

Index

-
- abstinence
 as a therapeutic concept, 48
 meanings and connotations, 45
- abstinence as a goal
 Alcoholics Anonymous (AA), 46
 defining abstinence, 45
 harm reduction model, 47
 historical concepts of abstinence, 45–46
 moderation management (MM), 46–47
 Overeaters Anonymous, 47
 Sexual Compulsives Anonymous, 47–48
 therapeutic approaches to abstinence, 48
- acamprosate, 188
 alcohol dependence
 meta-analyses, 199
 clinical predictors of efficacy, 193
 compliance with acamprosate therapy, 193
 differences from naltrexone, 188–189
 efficacy in treating alcohol dependence, 189–193
 safety and tolerability, 193
 similarities to naltrexone, 188
 use in combination with naltrexone, 199–201
 use in patients with comorbid psychiatric disorders, 193
 usefulness in alcohol dependence, 201–202
- acupressure, 230
- acupuncture
 history, 230
 Lincoln model, 232–235
 method, 230–231
 NADA protocol, 232–235
 possible broader range of effectiveness, 238–239
 role in addiction treatment programs, 230
 safety issues, 231
 suggested physiological mechanisms, 231–232
 what patients experience, 231
- acupuncture and abuse patterns, 239–241
 alcohol, 239
 cocaine, 239
 marijuana, 133–134
 methadone treatment, 240
 methamphetamine, 239–240
 opiates, 239
 tobacco, 240
- acupuncture effectiveness
 addiction patients' own stories, 248–249
 AIDS-related treatment, 242
 criminal justice related treatment, 243
 effect on the whole treatment process, 242
 effects of trauma and violence, 244–245
 frequency and duration of treatment, 241–242
 maternal treatment, 242–243
 range of applications, 244–245
 retention and recidivism, 241
 serious and persistent mental illness, 243–244
- acupuncture psychosocial mechanisms
 clinical examples, 248
 foundation for autonomy, 246–247
 improving treatment program functions, 247–248
 internal change, 245–246
 non-verbal therapy, 247
 personal behavior, 245
- acupuncture studies
 activity in placebo points, 236
 randomized placebo trials, 235
 research problems, 235–236
 Schwartz study, 236–238
 Tweed study, 238
- Adderall, 28
 nonmedical use, 137
- addiction treatment success, 92–94
 addressing trauma and negative life events, 94
 perspective on success, 94
 readiness for treatment, 92–93
 rebuilding relationships, 93–94
 reconnecting with strengths, 93
 treatment-resistant patients, 93
 treatment-resistant treatment, 93
- ADHD medications
 non-medical use, 157
- aerosol propellants
 abuse as inhalants, 32
- AIDS-related acupuncture treatment, 242
- alcohol dependence
 pharmacotherapies, 188
 acamprosate and naltrexone in combination, 199–201
 acamprosate compliance, 193
 acamprosate safety and tolerability, 193
 acamprosate studies, 189–193
 clinical predictors of acamprosate efficacy, 193
 clinical predictors of naltrexone efficacy, 197–198
 differences between acamprosate and naltrexone, 188–189
 meta-analyses of acamprosate and naltrexone, 199
 naltrexone compliance, 198
 naltrexone efficacy studies, 194
 naltrexone safety and tolerability, 194–197
 patients with comorbid psychiatric disorders, 193
 similarities between acamprosate and naltrexone, 188
 usefulness of new pharmacotherapies, 201–202
- alcohol use
 acute complications, 24
 and creativity, 83
 delirium tremens (DTs) 25
 extent of use, 24
 fetal alcohol syndrome, 25–26
 long-term consequences, 25
 with cocaine, 139
 with stimulants, 138, 139
 withdrawal syndrome, 24–25
- Alcoholics Anonymous (AA) 143
 and the Oxford Group, 45
 attributing meaning to experiences, 99–100
 complexity of the AA phenomenon, 100
 defining recovery on the basis of spirituality, 100
 experience of spiritual redemption, 97–98
 goal of abstinence, 46
 outcome evaluations, 97
 place in American society, 98
 positive psychology, 99
 psychological perspective on the disease, 98–99

Index

- religious tradition, 98
- role in a treatment plan, 119
- spiritual recovery movements, 100
- spiritual fellowship, 98
- worldwide membership, 97
- alcoholism
 - addressing mortality, 119
 - adoption studies, 104
