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Correct answers located at the end of the chapter.

TRUE/FALSE - Write 'T' if the statement is true and 'F' if the statement is false.

1) Quality of life can be explained as a subjective rating of the difference between people's hopes and expectations and their present experiences.
   - ◎ true
   - ◎ false

2) The traditional "medical treatment model" of the health continuum places emphasis on striving for a higher quality of life.
   - ◎ true
   - ◎ false

3) The basis for leading a moral and ethical life is rooted in emotional health.
   - ◎ true
   - ◎ false

4) The different dimensions of health exist as separate elements.
   - ◎ true
   - ◎ false

5) Most adult learning is primarily self-directed.
   - ◎ true
   - ◎ false

6) Much like reference books and refereed journal articles, Internet postings undergo evaluation by experts.
   - ◎ true
   - ◎ false

7) The likelihood of miscommunication when dealing with medical or health issues is small.
   - ◎ true
   - ◎ false

8) Critical thinking is careful and deliberate determination of whether to accept, reject, or suspend judgment.
   - ◎ true
   - ◎ false

9) Health risk is the probability that an adverse event (an outcome) will occur if one engages in a certain behavior (exposure).
   - ◎ true
   - ◎ false

10) People tend to be more afraid of natural risks than human-made risks.
   - ◎ true
   - ◎ false

11) Statistical correlations in population studies are based on experimental data.
   - ◎ true
   - ◎ false

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12) It has become clear that the increase in chronic diseases, especially in the last 50-60 years, is tied primarily to one's profession.
- ◎ true
- ◎ false

13) People are more afraid of a risk they choose to take than one imposed on them.
- ◎ true
- ◎ false

14) The World Health Organization defines health as the complete absence of disease.
- ◎ true
- ◎ false

15) Many Americans are aware of important health issues but unsuccessful in effectively translating their knowledge into better lifestyle behaviors.
- ◎ true
- ◎ false

16) The twenty-first-century view of health, as cited in the World Health Organization (WHO) definition, is that it is multidimensional.
- ◎ true
- ◎ false

17) Physical health is the predominant dimension of health and gives a complete representation of one's overall health and wellness.
- ◎ true
- ◎ false

18) Many health issues, including stress, mental health, nutrition, drug use, chronic diseases, and infectious diseases, are strongly related to culture.
- ◎ true
- ◎ false

19) Self-directed learning is a process in which the individual controls the learning objectives but not the means of learning.
- ◎ true
- ◎ false

20) The study of the disease process in populations and quantification of the health risk in terms of absolute risk and relative risk is done by pathologists.
- ◎ true
- ◎ false

21) Relative risk is a measure of the comparative risk of a health-related event, such as disease or death, between two groups.
- ◎ true
- ◎ false

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22) Attitudes, beliefs, and values regarding people's personal health are shaped by people's personalities rather than the environment.
- ◎ true
- ◎ false

23) A health behavior theory is a conceptual framework of important factors or variables hypothesized to influence health behavior.
- ◎ true
- ◎ false

MULTIPLE CHOICE - Choose the one alternative that best completes the statement or answers the question.

24) The_____ dimension of health involves being able to learn from a variety of experiences and being open to new ideas.
- A) social
- B) spiritual
- C) emotional
- D) intellectual

25) The ability to deal constructively with personal feelings, handle stress, and live independently is representative of the_____ dimension of health.
- A) social
- B) spiritual
- C) emotional
- D) intellectual

26) Advertising gives us the impression that lifestyles can be _____.
- A) purchased
- B) static
- C) unimportant
- D) innate

27) Which of the following is true of self-directed learning?
- A) The government controls the means of learning.
- B) The learning objectives are laid down by the educational institution chosen by an individual.
- C) The Internet is a rich resource for a self-directed, tech-savvy learner.
- D) Most adult learning is assisted and not self-directed.

