Characteristics of Health-Compromising Behavior

- Many of these behaviors share a window of vulnerability in adolescence
  - Drinking to excess
  - Smoking
  - Illicit drug use
  - Unsafe sex
  - Risk-taking behaviors

Characteristics of Health-Compromising Behavior

- Behaviors are tied to the peer culture
- Image of these behaviors as “cool”
- Behaviors, though dangerous, are pleasurable
- Behaviors develop gradually rather than being acquired “all at once”
- Substance abuse of all kinds are predicted by some of the same factors
What Is Substance Dependence?

• Physical dependence
  – Body has adjusted to substance and incorporates its use into normal functioning of body's tissues
  – Tolerance: Larger doses needed to produce same effects
  – Craving: Conditioning process is involved so that environmental cues trigger intense desire

What Is Substance Dependence?

• Addiction
  – A person has become physically or psychologically dependent on a substance following use over a period of time
• Withdrawal
  – Unpleasant symptoms, both physical and psychological, that people experience when they stop using a substance on which they have become dependent

Alcoholism and Problem Drinking: Scope of the Problem

• >20% of Americans drink at levels that exceed government recommendations
• Alcohol consumption is linked to
  – high blood pressure, stroke, cirrhosis of the liver, fetal alcohol syndrome, some cancers
• Alcohol-related accidents:
  – 1 in 2 Americans will be in one in their lifetimes
  – 41% of traffic-related deaths related to alcohol
What Are Alcoholism and Problem Drinking?

• Alcoholic
  – Physical addition to alcohol
  – Withdrawal symptoms when abstaining from alcohol
  – High tolerance for alcohol
  – Little ability to control drinking
• Problem drinkers: may not have symptoms listed above, but do have substantial social, medical or psychological problems resulting from alcohol

What Are Alcoholism and Problem Drinking?

• Symptoms of Alcohol Abuse
  – Difficulty in performing one’s job because of alcohol consumption
  – Inability to function well socially without alcohol
  – Legal difficulties encountered while drinking
  • Drunk driving convictions

Alcoholism and Problem Drinking: Origins

• Genetic factors appear to be involved
  – Twins studies
  – Frequency of alcoholism in sons of alcoholics
• Men traditionally were at greater risk
  – With changing norms, women are “catching up”
• Physiological, behavioral, and sociocultural factors are involved
Alcoholism and Problem Drinking: Origins

- Drinking occurs as an effort to buffer the impact of stress
  - Drink to enhance positive emotions
  - Drink to reduce negative emotions
- Alcoholism is tied to the drinker’s social and cultural environment.
  - Window of vulnerability: Ages 12 to 21
  - Window of vulnerability: Late middle age

Alcoholism and Problem Drinking: Origins

- Depression and alcoholism may be linked
  - Alcoholism may represent untreated symptoms of depression
    OR
  - Depression may act as an impetus for drinking to improve mood

Symptoms of both disorders must be treated simultaneously

Alcoholism and Problem Drinking: Treatment of Alcohol Abuse

- “Maturing Out” of Alcoholism
  - 10 to 20% of alcoholics stop drinking on their own
  - 32% of alcoholics can stop with minimal help
- Can be treated successfully through cognitive-behavioral modification
  But
  - High rate of recidivism – as high as 60%
  - Alcoholic’s environment must be considered
    - Without employment or social support, prospects for recovery are dim
Alcoholism and Problem Drinking:
Treatment Programs

• Self-Help Groups are most commonly sought source of help
  – especially AA
    (Alcoholics Anonymous)
• Hard-Core Alcoholics
  – Detoxification
  – Short-term, Inpatient Therapy
  – Continuing Outpatient Treatment

700,000 people in U.S. receive treatment on any given day

Alcoholism and Problem Drinking:
Treatment Programs

• Self-Monitoring
  – Person begins to understand situations that give rise to drinking
• Contingency contracting
  – Person agrees to a costly outcome (financial or psychological) in the event of failure
• Motivational enhancement
  – Keeping the client motivated with individualized feedback about his/her efforts

Alcoholism and Problem Drinking:
Profile of Alcoholics Anonymous

• Philosophy
  – The best person to reach an alcoholic is a recovered alcoholic
  – Immersion: Attend 90 meetings in 90 days
• Recovery depends on staying sober
• Members provide social reinforcement for one another's abstinence
• Alcoholism
  – A disease that can be managed, not never cured
  – Alcohol plays no part in the person's future
Alcoholism and Problem Drinking: Treatment Programs: Relapse Prevention

- Relapse rates
  - 50% or more relapse 2-4 years after treatment
  - 50% or more relapse within first 3 months
- Helpful for problem drinkers to know
  - An occasional relapse is normal
  - Relapse doesn’t signify failure
- Important relapse prevention skills
  - Learning “drink-refusal skills”
  - Learning nonalcoholic beverage substitutions