 - alcoholic rage, 108–109
 - animal studies, 104–105
 - biological factors, 103–106
 - biopsychosocial nature of the disease, 103–109
 - diagnosis, 112
 - difficulties in evaluating prevalence, 102
 - ear acupuncture, 239
 - emotional–psychological factors, 107–109
 - empirical research findings, 114–115
 - existential factors, 118–119
 - family history studies, 105
 - genetic risk factors, 103–106
 - learning theory models, 112–114
 - life's loss of meaning, 118–119
 - personality factors, 107–109
 - prevalence data, 102–103
 - psychodynamic theories, 115–118
 - psychological theories, 112–115
 - role of culture and environment, 106–107
 - role of heredity, 103–106
 - social cultural factors, 106–107
 - twin studies, 104
- alcoholism in primary care
 - assessment of the patient, 129–130
 - definitions of alcohol-related disorders, 126
 - equivocal attitudes of doctors, 125
 - intervention, 130–131
 - laboratory tests, 129
 - medical complications of alcoholism, 126
 - negotiating a plan, 130
 - patient history, 129
 - physical examination, 129
 - physicians' responses to alcoholics, 126–127
 - presenting the diagnosis, 130
 - prevalence of alcoholism, 125–126
 - referral strategies, 131
 - screening for alcoholism, 127
 - where to refer, 131
- alcoholism treatment, 119–121
 - case example, 120–121
 - multimodal approach, 119
 - planning treatment, 119–121
 - role of Alcoholics Anonymous (AA) 119
 - stages of change theory, 119–120
 - therapeutic model, 120
- alcoholism typographies, 109–111
 - Cloninger, 111
 - Jellinek, 109–110
 - Knight, 110–111
 - Winokur, Rimmer and Reich, 111
- alcohol-related birth defects, 26
- alert-state training, 182
- alpha training, 173–174
- alpha-theta training, 182
- alprazolam, 156
- Ambien, 24
- American Academy of Pain Medicine (AAPM)
 - purpose and mission statement, 163
- American Pain Society (APS)
 - purpose and mission statement, 163
- American Society of Addiction Medicine (ASAM)
 - mission statement, 163–164
- amotivational syndrome, 28
- amphetamines, 28
 - non-medical use, 137
 - prescription drug abuse, 157–158
- amyl nitrite, 32
- anabolic androgenic steroids (AAS)
 - and sports performance, 78–79
- Angel dust. *See* phencyclidine
- Antabuse, 142
- anxiolytics
 - prescription drug abuse, 155–156
- arts
 - preoccupation with notions of death, 3–4
 - the price of peak experience, 3–4
- ayahuasca, 81
- barbiturates, 24, 72
 - withdrawal syndrome, 156
- Becker, Ernst 19, 3
- behavioral marital therapy, 89
- benzodiazepines
 - and stimulants, 138
 - prescription drug abuse, 156
 - withdrawal syndrome, 156
 - See also* sedatives
- biofeedback. *See* EEG neurofeedback
- bipolar disorder
 - and creative states, 4–4
- blood doping in sports, 80
- blues musicians
 - destructive lifestyles of the greatest, 4–5
 - selling your soul to the devil, 5–5
- body sculpting with drugs, 76
- borderline personality disorder
 - co-occurrence with substance use disorders (SUDs), 207
- borderline personality disorder and SUDs
 - case example, 207–208
- commitment to DBT-S
 - treatment, 212
- DBT-S attachment strategies, 212
- DBT-S case management, 213–214
- DBT-S skills training, 212–213
- DBT-S treatment and session structure, 210–211
- DBT-S treatment concept, 209–210
- DBT-S treatment overview, 209
- empirical support for DBT-S, 214–215
- establishing DBT-S treatment goals, 211–212
- orientation to DBT-S treatment, 211–212
- overlap between, 208–209
- pharmacotherapy, 214
- Budzynski, Tom, 174
- buprenorphine, 151–152
- bupropion
 - use in smoking cessation, 134
- butalbital, 24
- butyl nitrite, 32
- caffeine
 - performance enhancement, 73–74
- Campral. *See* acamprosate
- Chantix, 51–53
- chlordiazepoxide, 24, 156
- chronic cannabis syndrome, 28
- chronic obstructive pulmonary disease (COPD), 26
- Clapton, Eric
 - price of being the greatest, 5–8
- client–therapist relationship
 - building the relationship, 10–11
 - how the therapist feels, 10
 - the client's viewpoint, 10
- cocaethylene, 139
- cocaine, 28, 157
 - effects of fetal exposure, 141