28) To assess the impact of behavior on health, it is important to understand what a_____ is and how to interpret it.
- A) health plan
- B) health risk
- C) health status
- D) health concept

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29) The annual death rate from lung cancer among people who smoke is approximately _____ deaths per 100,000 people per year.
A) 40
B) 50
C) 60
D) 70

30) The annual death rate from lung cancer among nonsmokers is_____ deaths per 100,000 people.
A) 2.5
B) 3.5
C) 6.5
D) 10

31) Since 1900, infant mortality has decreased_____ percent and maternal mortality 99 percent.
A) 70
B) 82
C) 90
D) 65

32) National estimates indicate that about_____ percent of instances of disease and premature death are the result of unhealthy lifestyles.
A) 5
B) 50
C) 20
D) 80

33) The second greatest cause of mortality in the United States is_____, responsible for an estimated 450,000 deaths per year.
A) obesity
B) drug use
C) alcohol use
D) tobacco use

34) Which of the following is the central premise of the stages of change model?
A) Behavior change is a process.
B) Individuals have varying levels of motivation.
C) Readiness to change is constant across all individuals.
D) Relapse to a previous stage is impossible.

35) The World Health Organization defines health as
A) the absence of any chronic disease or infirmity.
B) the capacity to enjoy life and withstand challenges.
C) a state of complete physical, mental, and social well-being.
D) an age-appropriate level of physical fitness and endurance.

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36) Most people only recognize the importance of health
A) when they cross the age of 40 years.
B) when an illness affects their family.
C) when they are sick or injured.
D) when they feel especially good.

37) Quality of life refers to
A) one's ability to afford the better things in life.
B) one's realization of hopes and expectations.
C) the relationship between personal satisfaction and longevity.
D) an overall sense of well-being.

38) The contemporary perspective on health is that it is
A) a state of optimal functioning.
B) the ability to enjoy life to the fullest.
C) a goal that people continually work toward throughout their lives.
D) an achievement of the highest level of physical and emotional fitness.

39) A modifiable factor that influences people's health is
A) heredity.
B) age.
C) race.
D) weight.

40) The most important factors involved in good health are those associated with
A) income levels.
B) access to healthcare.
C) age.
D) lifestyle.

41) How well one is able to perform the activities of daily living without becoming overly fatigued is indicative of the_____ dimension of health.
A) physical
B) social
C) emotional
D) intellectual

42) The intellectual dimension of health can be explained as the ability to
A) interact with others.
B) perform routine tasks without fatigue.
C) cope, adjust, and adapt.
D) question and evaluate information.

43) Commitment to a set of values or principles that guide one's actions is indicative of the_____ dimension of health.
A) social
B) spiritual
C) emotional
D) intellectual

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44) Which of the following statements is true about the dimensions of health?
A) Each dimension contributes to the overall balance, quality, and strength of the whole.
B) The dimensions exist as separate elements.
C) Dimensions such as environment relate to the others, but dimensions such as intellect do not.
D) Even if one dimension is affected, the others are not.

45) Advertisers shape consumer desire and product value by presenting products as having the power to change buyers into
A) more desirable people.
B) the people they are actually.
C) the by-products of society.
D) part of the universal community.

46) Advertising gives people the impression that lifestyles
A) can be purchased.
B) are unchanging.
C) are genetically determined.
D) can affect only those who are ill.

47) Health literacy is dependent on
A) college education.
B) self-directed learning.
C) health marketplace advertisements.
D) age and quality of life.

48) Which of the following is a tip when using self-directed learning for health literacy?
A) Health-related information on the Internet is trustworthy as the vast majority of material found online is reviewed by experts.
B) Websites that abide by the Health on the Net (HON) Code of Conduct are excellent general resources for health information.
C) Certain web addresses such as those with the ".com" are more likely than the ".org" websites to lead to authoritative information.
D) Websites that do not have any paid advertising are less trustworthy than websites that have such advertising.

