anonymous*

pressure.

misconception, assumption, and irony.

Let's consider how we, as Duke students, form our opinions. How do we decide if an action is 'good' or 'bad'?

Many students seem to agree that it is important to have factual information about a substance prior to use:



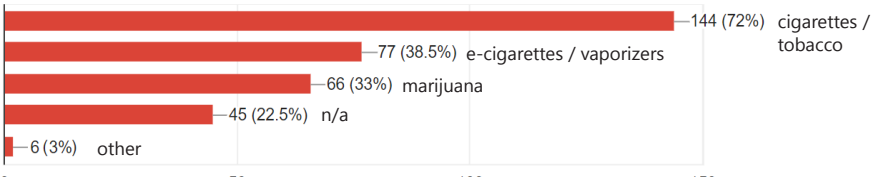
but where are the facts?

I think that one of the main things to consider is whether or not that adolescent has any knowledge at all that is fact-based about the substance. I think being able to provide facts is an important component of educating new students. *-John Dailey, Chief of Police (DUPD)*

grass @ duke : a common example

Let's look at opinions on smoking at Duke:

I am bothered when people around me smoke:



"What really confuses me is that when I light up a cigarette, people are shocked and disgusted , but everyone in this country is so open about smoking weed now. " *-Milena Ozernova '21*

People constantly spread the lie that [weed] is not addictive, which bothers me because they don't know how truly harmful it can be to them and their lives. I don't mind it if people want to smoke marijuana and I know it's generally safe, however, **I do mind if they are going to smoke it uninformed.**
-Anonymous

Dukies are big drinkers. But suddenly, pot? Woah, woah, so bad, that MJ stuff, is what they think. **I find a lot of Duke opinions aren't formed on logic at all.**
-Anonymous

Student often say, no I don't want to take drugs for depression! But they make an exception for marijuana.
-Amy Powell LCSW, DukeReach

we need to talk about drugs.

Dr. Cynthia Kuhn teaches the undergraduate course, **PHARM 360: Drugs, Brain & Behavior.**

She is also the author of the book **BUZZED: The Straight Facts About the Most Used and Abused Drugs from Alcohol to Ecstasy**, which encourages readers to 'just say know'

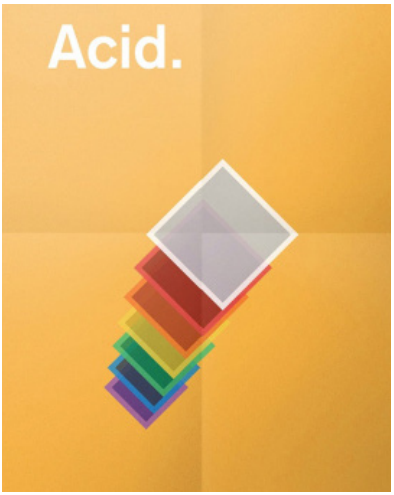
"I think it's really important to have unbiased, objective, scientifically accurate conversations about drugs. One of the things that I try to do it to give students the most up to date information about how drugs affect the brain, what the neurobiology of addiction is – what are risks, what are not risks? The things I can get them most emphatic about are the things that are deadly – because we don't want people to die. Students, teachers, parents alike are fairly ignorant about things like the amount of alcohol it takes to kill you. They generally have no clue."

Duke alum Meaghan Li is the creator of a poster project titled "This is your brain on drugs" - an objective approach to the effects of certain substances.

"The very first challenge in disseminating information is breaking down the taboo."

Meaghan also designed graphics for an interactive website focused on harm reduction and safe drug use:

drugs and me



what is "harm-reduction"? Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. (harmreduction.org)

harm reduction efforts and strategies@ duke:

Programs such as AlcoholEdu and TrueBlue created by DuWell aim to educate students about substances of abuse...

But are they enough?

Tom Szigethy, Director of DuWell explains:

"When the program was developed, on the federal level, alcohol was the big topic in higher ed. The NCAA's call to action basically gave universities permission to talk about alcohol. Before that, most universities weren't even talking about it, because nobody wanted that blot on their name. Alcohol was a topic that was more palatable, I guess you could say. I think even to this day, other drugs are more difficult for institutions to talk about."

DuWell participates in the organization of LDOC, and similar campus-wide events. It also provides Party Monitor Training with hopes of teaching students how to recognize and mitigate risk.

DuWell is now planning to incorporate more information about marijuana into programs for first-year students.

Yet there is a gap between believing that it is important to know the facts about a substance before trying it, and actually taking the time to learn more.