 - medical uses, 138
- Cocaine Anonymous (CA), 143
- cocaine dependence
 - acute psychoactive effects, 138
 - ear acupuncture, 239
 - history of cocaine use in the US, 137
 - hypersexual behavior, 141–142
 - medical consequences, 140–141
 - patterns of use, 139–140
 - pharmacotherapy, 142
 - phases of treatment, 143–144
 - post-stimulant “crash”, 138–139
 - preparation of the drug, 137–138
 - psychiatric complications, 140
 - psychosocial treatment, 142–144
 - routes of administration, 137–138
 - tolerance, 139

- treatment approach, 137
- withdrawal, 139
- codeine, 139, 155
- community reinforcement, 142
- Concerta, 137
- contingency management, 142
- contractual therapies, 88
- cosmetic psychopharmacology
 - amphetamine use in sport, 80
 - anabolic androgenic steroids (ASS)
 - in sport, 78–79
 - athletic performance enhancement, 76–80
 - blood doping in sports, 80
 - body sculpting with drugs, 76
 - caffeine, 73–74
 - creative inspiration and expression, 82–83
 - drug-assisted psychotherapy, 81
 - energy drinks, 74
 - ethical issues, 72–76
 - ethical issues in sport, 76–77
 - genetic manipulation, 80
 - hallucinogenic drugs, 80–82
 - history of, 72
 - human desire for
 - self-improvement, 72
 - improving everyday function, 72–76
 - methylphenidate use in sports, 80
 - nicotine, 80
 - non-medical use of ADHD
 - medications, 74–76
 - non-medical use of
 - methylphenidate, 74–76
 - non-medical use of modafinil, 74–76
 - prescribed medications in sport, 77–78
 - prescription stimulants, 74–76
 - psychotherapeutic exploration using drugs, 80–82
 - search for transcendent experiences, 80–82
 - sports performance enhancement, 76–80
 - stimulant use by athletes, 80
 - supplements in sport, 78
 - therapy versus enhancement debate, 72–76
- crack cocaine, 137, 138
- CRAFT family intervention, 89
- crank. *See* methamphetamine
- creative states
 - and psychiatric illness, 4
- creativity
 - enhancement through drugs, 82–83
- criminal justice-related acupuncture treatment, 243
- crystal meth. *See* methamphetamine
- Crystal Meth
 - Anonymous (CMA), 143
 - Cylert, 137
- DBT-S (dialectical behavior therapy adaptation), 207
- attachment strategies, 212
- biosocial theory of DBT, 208–209
- BPT and substance abuse case
 - example, 207–208
- case management, 213–214
- commitment to treatment, 212
- comparison with other addiction treatment models, 209–210
- empirical support for use in BPD and SUDs, 214–215
- establishing treatment goals, 211–212
- orientation to treatment, 211–212
- overlap between BPD and SUDs, 208–209
- pharmacotherapy, 214
- skills training, 212–213
- training in DBT-S, 215
- treatment and session structure, 210–211
- treatment overview, 209
- death
 - romantic allure of, 4–4
 - spiritual release from, 3–4
- deep-state training, 173, 182
- delirium tremens (“DTs”), 25
- designer drugs, 28, 31
- dexedrine, 137
- dextroamphetamine/levoamphetamine. *See* Adderall
- diazepam, 24, 156
- DiFranza, Joseph, 134–135
- Dilaudid, 30
- disulfiram, 142
- Dole, Vincent, 147
- Dolophine, 148
- dopamine hypothesis of drug dependence, 133
- Drug Enforcement Administration (DEA), 163
- drug treatments for addiction, 88–90
 - Antabuse, 88
 - contractual therapies, 88
 - experiential therapies, 89–90
 - theurgic approach to therapy, 88
- dry cleaning fluids
 - (carbon tetrachloride)
 - abuse as inhalant, 32
- Duragesic, 30
- ear acupuncture
 - history of acupuncture, 230
 - Lincoln model, 232–235
 - method, 230–231
- NADA protocol, 232–235
- possible broader range of effectiveness, 238–239
- range of applications, 244–245
- role in addiction treatment programs, 230
- safety issues, 231
- suggested physiological mechanisms, 231–232
- what patients experience, 231
- ear acupuncture and abuse patterns, 239–241
- alcohol, 239
- cocaine, 239
- marijuana, 133–134
- methadone treatment, 240
- methamphetamine, 239–240
- opiates, 239
- tobacco, 240
- ear acupuncture effectiveness
 - addiction patients’ own stories, 248–249
 - AIDS-related treatment, 242
 - criminal justice-related treatment, 243