49) _____thinking is careful and deliberate determination of whether to accept, reject, or suspend judgment.
A) Abstract
B) Critical
C) Conceptual
D) Theoretical

50) _____thinking is a process that stresses an attitude of objectivity, incorporates logical inquiry and problem-solving, and leads to an evaluative decision or action.
A) Abstract
B) Critical
C) Conceptual
D) Theoretical

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51) According to the U.S. Census of 2020, the non-Hispanic white population of the United States showed a growth of_____ percent over the last decade.
A) 11
B) 29
C) 33
D) 2

52) According to the U.S. Census of 2020, of all the college students in the United States,_____ percent are women.
A) 30
B) 45
C) 50
D) 60

53) Any factor that increases susceptibility to or has a strong association with the occurrence, onset, or progression of a disease or injury is known as a
A) health risk.
B) self-concept.
C) social status.
D) problem.

54) The study of the causes, distribution, and control of diseases in populations is called
A) epidemiology.
B) kinesiology.
C) urology.
D) morphology.

55) According to David Ropeik, a recognized expert on the subject of risk, people
A) tend to be less afraid of risks that are human-made than those that are natural.
B) are less afraid of a risk they choose to take than one imposed on them.
C) more afraid of a risk that comes from people or organizations that they trust.
D) less afraid of a risk that comes from a source that they do not trust.

56) The "times-greater chance" a person has of acquiring a specific negative health effect based on the extent to which a certain variable is present is called
A) health risk.
B) a risk factor.
C) variable risk.
D) relative risk.

57) Life expectancy for an American born in 1900 was less than
A) 80.
B) 50.
C) 60.
D) 70.

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58) Public health advances that have been translated into public policy include school immunization rules and
A) tobacco use restrictions.
B) slower speed limits.
C) voter age restrictions.
D) seat belt laws.

59) Disease-causing organisms—usually a bacterium, virus, or parasitic worm—are known as
A) pathogens.
B) antibodies.
C) antigens.
D) lysosomes.

60) The two main conditions that develop in chronic obstructive pulmonary disease are
A) eczema and bronchitis.
B) cancer and hernia.
C) heart disease and stress.
D) emphysema and chronic bronchitis.

61) Medical conditions that are permanent, leave a residual disability, are caused by a nonreversible condition, and require special training of the patient for rehabilitation or are expected to require a long period of supervision or care are called
A) infectious diseases.
B) chronic diseases.
C) preventable diseases.
D) epidemics.

62) For Americans in the age group 20-29, the leading cause of death is
A) accidents.
B) lifestyle disorders.
C) drug use.
D) tobacco use.

63) Many of us have good intentions about changing an unhealthy habit or adopting a healthier behavior. The challenge is
A) when to do it.
B) why we should do it.
C) how to do it.
D) who will help us do it.

64) Psychologists have developed_____ to understand the process of behavior change.
A) social cognitive theories
B) social behavior hypotheses
C) health behavior theories
D) health care guidelines

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65) Which of the following theories is based on the principle that behavior is dynamic, depending on individual and environmental factors, all of which influence one another simultaneously?
A) social cognitive theory
B) health care theory
C) health behavior theory
D) health care guidelines

66) The health belief model of_____ was developed to understand why so few people participated in a national chest X-ray screening program for tuberculosis.
A) Irwin Rosenstock
B) Alfred Adler
C) Abraham Maslow
D) Albert Bandura

67) The stages of change model was initially developed in order to understand
A) smoking cessation programs.
B) weight loss programs.
C) fitness programs.
D) eating disorders.

SHORT ANSWER. Write the word or phrase that best completes each statement or answers the question.

68) Explain the modern concept of health.

69) Define the term "health literacy" and explain its significance.

70) Explain the term "relative risk" and illustrate how it is reported.

71) What are the overarching goals of *Healthy People 2030*?

72) What is the premise of the health belief model, and what are its predictions?

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73) Explain the different stages of James Prochaska and Carlo DiClemente's stages of change model, technically known as the transtheoretical model.

