**Drug Use in the Context of American Culture**

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There are many theories on what causes some people to become addicted to substances like drugs and alcohol, and how society wants to label the addiction as a disease, or a personal choice gone awry. Addiction has many areas where the addict seems to incorporate both. Society also plays a part in how addiction begins and how much it places a stigma on the individual, and people surrounding that person.

American society expects everyone to be productive, and maintain an ever quickening pace to keep up, which puts stress on everyone accepting that challenge. Attention to detail, competition from others from elementary school and beyond, and overstimulation of too much information available all the time makes our society susceptible to using and abusing any substance to give us a competitive edge. Substance use assists the workforce to stay awake and not slow down which are desirable traits, economically and perhaps personally, but can an individual may move from stimulants like caffeine, to stronger substances like coke and methamphetamine. The stimulant, Methamphetamine, was “once used primarily by blue-collar workers to stay awake on the job, is now finding its way to time-strapped soccer moms, lawyers, accountants and salespeople as a way to heighten productivity and focus” writes Ladika, 2005. Eventually there is a decline in performance, and the individual will not be able to sustain to that level of productivity even with the drug.

The athlete is supposed to be able to perform at increasingly difficult levels in schools and professional levels. Drug doping is tested, but new forms of substances have been developed that are harder to detect. Steroids are abused to increase muscle mass and to improve athletic performance or physical appearance <http://drugabuse.gov/scienceofaddiction/health.html>. Stimulants, allow the athlete more concentration, and more aggression. Modifications in sports policies are ongoing, many times prompted by bad publicity. “The combination of drinking 10 cups of espresso, taking cold medicine and using prescribed sleep medication will cause a safety risk although each substance in small amounts by themselves may not necessarily result in a violation,” NASCAR states in the new policy (Pockrass, 2011).

Peer pressure is a force for everyone to consider concerning substance abuse. Most people have been faced with peers wearing down their resilience to abstain with constant solicitations to join in, getting made fun of, or just the urge to try a substance just once. Such an example would be peer drinking celebrations, “One of the most popular, and most dangerous, of American 21st birthday rituals is the concept of 21 drinks. Some have perilously amended the game to be 21 shots of straight liquor,” [About 21st Birthday Traditions | eHow.com](http://www.ehow.com/about_6608213_21st-birthday-traditions.html#ixzz1EYJ8fKE9) <http://www.ehow.com/about_6608213_21st-birthday-traditions.html#ixzz1EYJ8fKE9>. Family and close associates are factors in learned behavior of drug use. Theories put forth by Edwin Sutherland, criminologist in sociology,” that the use of drugs is learned during intimate interaction with others who serve as a primary group” (Hanson, Venturelli & Fleckenstein, 2009). It is interesting to note that this influences all age groups. Advertising has used this approach effectively on anybody listening or seeing commercials for pain relief medications, social enhancement of alcoholic beverages, an extra charge of energy. Consumers will see their peer groups using them and will also purchase them hoping for the portrayed effects.

Sometimes substance use starts innocently enough, introverted individuals may like that it makes them feel more socially accepted. Extroverted individuals either uses just fun, or are covering their own inadequacies with substance use as well. Drug use enhances social situations, and can provide entertainment. “Social interaction, peer camaraderie, social approval, and drug use work together as positive reinforcers to sustain drug use” (Akers 1992), becoming personally rewarding or reinforced through conditioning (Hanson, Venturelli & Fleckenstein, 2009). The substance abuser may begin to restructure his life around using, obtaining, and hanging out with fellow users, shifting his association base to reinforce that the substance is enjoyable which is also part of Sutherland’s theory mentioned above. “In the collective understanding of American culture, alcoholism previously was seen as a moral weakness” (Smith, 1991). Now, it can be a form of belonging to a subculture, creating a group of friends to socialize with.