"The tension with harm reduction is in the extent to which administrators agree that information changes behavior - they figure that they do these programs already, so information *must not work*.

I always think that good drug education is like good sex education – it's a process, it's not an event. It's a series of conversations and it's critical. It's absolutely necessary.

But it's also difficult. How do you do comprehensive drug education with a population of students who have so much to do, who have so many different things to worry about? Maybe it's not the responsibility of the university. " - *Cynthia Kuhn, Ph.D*

Attempting to draw distinct borders between substance use, abuse, and addiction would be reductive at best. ***But there are some nuances we could consider...***

use & abuse

"The easiest case to think about is alcohol – alcohol is very acceptable in our culture. Almost everyone is an alcohol user, but alcoholism comes in when that use become disruptive to the person's life. Are they seeking the drug to the exclusion of their job, raising they family, taking care of their personal needs?" - *Nicole Schramm-Sapyta, Professor in the Duke Institute for Brain Sciences*

"I would look at a drug's impact on functional outcome– that's where I would start defining abuse, although someone can 'abuse' a substance and still not be impacted functionally. Someone could binge drink, then still be able to study and do well in their work." - *Roger Vilardaga, Professor in Psychiatry and Behavioral Sciences*

"Are there people who are functional in society but drinking enough to impair their heath? Yes. Would you call them functional addicts? If a person drinks 3 glasses of wine a night, gets up the next morning and goes to work, he's not an alcoholic – he may be drinking enough to impair health, but this is not compulsively out of control use." - *Cynthia Kuhn, Professor of Pharmacology & Cancer Biology*

addiction: let's start with what it is ***not.***

"My dad was an alcoholic, although he doesn't drink anymore. [...] As a result, I had a big fear of alcohol until this year and I still **feel really uncomfortable with people joking about being alcoholics**. It doesn't always look like it does in the movies, it's not a joke, and it can happen to anyone. People should take it seriously and be careful with their actions." *-Anonymous*

"There is also a large degree of trivialization of unhealthy substance use on this campus. **Individuals often joke about their "dependence" on alcohol** in contexts where this is not actually a dependence. There are certain individuals who are legitimately reliant on alcohol in some periods, and the language that surrounds substance use (especially alcohol) can sometimes make these individuals feel isolated in their issues." *-Duncan Bartok '18*

why don't you just quit?

"Some people say, okay you need to quit because it's bad for your health. But some people say, oh you smoke, so you're a bad person who makes bad life decisions, you're gonna die, you don't care about your life. That's not how it works." - *Anonymous Student*

Dr. Nicole Calakos, M.D., Ph.D. is a professor of neurology and neurobiology. Part of her work focuses on distinguishing between **habitual** and **compulsive** behavior by analyzing brain circuitry.

Our brains are highly *plastic*, and change in response to stimuli. Dr. Calakos underlines that drugs **commandeer the brain's reward circuitry,** enforcing the feeling that 'this is good'.

"At first they think it's easy, then they figure out that even if it's not a drug, it's not easy at all. Some of them relapse many times. That experience gives them a sense of what real addiction is. At the end of the first week, I ask them: 'Okay, how do you feel?' - they say Dr. Rezvani we hate you."

In his undergraduate course **PSY 206 - Alcohol: Brain, Individual, Society** , Dr. Amir Rezvani, Ph.D asks his students to **abstain** from something on which they feel dependent for **two months.** Students have been known to choose things like pizza, coffee, potatoes, and Instagram.

Dr. Rezvani's assignment underlines the fact that abstaining from a substance isn't as easy as one might think.

"I think the criminal justice system has proven that **distancing yourself from the substance doesn't work** - if it did, we could just put people in solitary confinement. I believe that if you were to take all the drugs away from the world tomorrow - if all of the drugs disappeared - people would start chewing on tree bark **trying to figure out how to deal with the stressors of the world.** I think for me, it's about dealing with those stressors ***without the tree bark.***" *-Jesse Battle, Director of Men's Program at Triangle Residential Options for Substance Abusers (TROSA)*

research @ duke:
adolescent addiction

Research conducted by faculty in the Duke Center for Addiction and Behavioral Change has shown that adolescents:

- **Experience the rewarding effects of drugs more potently**
- **Are less susceptible to aversive effects of drugs (eg. hangover)**
- **Will take comparatively larger doses of drugs, more often**

...but this does not necessarily mean that all individuals who use substances in their adolescence will become addicted. Yet, this also doesn't mean that adolescents aren't at risk of becoming addicted to a given substance.