Alcohol-Related Problems of College Students: Table 5.2

<table>
<thead>
<tr>
<th>Alcohol-Related Problem</th>
<th>Drinkers Who Reported Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had a hangover</td>
<td>51.7%</td>
</tr>
<tr>
<td>Missed class</td>
<td>27.3%</td>
</tr>
<tr>
<td>Did something you regret</td>
<td>32.7%</td>
</tr>
<tr>
<td>Forgot where you were or what you did</td>
<td>24.8%</td>
</tr>
<tr>
<td>Engaged in unplanned sexual activity</td>
<td>18.5%</td>
</tr>
<tr>
<td>Got hurt or injured</td>
<td>.3%</td>
</tr>
</tbody>
</table>


Alcoholism and Problem Drinking: The Drinking College Student

- Most U.S. college students drink alcohol
  - 15%-25% are heavy drinkers
  - 45% engage in occasional binge drinking
- Successful interventions:
  - Encourage students to gain self-control over drinking rather than eliminating alcohol
  - Self-monitoring often reduces drinking
Alcoholism and Problem Drinking: The Drinking College Student

• Skills Training
  – Identify circumstances when drinking to excess occurs
  – Placebo drinking
    • Consuming nonalcoholic beverages while others are drinking
    • Alternating alcoholic and nonalcoholic drinks

• Lifestyle rebalancing
  – Excessive alcohol consumption is incompatible with a healthy lifestyle

Alcoholism and Problem Drinking: Treatment of Alcohol Abuse

• Minimal Interventions
  – Success of brief interventions remains unclear
    • Oslin et al, 2003 study results produced beneficial changes
    • Curry et al, 2003 study had high drop out rates
  – About 85% of alcoholics don’t receive formal treatment

Alcoholism and Problem Drinking: Treatment of Alcohol Abuse

• Social engineering may represent the best approach
  – Banning alcohol advertising
  – Raising the legal drinking age
  – Strictly enforcing the penalties for drunk driving

• These approaches reach the untreated majority
Alcoholism and Problem Drinking: Can Recovered Alcoholics Drink again?

- Alcoholics Anonymous Philosophy
  An alcoholic is an alcoholic for life
- Drinking in moderation seems possible
  - For young, employed problem drinkers
  - Who have not been drinking for long
  - Who live in supportive environments
- Drinking in moderation
  - May be a more realistic goal for college students
  - May prevent high dropout rates in more traditional programs

Alcoholism and Problem Drinking: Preventive Approaches

- Social influence programs in Junior Highs have shown some success
  - Adolescents’ self-efficacy enhanced
  - Programs can change teens’ social norms
    - focus on controlled drinking/abstinence rather than excessive consumption
  - Approaches are low cost programs for low-income areas
- Social engineering holds promise
  - Higher taxes on alcoholic beverages

Alcoholism and Problem Drinking: Drinking and Driving

The message should be clear but it isn’t - many drunk drivers remain on the roads
Alcoholism and Problem Drinking:  
Drinking and Driving

• The issue that mobilizes the public against alcohol abuse
  – Vehicular fatalities that result from alcohol abuse
  – Political impact from groups like MADD
  – Pressure for hosts and friends to intervene

• Self-regulatory techniques
  – Designated driver
  – Taxis
  – Delaying driving after consuming alcohol

Alcoholism and Problem Drinking:  
Amigos don’t let Amigos Drive Drunk

• “Cinco de Mayo has become a big night out for many…. But it is also a very dangerous night out because of alcohol or drug impaired drivers. Those celebrating… should be sure and designate their sober driver in advance – before the festivities begin.

• Over the past 6 years, an average of 43 percent of all highway fatalities on May 5 and overnight into the early morning on May 6 were caused by impaired drivers with blood alcohol content (BAC) levels of 0.08 percent and above, according to the National Highway Traffic Safety Administration (NHTSA).” Statement released April 2005 before the May 5, 2005 celebration.

Alcoholism and Problem Drinking:  
Is Modest Alcohol Consumption a Health Behavior?

• Modest alcohol intake (1-2 drinks/day) may add to a long life

• For older adults
  – Coronary artery disease may be reduced
  – HDL “good” cholesterol may increase
  – Fewer strokes

• Moderate drinking among younger adults
  – May enhance risks of death, probably due to alcohol-related injuries
Smoking

- Single greatest cause of preventable death
- USA – accounts for about 1 in 5 deaths
- Smokers, compared to nonsmokers are
  - Generally less health-conscious
  - More likely to engage in other unhealthy behaviors

Drinking cues ➔ Smoking

Smoking

- Smokers
  - More accidents and injuries at work
  - Take off more sick time
  - Use more health benefits
- Studies of secondhand smoke reveal that family members and coworkers are at risk for a variety of health disorders.