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Answer Key

Test name: Chapter 01

1) TRUE
2) FALSE
3) FALSE
4) FALSE
5) TRUE
6) FALSE
7) FALSE
8) TRUE
9) TRUE
10) FALSE
11) FALSE
12) FALSE
13) FALSE
14) FALSE
15) TRUE
16) TRUE
17) FALSE
18) TRUE
19) FALSE
20) FALSE
21) TRUE
22) FALSE
23) TRUE
24) D
25) C
26) A
27) C
28) B
29) B
30) A
31) C
32) B
33) D
34) A
35) C
36) C
37) D
38) C
39) D
40) D
41) A
42) D
43) B
44) A
45) A
46) A
47) B
48) B
49) B
50) B
51) A
52) D
53) A
54) A
55) B
56) D
57) B
58) D
59) A
60) D
61) B
62) A
63) C
64) C
65) A
66) A
67) A
68) Short Answer
69) Short Answer
70) Short Answer
71) Short Answer
72) Short Answer
73) Short Answer

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Chapter 1
Drug Use: An Overview

Chapter Objectives

After reading this chapter, students should be able to accomplish the following objectives:

- Develop an analytical framework for understanding any specific drug-use issue.
- Apply five general principles of psychoactive drug use to any specific drug-use issue.
- Explain the differences between misuse, and substance use disorder.
- Describe the general trends of increases and decreases in drug use in the United States since 1975.
- Remember several correlates and antecedents of adolescent drug use.
- Describe correlates and antecedents of drug use in the terminology of risk factors and protective factors.
- Discuss motives that people may have for using psychoactive drugs, even those illegal drugs.

Chapter Vocabulary

- ADHD
- Analgesics
- Anecdotal
- Antecedent (ant eh *see* dent)
- Correlate
- Empirical
- Gateway
- Protective factors
- Reinforcement
- Risk factors

Chapter Outline

I. "The Drug Problem"

Drug use is an issue that affects individuals, families, communities, and all levels of government,

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not just in the United States, but around the world. The simple term *drug use* represents a complex mix of behaviors, scientific questions, legal issues, moral dilemmas, and more. As the topics are being discussed, the aim is to report evidence that is based on **empirical** data, derived from scientific studies. This stands in contrast to **anecdotal** evidence, which is typically based on one person's casual observation or perception.

A. Use Is Not Abuse

Most users of any given substance do not use it in ways that can be defined as addiction or a substance use disorder. The single most common type of illicit drug use is marijuana smoking, and the vast majority of those users are what some have called "recreational" or "social" or "casual" users.

A small fraction of marijuana users seek treatment because they want to quit and have not been able to do so without help. Even for drugs such as heroin, crack cocaine, and methamphetamine, which the media consistently portray as producing "instant addiction," the actual experiences of most users of those substances do not support such claims.

B. Every Drug Has Multiple Effects

Although a user might be seeking only one effect (relaxation, or alertness, or feeling "high"), every psychoactive drug acts at multiple sites, both in the brain and on other organs. So relaxation might be accompanied by constipation, euphoria, and increased heart rate.

C. Amount Matters

This may seem obvious, but it's important to point out that large doses, frequent doses, or taking the drug by a method that results in a lot of the drug getting to the brain quickly can produce more intense—and sometimes different—effects, and generally more problems, than taking the same drug in a single lower dose.

D. Psychoactive Drug Effects Are Powerfully Influenced by the User's History and Expectations

Experienced users may react differently than new users, for example, showing less disruption in a driving simulator test after drinking alcohol (the same happens with marijuana). Experienced users may also report more of the positive effects of a drug, partly because of associations from their prior use.

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E. Drugs, Per Se, Are Not Good or Bad

There are no "bad drugs." When drug addiction and deviant drug use are talked about, it is the behavior, the way the drug is being used, that is being referred to. The truth is that any drug can produce either beneficial or harmful effects, depending on how the drug is used. For example, heroin is a perfectly good painkiller, as effective as any of the widely prescribed opioid **analgesics**, and it is used medically in multiple countries. Methamphetamine is available as a prescription drug in the United States, approved to treat symptoms of attention-deficit/hyperactivity disorder (ADHD) and obesity.

Drugs in Depth: Important Terms—and a Caution!

The word **drug** will be defined as "any substance, natural or artificial, other than food, that by its chemical nature alters structure or function in the living organism." **Illicit drug** is a term used to refer to a drug that is unlawful to possess or use. Many of these drugs are available by prescription, but when they are manufactured or sold illegally they are illicit.