"You go celebrating after Duke wins at basketball - you have students, they drink so much alcohol and they feel great. Their professor, on the other hand, falls asleep with just one or two glasses of wine..."
- Amir Rezvani, Ph.D

An individual's propensity for addiction may be influenced by a plethora of different factors: **genetics, social environment, metabolism, psychological state.**.. It is important to remember that **there are no definitive parameters to assessing addiction** - there is no blood test, there is no brain scan. Thus, 'treatment' for addiction is not a straightforward path either.

'Seeking help' will refer to different things for every individual based on their perspective, expectations, and socio-cultural context. Recognizing a potential need for help is thus a varied and highly individualized process.

"If you are an orthopedic surgeon, and you need to be up at 5 o'clock in the morning, and do 5 hour surgeries 3 days a week, it's not going to take a lot to take you off your game, compared to an unemployed college student in the summer between semesters , where if you don't wake up until noon it doesn't matter. The same thing goes for the elderly, if we are to consider addiction as a barrier to 'being able to do what you must do'." - *Cynthia Kuhn, Ph.D*

ways to approach addiction
& resources at duke

working for. Providing for individuals that might be in need **directly,** *eg. issuing blanket medical licenses to police officers to allow them to administer Naloxone - a drug used to reverse fatal opioid overdoses (such a program has now established in Baltimore!), monitored detoxification in the case of acute intoxication*

- **Duke University Medical Center ER & Outpatient Clinic**
- **Duke University Police Department (DUPD)**
- **Student Health**
- **Duke Office of Student Conduct**

working with. Helping an individual get to a place where they would be able to help themselves, *eg. counseling, motivational interviewing, cognitive behavioral therapy*

- **DukeReach**
- **CAPS**
- **DuWell**

"When you're working from a therapeutic stance, you need to start where the person is at. The person has to be on board, or else you're just lecturing someone." *-Liadainn Gilmore, CAPS*

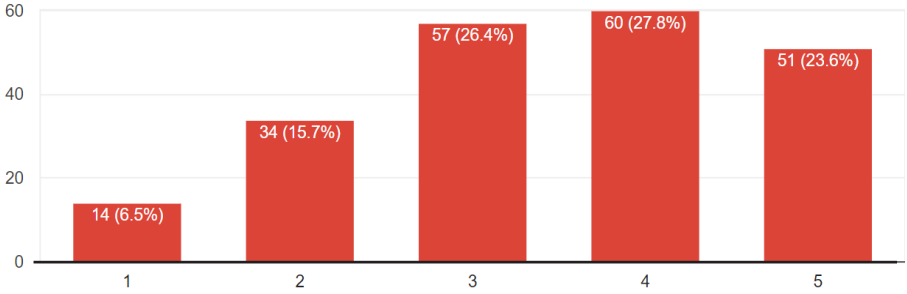
- **Duke Psychiatry & Behavioral Health**
- **Duke Center for Adolescent Substance Abuse Treatment**

being with. Remaining present in the person's life without requiring sobriety as a condition of companionship.
eg. integrating the individual's family and friends into counseling sessions and the recovery process, providing support

Special thanks to Professor Adam Hollowell, Ph.D for distinguishing between these approaches.

but how comfortable are we in seeking help?

If I were struggling with substance abuse, I would feel comfortable asking for help. *(1=Strongly Disagree, 5=Strongly Agree)*



"I believe the students will answer our questions honestly if they feel their parents will not be able to read their answers. **Information shared through Student Health questionnaires is confidential.** If student is above 18 years of age, their parents or employers will only have access to this information if the student signs a release. On the other hand, very few people come in here and say, hey Dr. Halstater I smoke too much weed, or I'm doing too much coke - in fact, I don't think that has ever happened." - *Brian Halstater, M.D.*

+only 47% of students indicated that they were always honest with Student Health about their substance use habits.

"Some students feel really anxious about somebody else having reported them - or often don't feel like there is a problem to be addressed at all. **We are not here to get you in trouble.** We are trying to build a community of looking out for one another, because *you* are going to be in a better position to know what's going on with *your* peers."
- Amy Powell, Director of DukeReach

In some ways it's easier for us to frame the issue than it would be for parents, because we've got one more degree of separation. Parents are 110% invested in their child, and that investment makes it more frightening to bring the topic up with them. Whereas I , as a professional might come across as very matter-of-fact. The mentality really is to respect the individual student, respect that they are intelligent, and if they have the proper facts, more often than not, they're going to make the right decisions
- Tom Szigethy, Director of DuWell

fun fact:

A student who included the comment: **"[substance use and addiction] SHOULD be stigmatized! Stigmatization sometimes occurs for a REASON you know"**, also indicated they would feel very (1) uncomfortable asking for help.