Some people are more susceptible to substance abuse because of their genetic makeup which is considered in biological theories of addiction. When a person has difficulties dealing with the problems and static that everyday life has to it, they may believe in reaching for something to help control their distractions and discomfort levels. Having to cope with stimuli without a type of screening ability, for too much or too little is treated medically. Some people are self medicating, and once they find a combination of drugs or alcohol that lets them be more comfortable in their surroundings, they will continue using. Mental illnesses can also be masked and can lead to substance abuse. “Drug abuse and mental disorders often co-exist. In some cases, mental diseases may precede addiction; in other cases, drug abuse may trigger or exacerbate mental disorders, particularly in individuals with specific vulnerabilities” stated <http://drugabuse.gov/scienceofaddiction/health.html>. Individuals that may be unable to project proper social behaviors for situations might use substances to help suppress anger, depression, or anxiety. Again, these could be medically treated condition that can lead to the misuse of legal or illegal substances because they seem effective to the user.

Genetics that contribute to liver function and enzymes are being discovered and studied. One area being researched is identifying genes that seem to indicate some protective measures by making the body have adverse reactions to alcohol. “*ADH1B* and *ALDH2* are the genes most strongly associated with risk for alcoholism” (Edenberg, 2007). “Acetaldehyde is a toxic substance whose accumulation leads to a highly aversive reaction that includes facial flushing, nausea, and rapid heartbeat (i.e., tachycardia). This reaction is similar to that experienced by alcoholics who consume alcohol after taking disulfiram (Antabuse®), a medication that discourages further drinking” (Edenberg, 2007). The studies are being redone as technology advances and more genes are being identified.

Young people who have not reached full brain development are more susceptible to developing substance abuse disorders. From the HBO series, <http://www.hbo.com/addiction/adolescent_addiction/21_adolescent_brain_development.html>, “This front part of the brain is still developing connections to the rest of the brain until adulthood, so adolescents' brains lack some of the "wiring" that carries "brake" or "stop" messages to the rest of the brain” (Crowley, Whitmore). The physical and cognitive growth has not been completed yet. “The developmentof the emotional component of cognition and behavior may lastwell into adulthood” (Benes, 1985). Pleasure is a very strong motivator, and the brain connects some substances with pleasurable feelings. Most drugs of abuse directly or indirectly target the brain's reward system by flooding the circuit with dopamine. Dopamine is a neurotransmitter present in regions of the brain that regulate movement, emotion, cognition, motivation, and feelings of pleasure. <http://drugabuse.gov/scienceofaddiction/brain.html> People wanting to continue that pleasure mode, will seek out substances that will make the degree of pleasure return. Long-term drug abuse can cause adaptations in habit or non-conscious memory systems, such as conditioning; whereby environmental cues become associated with the drug experience which can trigger uncontrollable cravings even if the drug is not available <http://drugabuse.gov/scienceofaddiction/brain.html>.

There are several risk factors that can contribute towards developing a substance abuse disorder. “A result of major life changes like death of dear friends or a loved one, moving to a new home, or failing health… can cause loneliness, boredom, anxiety, or depression. In fact, depression in older adults often goes along with drinking too much” <http://www.nia.nih.gov/HealthInformation/Publications/alcohol.htm> Family structure has changed from a solid nuclear family to fractions due to divorce. Older people are living isolated from their families, either by choice or because of health and care needs. Traditional church and other civic and cultural institutions have had drops in attendance, and have not adapted fast enough to hold onto membership. Even online classes are faceless interfaces with others, but it is not as personal.

People are trying to keep up with the pace of society. “Meth appeals to anyone who has too much to do and too little time” says Carol Falkowski of Hazelden, a drug rehabilitation center (Ladika, 2005). Financial problems may be adversely affecting your emotional or mental well being, <http://www.samhsa.gov/economy/#warningSigns>. Frustration with how employment and life have played out, boredom, not dealing with feelings and not coping well in general are all stressors. Children exposed to addictive behavior at home will have a different set of norms as well.

In my opinion, addiction has many different aspects that make it complex and every individual has their own set of stressors, biological makeup, and attitudes. Every person will have to be respected and listened to by a help provider without judgment, in order to find the triggers of their addiction, and learn new coping methods.

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