Deviant drug use is drug use that is not common within a social group *and* that is disapproved of by the majority, causing members of the group to take corrective action when it occurs. The corrective action may be informal (making fun of the behavior or criticizing the behavior) or formal (incarceration or treatment).

Drug misuse generally refers to the use of prescribed drugs in greater amounts than, or for purposes other than, those prescribed by a health care professional such as a physician. For nonprescription drugs or chemicals such as paints, glues, or solvents, misuse might mean any use other than the use intended by the manufacturer.

Addiction is a controversial and complex term that has **different** meanings for different people. Some people want to reserve the term only for those whose lives have been completely taken over by substance use, whereas others will apply the term broadly to anyone who is especially interested in watching television, reading, running, skiing, or any other activity.

II. How Did We Get Here?

Drug use is not new. Humans have been using alcohol and plant-derived drugs for thousands of years—as far as we know, since *Homo sapiens* first appeared on the planet. Psychoactive drugs were used in rituals that one could today classify as religious in nature. In early cultures the use of drugs to treat illness likely was intertwined with spiritual use so that the roles of the "priest" and that of the "shaman" (medicine man) often were not separate.

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Psychoactive drugs have also played significant roles in the economies of societies in the past. Wine was a significant trade item among Greek, Turkish, Egyptian, and Italian people via the Mediterranean Sea over 2,000 years ago.

One area in which enormous change has occurred over the past 100-plus years is in the development and marketing of legal pharmaceuticals. Another significant development in the past 100-plus years has been government efforts to limit access to certain kinds of drugs that are deemed too dangerous or too likely to produce addiction to allow them to be used in an unregulated fashion.

With both of these developments, the proportion of the economy devoted to psychoactive drugs, both legal and illegal, and to their regulation, has also expanded considerably. Drug problems and attempts to solve them have in turn had major influences on people and their perceptions of appropriate roles for government, education, and health care.

III. Drugs and Drug Use Today

A. Extent of Drug Use

A large number of survey questionnaire studies have been conducted in middle and high schools, as well as in colleges. This is one of the easiest ways to get a lot of information with minimum effort in a relatively small amount of time. Researchers have always been most interested in drug use by adolescents and young adults, because drug use usually begins and reaches its highest levels in this age group.

This type of research has a couple of drawbacks. The first is that this technique can only be used on the students who are in classrooms. That causes a bias, because those who skip school or have dropped out are more likely to use drugs. A second limitation is that some students may not answer questions honestly, despite our assumption that most do. There is no way of checking to see if someone really did smoke marijuana last week, as they claimed on the questionnaire.

Table 1.1 of the text presents data from one of the best and most complete research programs of this type, the Monitoring the Future Project at the University of Michigan. Data are collected each year from more than 15,000 high school seniors in schools across the United States, so that nationwide trends can be assessed.

B. Populations of Users

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One very important thing to remember about the people who use a particular substance is that there is a wide range of rates and amounts of use, even within the using population. The range of drug use behaviors has important implications for one's ability to evaluate and respond to so-called drug crises.

C. Trends in Drug Use

The Monitoring the Future study, which has now been conducted annually for more than 40 years, allows one to see changes over time in the rates of drug use. Figure 1.1 displays data on marijuana use among 12th-graders. In 1975, just under 30 percent of high school seniors reported that they had used marijuana in the past 30 days (an indication of "current use"). This proportion rose each year until 1978, when 37 percent of 12th-graders reported current marijuana use. Over the next 14 years, from 1979 to 1992, marijuana use declined steadily so that by 1992 only 12 percent of 12th-graders reported current use (about one-third as many as in 1978). Then the trend reversed, with rates of current use climbing back to 24 percent of 12th-graders by 1997. Changes over the past two decades have been small, with the 2019 rate at 22 percent. Because marijuana is by far the most commonly used illicit drug, one can use this graph to make a broader statement: Illicit drug use among high school seniors has not changed a great deal in the past 20 years. Currently, marijuana use is about half as common among 12th-graders as it was in 1978, but it is more common than it was at its lowest point 27 years ago in 1992.