Let's look into this.

factors that affect our approach to addiction care

stigma & shame

'I don't want this thing that I can't control'

TROSA is a free, 2-year residential rehab program and therapeutic community in Durham.

"When they come in, residents have this idea that they l**ook a certain way** and **will be perceived in a certain way** – we try to change that. TROSA reduces both the stigma that comes from society, and shame of the individual, because everybody here is going through the same thing." *-Jesse Battle, TROSA*

socio-economic status & isolation

therapeutic resources like detox, rehabilitation, and counseling are often expensive and difficult to access outside of metropolitan areas. In addition, not everyone has access to support and encouragement in their community.

"To me, quitting is a learned behavior - you can't just do it. One of the current problems with psychotherapy is that certain behaviors can be learned in a therapeutic setting - but what happens when the person goes back to their natural environment?"

Dr. Roger Vilardaga, Ph.D. is a researcher at the Duke Center for Addiction Science and Technology (CfAST), and is working on developing a **digital health app** that provides an individually tailored approach to smoking cessation. The app will allow providers to reach **a wider spectrum of people** in their own environments, while **reducing financial barriers to care**.

Did you know?

The Duke Student Medical Insurance Plan covers 80% of costs related to addiction and mental health therapy and treatment. The student's 20% co-insurance cannot exceed 2000 USD within one benefit year.

negativity & disillusionment

Stigma in the medical profession stems from frustration of always seeing people at their worst. What I try to do while working with medical residents and students is to bring in the success stories. Just because you always see a person in the ER or in the psych ward, doesn't mean that that's the endpoint. *-Nicole Schramm-Sapyta, Ph.D*

inclusion & exclusion

Every time you enter a space, that space is made possible by the inclusion of some people, and the exclusion of other people. Not all constructed spaces are bad, not all forms of inclusion and exclusion are bad, but broadly speaking, institutions are not always honest or forthcoming about the kinds of exclusions that make this constructed space possible. Not all norms and regulations are written down. Is there a written law that says you can't bring your child into a classroom? But when is the last time you saw one? I worry about who we are rejecting to make our space 'safe' 'protected' and 'beautiful'.
-Adam Hollowell, Adjunct Professor in the Sanford School of Public Policy

An example to consider: *smoking cessation adds*

"Thank a quitter. Give gratitude to those proudly displaying their 'quitter' button. Because of them, we can all breathe a little easier."

A variation of responses: the reception vs. the intent

"Usually, such campaigns try to encourage the smoker to stop smoking. And the smoker feels like they are getting charged again, like they're getting pointed at. So the campaign 'thank a quitter' was meant to look at the other side of things - let's focus on the hope and the strength of those who have managed to quit, so they then can become valuable resources for anybody else who might be struggling to do so."
-Tom Szigethy, Director of DuWell

"Addiction is so stigmatized in our culture that you don't realize how many recovering drug addicts you know. I think the positive consequence of an add like that is to pull that success out into the light. We need to celebrate that success of quitting. "
- Nicole Schramm Sapyta, Ph.D

"It emphasizes people who have already quit, but not smokers themselves. Psychologically, it could have an adverse effect: smokers feel that society hates them because others can't breathe because of them. I am 100% sure that all on-campus smokers are educated enough to know that smoking has negative physiological effects and intentionally smoke for their own reasons. [...] These adds increase the negativity towards smoking among the non-smoking population."
-Tim Sokolskyi '21

"If I quit smoking, I will be doing it for myself - not for anybody else's comfort. I'm sure the idea behind these adds wasn't to place blame on anyone, but the wording is ambiguous - who is this 'we' that will be able to breathe easier? Am I included in it, or am I causing the problem in the first place?"
-Anonymous

fear of punishment.

Let's get things straight.

the amnesty policy: states that if a student takes steps to seek medical attention for a friend or for themselves, neither party is subject to disciplinary action.

The Amnesty Policy is specified under our alcohol policy. Formalizing it for other substances has been a topic of discussion at the Office of Student Conduct, however the Amnesty Policy doesn't cover other substances of abuse at the current time.

"The way the student approaches the subject is important. There is a difference between a student discussing their situation reasonably, and one that is shouting and tearing down signposts." - *John Daily, Chief of Police (DUPD)*

The Office of Student Conduct is required to formulate policies that are in line with North Carolina state laws, but might lend leniency depending on the individual situation.