Smoking: Synergistic Effects

- Smoking enhances the impact of other risk factors in compromising health
  - Nicotine stimulates release of free fatty acids
  - Nicotine increases men’s reactivity to stress
- Smokers engage in less physical activity
- Smoking is considered a potential cause of depression, especially among youth
- Smoking is related to an increase in anxiety among adolescents
Smoking: A Brief History

- A sophisticated habit of the male gentry
- 1940s
  - Large numbers of women smoke
  - Advertised as symbol of feminine sophistication
- 1964
  - First U.S. Surgeon General’s warning is issued
  - Male smoking declines, female smoking increases
- 1994
  - Female teen smokers, 22.9%
  - Male teen smokers, 28.8%

Smoking: Why Do People Smoke?

- Smoking begins early (adolescence)
- 15% of teens smoke regularly
  - Initial experimentation
  - Tries out cigarettes
  - Experiences peer pressure to smoke
  - Develops attitudes about smokers
- Only some become heavy smokers

Smoking: Why Do People Smoke?

- Peer influence
  - 70% of all cigarettes smoked by teens are smoked in the presence of a peer
- Adolescents are more likely to start smoking if
  - Their parents smoke
  - They are lower-class
  - They feel social pressure to smoke
  - There has been a major family stressor
Smoking: Why Do People Smoke?

- Chippers: term used to describe light smokers
  - High value placed on academic success
  - Supportive relationships at home
  - Little smoking among parents and peers
- Number of "chippers" has increased
- Surprising trend given addictive nature of smoking

Smoking: Why Do People Smoke?

- To preadolescents, the image of a smoker
  - Rebellious
  - Tough
  - Mature
- Smoking cigarettes may help convey the image that an insecure teen longs to display

Smoking: Why Do People Smoke?

- Smoking is clearly an addiction
  - It is reported to be harder to stop than heroin addiction or alcoholism
  - The exact mechanisms of nicotine addiction are not known
  - Nicotine may be a way of regulating performance and affect
  - Smoking is also maintained by social learning
  - Smoking is paired with rewarding experiences
### Smoking: Interventions to reduce smoking

**Media campaigns** have helped instill antismoking attitudes among the general public.
- Even adolescents view smoking as addictive.
- Changes in social norms (from largely positive to strongly negative) have motivated many people to quit.
- *BUT* attitude-change campaigns by themselves don’t help smokers quit.

### Nicotine-Replacement Therapy

- **Nicotine gum** is disliked because the nicotine is absorbed very slowly.
- **Transdermal nicotine patches** release nicotine in steady doses.
- **Nicotine-replacement therapy** produces significant smoking cessation.

### Multimodal Interventions

**Specific interventions** are geared to the stage of readiness with respect to smoking.

<table>
<thead>
<tr>
<th>Precontemplation to Contemplation</th>
<th>Contemplation to Action</th>
<th>Action Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus is on attitudes. Emphasis on adverse health consequences</td>
<td>Smoker develops a timetable to quit and a program of how to go about it</td>
<td>Cognitive-behavioral techniques will be used</td>
</tr>
</tbody>
</table>
Smoking: Interventions to reduce smoking

• Social Support and Stress Management
  – Would-be ex-smokers enlist support from others in their efforts to stop
  – A strong image of oneself as a “nonsmoker” helps treatment effectiveness

• Maintenance and Relapse Prevention
  – Many people relapse on the road to quitting
  – A single lapse reduces perceptions of self-efficacy
  – When self-efficacy wanes, vulnerability to relapse is high

Smoking: Who is best able to induce people to stop smoking?

• Physician recommendations
  – Especially effective for pregnant smokers
  – Patients with symptoms of CHD more likely to stop

• Hospitalized patients

Recall the concept of the teachable moment

Smoking: Why is smoking so hard to change?

• Deeply entrenched behavior that may be influenced by
  – Addiction that makes it difficult to stop
  – Mood, since it elevates mood
  – Weight control, it keeps body weight down

• But more than 45 million Americans have successfully quit
  – Those who quit on their own have good self-control skills, self-confidence in their ability to stop, and a belief that the benefits to quitting are substantial
Smoking:
Prevention

• Social Influence Intervention
  (Richard Evans/Houston School District)
  Two Theoretical Principles:
  • Model “High Status” nonsmokers
  • Behavioral inoculation
    – expose students to a weak version of a
       persuasive message so they can resist the
       message in its stronger form

Smoking:
Prevention

• Social Influence Intervention Program
  – Information about negative effects of smoking
    (appealing to adolescents)
  – Image of nonsmoker is presented as
    independent and self-reliant
    • But a smoker falls for advertising gimmicks!
  – Peer group is used to facilitate non smoking
    rather than smoking

Smoking:
Prevention

Life-Skills-Training Approach
• Rationale: If adolescents are trained in self-
  esteem enhancement, then they will not feel the
  need to bolster self-image by smoking

Social Engineering and Smoking
• Liability litigation
• FDA Regulation of tobacco as a drug
• Heavy taxation