The National Survey on Drug Use and Health is a face-to-face, computer-assisted interview done with more than 68,000 individuals in carefully sampled households across the United States. This study shows the same pattern as the Monitoring the Future study of 12th-graders: Marijuana use apparently grew throughout the 1970s, reaching a peak in about 1980, and then declining until the early 1990s, when it increased again. The 18–25 age group does show a slow but steady increase in use over the past 25 years, whereas the 12–17 age group has been more stable. Finding such a similar pattern in two different studies using different sampling techniques provides additional confidence that these trends have been real and probably reflect broad changes in American society over this time.

Changes in rates of drug use probably reflect changes over time in a broad range of attitudes and behaviors among Americans—what can be referred to as "social trends."

IV. Correlates of Drug Use

Much of the research on **correlates** of drug use has used marijuana smoking as an indicator,

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partly because marijuana use has been a matter of some concern and partly because enough people have tried it so that meaningful correlations can be done. Other studies focus on early drinking or early cigarette smoking.

A. Risk and Protective Factors

Increasingly, researchers are analyzing the correlates of drug use in terms of **risk factors** and **protective factors**. Risk factors are correlated with an increased likelihood of drug use, while protective factors are correlated with a decreased likelihood of drug use. A study based on data obtained from the National Survey on Drug Use and Health examined risk and protective factors regarding use of marijuana among adolescents (ages 12–17). This large-scale study provides some of the best information about the correlates of marijuana use among American adolescents.

In some ways, the results confirm what most people probably assume: The kids who live in rough neighborhoods, whose parents don't seem to care what they do, who have drug-using friends, who steal and get into fights, who aren't involved in religious activities, and who don't do well in school are the most likely to smoke marijuana. The same study analyzed cigarette smoking and alcohol use, with overall similar results.

There are some surprising results, however. Those adolescents who reported that their parents frequently monitored their behavior (e.g., checking homework, limiting TV watching, and requiring chores) were actually a little more likely to report using marijuana than adolescents who reported less parental monitoring. This finding points out the main problem with a correlational study: It is uncertain whether excessive parental monitoring makes adolescents more likely to smoke marijuana, or if adolescents' smoking marijuana and getting in fights makes their parents more likely to monitor them (the latter seems more likely).

The association between low academic performance and cigarette smoking was even stronger than the association between low academic performance and marijuana smoking. This leads most people to conclude that it's the kids who are getting low grades anyway who are more likely to be cigarette smokers, and the same conclusion can probably be reached about marijuana smoking.

B. Deviant Drug Use

The overall picture that emerges from studies of risk and protective factors is that the same adolescents who are likely to smoke cigarettes, drink heavily, and smoke marijuana are also likely to engage in other deviant behaviors, such as vandalism, stealing, fighting, and early

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sexual behaviors, and to not do well in school. It can be useful to simply consider adolescent drug use as one of a cluster of deviant behaviors.

C. Race, Gender, and Level of Education

The first thing to notice is something that has been a consistent finding over many kinds of studies for many years: Males are more likely to use tobacco and cocaine and smoke marijuana than are females.

Expectations regarding ethnic and racial influences on drug use are more likely to clash with the data from the National Survey on Drug Use and Health. For example, overall, whites are more likely to drink alcohol and use tobacco or cocaine than are African Americans and Hispanics, and these three groups are about equally likely to use marijuana.

Education level is powerfully related to two common behaviors: Young adults with college degrees (compared to those who completed only high school) are much more likely to drink alcohol and much less likely to use tobacco.

D. Personality Variables

The relationships between substance use and various indicators of individual differences in personality variables have been studied extensively over the years. In general, large-scale survey studies of substance use in the general population have yielded weak or inconsistent correlations with most traditional personality traits as measured by questionnaires.

More recently, several studies have found that various ways of measuring a factor called *impulsivity* can be correlated with rates of substance use in the general population. Personality factors may play a small role in whether someone decides to try alcohol or marijuana but a larger role in whether that use develops into a serious problem.