"We're always more concerned with people staying healthy and alive. Above anything else – that is the most important consideration any initial response by staff, **but caring about a student's wellbeing does not necessarily mean foregoing administrative action**. We try to consider behavior, and formulate a response that would be appropriate in that particular situation. **I think it's a balance between setting up an environment in which students can make mistakes without the consequences being too dire, and on the other hand, being realistic.**

We try to create an environment in which students can make mistakes without the consequences being too dire, because there aren't support systems like this when you walk off of campus. **Duke is the real world with training wheels."**

David Frankel, Office of Student Conduct

...what do "training wheels" imply?

In his course **PUBPOL 283: Ethics in an Unjust World**, Dr. Adam Hollowell, Ph.D. conducts a blind survey in which he asks his students: 'Given 100 dollars, a cellphone, and two hours, could you buy drugs in this building?

"The first year I did the survey, students were very resistant to the conclusions of the exercise. The results came back **92% YES,** and I said, okay then, this building is a drug market. They didn't like that. They said things like – this is your fault, because you gave us 100 dollars, you expanded the range of what we could buy. "

"Students don't quite know how to talk about the passage of money and substances between Duke and Durham – I've never been able to get a straight answer on what percentage of illegal substances ingested on this campus pass through the Durham drug market. **Yet, I think that students are often more aware of their privilege than they are given credit for. I do not know how much behavior change is happening as a product of this awareness though."**

-Adam Hollowell, Ph.D

anonymous student perspective:

"Duke students don't tend to consider the impact that their purchase of substances poses to the community, such as creating demand for a substance that Durham community members can get arrested for possessing and selling. They also don't consider the special legal treatment they get by he police for offenses like marijuana possession that many others don't."

the criminalization of substance use implies that ***addiction*** to illicit drugs will also be criminal in nature.

criminalization.

"If someone has a disorder that is accepted in society, then the reaction is, 'Oh my god, come here, let me help you!'. When they have a substance use disorder, they say, 'Okay hold up, pull out your pockets, stand against the wall,". - *Jessie Battle, TROSA*

Dr. Jenifer Hamil-Luker, Ph.D teaches the class **SOCIOL 265: Drug Use and Abuse: Getting High in the Unites States.** The course material offers a critical perspective into the sociological implications of drug use, drug market dynamics, policy, and legislation.

"Our funding system is very kiltered toward incarceration, and not providing treatment programs. Police departments are worn down by seeing the same people come in and out of the prison or jail system. Now we're starting to see more programs that take a social work perspective, where the goal is not imprisonment, but connecting the person to resources that they might need. **If we really wanted to absolve the drug problem, we would provide more treatment."**

"checking the box"

The criminalization of substance use means that if convicted, the individual will lose access to:

- substance abuse treatment and care *(only 16% of prisons in the US offer some form of rehabilitation)*
- housing and housing aid vouchers
- food stamps
- employment opportunities
- student loans and scholarships

"You can't go into a rental place and say, well I dropped off the grid for two years and I have a criminal record, can you set me up?"

-Program Graduate, TROSA

TROSA aims to reduce such access barriers by acting as a liaison. Program graduates and participants are offered:

- 'transition houses' that help establish a rental record
- assistance with reclaiming drivers' licenses + affordable vehicles & maintenance service
- vocational training & work experience
- counseling for continued education and/or job search
- certificate programs, GED assistance

medicalization.

Historically, the criminalization of substances has been racially motivated - certain substances have been attributed to certain groups of people, and the criminalization of non-violent substance use has allowed for these groups to be separated from society.

One effect of the medicalization of addiction - its redefinition as 'substance use disorder' - has been an increased societal propensity to decriminalize it. Consider the Opiod Crisis:

"We're seeing this change in response to addiction - because now it affects middle-class white people, and everybody is on board, acknowledging its importance. I hope that this moment in history will be a wake up call in acknowledging that opiate addiction is a medical issue - just as all other addictions are." - *Nicole Schramm-Sapyta, Ph.D*

Consider: is there a difference between referring to a person as an 'addict' vs. 'having substance use disorder'?

"I feel much more comfortable viewing my addiction as medical issue. 'Addict' feels like a definition, it feels permanent, but I would like to think that I am in rehab because I want to change things - to make them better." - *TROSA Resident*

However, medicalization has also created demand for 'a quick fix': Defining addiction as a *disease* invariably creates the expectation of medical treatment. Reluctance to accept therapy as 'treatment' at the Duke Outpatient Clinic has been increasing, and patients are instead demanding a **'cure'**.