 - effect on the whole treatment process, 242
 - effects of trauma and violence, 244–245
 - frequency and duration of treatment, 241–242
 - maternal treatment, 242–243
 - retention and recidivism, 241
 - serious and persistent mental illness, 243–244
- ear acupuncture psychosocial mechanisms
 - clinical examples, 248
 - foundation for autonomy, 246–247
 - improving treatment program functions, 247–248
 - internal change, 245–246
 - non-verbal therapy, 247
 - personal behavior, 245
- ear acupuncture studies
 - activity in placebo points, 236
 - randomized placebo trials, 235
 - research problems, 235–236
 - Schwartz study, 236–238
 - Tweed study, 238
- Ecstasy (MDMA), 28
- EEG neurofeedback mechanism, 170–172
 - architecture of neuronal networks, 170–171
 - brain plasticity in the adult, 170
 - dynamic management of states, 688, 172
 - neuronal growth in the adult brain, 170

Index

- organization of network
 - functions, 171
 - “small-world” model of networks, 170–171
- EEG neurofeedback therapy
 - alert-state training, 182
 - alpha-theta training, 182
 - alpha training, 173–174
 - current status of the approach, 181–182
 - deep-state training, 173, 182
 - definition, 169
 - historical development of
 - neurofeedback, 173–174
 - influencing addiction
 - comorbidities, 170
 - interconnection and normalization, 182–183
 - minor traumatic brain injury (MTBI), 183
 - neuronal network functions, 169
 - origins of use in addiction, 169–170
 - psychological trauma, 182–183
 - research on addictions treatment, 174–181
 - restoration of brain regulatory function, 185
 - role and treatment of trauma, 173
 - satiety, behavior, and the brain, 172–173
 - self-regulation aspect, 170
 - supporting model of brain function, 170–172
 - transformative event, 183–185
- emergency care of substance abusers
 - acute treatment, 221–225
 - aftercare/triage issues, 227–228
 - assessment of the patient, 221–225
 - challenges for ER staff, 228–229
 - general treatment
 - recommendations, 225–226
 - organization of emergency services, 219–221
 - pressures on emergency
 - departments, 218
 - psychiatric patients, 219–221
 - psychodynamic considerations in the ED, 228–229
 - range of substances of abuse, 221–225
 - steps of emergency treatment, 221–226
 - substance abuse rates in EDs, 218–219
 - treatment plans and protocols, 228
 - typical treatment examples, 226–227
- energy drinks
 - performance enhancement, 74
- erythropoietin (EPO)
 - blood doping in sports, 80
- eszopiclone, 24
- ethelchlorvynal, 156
- ether
 - abuse as inhalant, 32
- experiential therapies, 89–90
- Farmer, Simon, 171
- Faust* motif in the arts, 3–4
- Fehmi, Lester, 174
- Fenichel, Otto, 116–116
- Fen-Phen weight loss drug, 76
- fentanyl, 30
- Fentora, 30
- fetal alcohol effects, 26
- fetal alcohol spectrum disorder, 26
- fetal alcohol syndrome, 25–26
- Fiorinal, 24
- flumazenil, 24
- flurazepam, 156
- Freeman, Walter, 172
- Freud, Sigmund, 115–116
- gasoline
 - abuse as inhalant, 32
- Glover, Edward, 116
- glue
 - abuse as inhalant, 32
- glutethemide, 156
- Green, Elmer, 174
- Green, Peter, 8–9
- hallucinogens, 31–32
 - acute complications, 113, 32
 - and creativity, 82–83
 - experimentation with, 80–82
 - flashbacks, 115, 32
 - long-term consequences
 - of use, 115, 32
 - ranges of drugs used, 31
- haloperidol, 32
- Hardt, Jim, 174
- Harm Reduction model
 - of abstinence, 47
- hepatitis B risk in drug abusers, 30
- hepatitis C risk in drug abusers, 30
- heroin and cocaine (“speedball”) 139
- heroin use
 - extent of use in the US, 30
 - long-term consequences, 30–31
 - signs of opioid intoxication, 30
 - withdrawal syndrome, 30
- HIV risk in intravenous drug users, 30
- HIV transmission
 - stimulant users, 137, 140
- Hooked on Nicotine Checklist (HONC), 134
- hydrocodone, 30, 139, 154, 155
- hydromorphone, 30
- hyperalgesia in opioid drug abusers, 31
- hypersexual behavior
 - and stimulant drugs, 141–142
- ibogaine
 - cytochrome P450 metabolism, 55–56
 - effects of noribogaine, 56–57
 - effects on opiate withdrawal symptoms, 53–54