E. Genetics

Genetic factors probably play a small role in whether someone tries alcohol or marijuana but a larger role in whether that use develops into a serious problem. Studies of genetic variability in impulsivity and related traits are beginning to show clear association with substance use disorders.

F. Antecedents of Drug Use

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Do adolescents first become involved with a deviant peer group and then use drugs, or do they first use drugs and then begin to hang around with others who do the same? Does drug use cause them to become poor students and to fight and steal? To answer such questions, one might interview the same individuals at different times and look for **antecedents**, characteristics that predict later initiation of drug use. Data from multiple studies show that the development of substance use disorders can be predicted by several of the same risk factors we have already discussed: aggressiveness, conduct problems, poor academic performance, "attachment to bad company," and parent and community norms more supportive of drug use.

G. Gateway Substances

One very important study from the 1970s pointed out a typical sequence of involvement with drugs. Most of the high-school students in that group started their drug involvement with beer or wine; the second stage involved hard liquor, cigarettes, or both; the third stage was marijuana use; and only after going through those stages did the students try other illicit substances. Not everyone followed the same pattern, but only 1 percent of the students began their substance use with marijuana or another illicit drug. It is as though they first had to go through the **gateway** of using alcohol and, in many cases, cigarettes.

A large cross-cultural study compared patterns of drug initiation across 17 countries and reported many differences in the most common order of drugs used, implying that the gateway phenomenon is not due to a direct chemical effect but instead is heavily influenced by social and cultural factors.

H. Motives for Drug Use

Humans do not live by logic alone; people are social animals who like to impress each other, and they are pleasure-seeking animals. These factors help explain why people do some of the things they shouldn't, including using drugs. The research on correlates and antecedents points to a variety of personal and social variables that influence drug taking, and many psychological and sociological theorists have proposed models for explaining illegal or excessive drug use.

Rebellious behavior, especially among young people, serves important functions not only for the developing individual but also for the evolving society. An adolescent who is unable to gain respect from people or who is frustrated in efforts to "go his or her own way" might engage in a particularly dangerous or disgusting behavior as a way of demanding that people be impressed or at least pay attention.

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One source of excessive drug use may be found within the drugs themselves. Many of these drugs are capable of *reinforcing* the behavior that gets the drug into the system. **Reinforcement** means that, everything else being equal, each time an individual takes the drug they increase slightly the probability that they will take it again.

Most drug users are seeking an altered state of consciousness, a different perception of the world then is provided by normal, day-to-day activities. Many of the high-school students in the nationwide surveys report that they take drugs "to see what it's like," or "to get high," or "because of boredom." In other words, they are looking for a change, for something new and different in their lives.

Another thing seems clear: Although societal, community, and family factors play an important role in determining whether an individual will first *try* a drug, with increasing use the individual's own experiences with the drug become increasingly important.

Key Points

- The general principles of psychoactive drugs are as follows:
  - The use of drugs is not abuse.
  - Every drug has multiple effects.
  - The amount of drug matters.
  - Psychoactive drug effects are powerfully influenced by the user's history and expectations.
  - Drugs, per se, are not good or bad.
- Data indicate that if the perception of risk of drug use is low, then rates of use are higher and vice versa. Perception of risk differs from the perception of availability.
- Drug use is influenced by several factors including race, gender, and level of education.
- Drug use in early adolescence may be indicative of a larger pattern of deviant behaviors.
- There is increasing interest in genetic influences on drug use.
- Rebellious behavior, especially among young people, serves important functions not only for the developing individual but also for the evolving society.

Chapter Discussion Questions and Activities

1. Discuss the general principles of psychoactive drugs in the class. What are some examples of each? Ask students to come up with examples using both illicit and over-the-counter drugs.

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2. What factors make it difficult to determine the extent of drug use? What information might be missing in surveys that are used to collect data on drug use? How would you try to get information? Why might people not be honest while taking the surveys? What can be done to improve the accuracy of information about drug use?

3. Why might some seemingly causal relationships between drug use factors be misleading? How are other problem behaviors related to drug use?

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