But pharmacotherapy for addiction is extremely limited. The only medications effective in combating addiction are marketed for opiates (and to a much lesser extent, alcohol).

Duke researchers such as Edward Levin, Amir Rezvani, and Jed Rose have been working to analyze and develop pharmaceutical compounds that might be effective in treating cravings and addiction, particularly for alcohol and nicotine.

the clinical perspective.

In a CABC Seminar titled: " Addiction Medical Education at Duke", **Dr. Roy Stein,** Associate Professor of Psychiatry & Behavioral Science and psychiatrist at the Durham VA Medical Center, discussed the **lack of emphasis on addiction in medical school curricula**, and the **limited nature of opportunities to engage with addiction in a clinical setting** for rotating medical students.

Brett McCarty is a Th.D. candidate in theology and ethics at Duke Divinity School. His work focuses on **bioethics**, and is particularly interested in assessing **moral formation** in a hospital setting.

"One's actions are the result of years of shaping by particular institutions, training, and practices. The traditional approach to bioethics focuses on rules or principles for action without attending to the *contexts* and the *formations* that are shaping those who are acting. In my work, I try to understand how to look at those structures as they engender and enable certain modes of acting and ways of perceiving and talking about what's going on."

Approaches to addiction treatment and care in clinical settings tend to be extremely varied, and often inconsistent.

The hierarchical nature of the patient- provider relationship implies that the patient will be inclined to accept the provider's perspective on addiction as fact.

"Some providers view substance use as 'bad behavior' - they do a lot of finger-wagging. Then there are others who really understand the nature of addiction – understand that relapse is expected, In general, patients seem to be more comfortable discussing addiction with social workers than with psychiatrists. As social workers, we are more focused on empowering the patient, on getting them to a place where they can help themselves. We do not have the responsibility of being 'the fixer' as a psychiatrist might."

-Jan Dillard LCSW at the Duke Outpatient Clinic

Yet, social workers typically do not have the clearance to edit patient records. Thus, if the patient is not comfortable in sharing their concerns with a psychiatrist, substance abuse and addiction will often be overlooked, and will not be incorporated into long-term care plans.

What shapes diagnostic approaches in the medical community?

The newest edition of the Diagnostic and Statistical Manual for Psychiatric Disorders' (DSM-V) criteria for "Substance-Related and Addictive Disorders" considers the individual's relationship with the substance in question, plus the 'major areas of life functioning likely to be impaired'. These include driving and operating machinery, school and work,interpersonal relationships and communication, and health.

I used to think that the DSM criteria were stupid, because they are very functional, and they don't seem to be pegged to any kind of objective brain function. However, they do seem to measure how *out of control* the use is. How much is somebody taking? Is that use pattern spiraling upwards? These turn out to be not bad metrics in terms of how much your drug use is interfering with your ability to *do life* - and what matters is how much the substance is interfering with your life and things that are important to you. - *Cynthia Kuhn, Ph.D*

The DSM criteria try to delineate the effect that substance abuse and addiction might have on an individual's functionality within society. This view might seem problematic, because it raises the question of what 'functional' means. However, assessing addiction in a contextual way might also prove pragmatic.

The way we look at something helps determine what we're going to do in response to it. So if we look at addiction exclusively as a disease, then our response is gonna be: how do we treat it? I think a better vision of what is really going on would be to take into consideration the structural, socioeconomic, and racial factors surrounding addiction. **Responses to addiction must integrate biochemical realities with structural changes in a person's life.** - *Brett McCarty*

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one final question: is addiction an individual health concern, or a public health issue?

It is both. Whenever you experience it personally, that's what you're concerned with. It was Thanksgiving, we came into my aunt's house, and she had just found my cousin overdosed in the bathroom – at that moment, all that mattered was *ER, right now, medical attention for this kid*. 20 years later, you look at the larger picture – his kids have gone to social services, the lack of education is apparent, the ramifications of the individual concern have created larger structural changes.
I don't know how to disentangle those two things.
- Jenifer Hamil-Luker, Ph.D

questions, concerns, feedback.

This project might be expanded in the near future and might be distributed to a larger audience. If you have any questions or concerns regarding the content of this booklet, or if you are a contributor and feel like your thoughts or words have been misrepresented, please do not hesistate to send an email to **defne.yorgancioglu@duke.edu**, or access an **anonymous feedback survey** through the **QR code.**