 - experiences of drug-dependent patients, 52–53
 - historical overview, 50–51
 - history of use in addiction, 50–51
 - identification of a primary metabolite, 54
 - influence of genetic polymorphisms on metabolism, 55–56
 - mechanisms underlying beneficial effects, 56–57
 - noribogaine activity, 57–58
 - noribogaine as pharmacological therapy, 57–58
 - noribogaine effects, 56–57
 - noribogaine metabolite, 55–56
 - pharmacokinetics, 55–56
 - potential therapy for substance abuse, 50–58
 - prodrug, 57–58
 - source of, 50
 - traditional uses, 50
 - use in Bwiti religious rituals, 51–52
 - use in opiate detoxification, 53
 - use in treating drug dependence, 50
 - varieties of human
 - experiences with, 51–53
- inhalant abuse
 - acute complications, 32
 - extent of abuse, 32
 - long-term consequences, 32
 - range of substances used, 32
- intensive outpatient
 - programs (IOPs), 142
- interpersonal psychotherapy, 143
- intranasal insufflation of drugs, 30
- James, William, 4, 97
- Jarvik, Murray E., 133–134
- Johnson, Robert, 8
 - pact with the devil, 5
- Jones, Brian, 5
- Jung, Carl, 118
- Kamiya, Joe, 173
- ketamine, 31
 - acute complications, 31
- Khantzian, Edward, 116–117

- Kierkegaard, Soren, 3
 Kohut, Hans, 117–118
 Kreek, Mary Jeanne, 147
 Krystal, H., 117–117
- LAAM (*levo*-alpha-acetylmethadol), 152
 Lambarene, 50
 Linehan, Marsha, 207
 lorazepam, 156
 Lortab, 30
 LSD (lysergic acid diethylamide), 81
 Lunesta, 24
 lung cancer and smoking, 26
- maintenance therapy, 151–152
 See also methadone, 152
 Mann, Thomas, 5
 marijuana use, 27–28
 acute complications, 27
 and creativity, 82
 chronic cannabis syndrome, 28
 ear acupuncture, 133–134
 effects during pregnancy, 28
 long-term consequences, 27–28
 prevalence, 27
 with stimulants, 138
 withdrawal syndrome, 27
 Marlowe, Christopher, 5
 Matrix Model, 142
 Mayall, John, 7
 MDMA, 28
 MDMA-assisted psychotherapy, 81
 medical sequelae of addiction
 alcohol, 24–26
 hallucinogens, 31–32
 inhalants, 32
 marijuana, 27–28
 opioids, 30–31
 sedatives, 24–26
 stimulants, 28–30
 tobacco, 26–27
 variations between classes of substances, 32–33
 Menninger, Karl, 174
 mental illness
 acupuncture treatment, 243–244
 meperidine, 30
 meprobamates, 155
 mescaline, 81
 methadone, 30, 159
 history of development and use, 147–148
 pharmacological properties, 147–148
 methadone treatment
 approach to opiate/opioid dependency, 147
 future of, 151–152
 practical pharmacology of methadone, 147–148
 use of ear acupuncture, 240
 methadone treatment program
 funding, 149–150
 governance, 149
 other drugs used by patients, 151
 patient demographics, 150–151
 regulations and rules, 148
 staffing, 148–149
 what patients want, 150–151
 methamphetamine, 28
 effects of fetal exposure, 141
 methamphetamine dependence
 acute psychoactive effects, 138
 ear acupuncture, 239–240
 emergence of methamphetamine use, 137
 hypersexual behavior, 141–142
 medical consequences, 140–141
 patterns of use, 139–140
 pharmacotherapy, 142
 phases of treatment, 143–144
 post-stimulant “crash”, 138–139
 preparation of the drug, 138
 psychiatric complications, 140
 psychosocial treatment, 142–144
 routes of administration, 138
 tolerance, 139
 treatment approach, 137
 withdrawal, 139
 methylenedioxymethamphetamine.
 See Ecstasy; MDMA
 methylphenidate, 28
 non-medical use, 137, 157
 use for performance enhancement, 74–76
 minor traumatic brain injury (MTBI), 183
 modafinil, 137
 use for performance enhancement, 74–76
 moderation management (MM), 46–47
 modified dynamic group psychotherapy, 143
 morphine, 155
 Motivational Interviewing (MI) techniques, 143
 Murray, Thomas, 76–77
- NADA (National Acupuncture Detoxification Association) protocol, 232–235
 naloxone, 151–152
 naltrexone
 alcohol dependence meta-analyses, 199
 clinical predictors of efficacy, 197–198
 compliance with naltrexone therapy, 198
 differences from acamprosate, 188–189
 efficacy in alcohol dependence, 194
 safety and tolerability, 194–197
 similarities to acamprosate, 188
 use in combination with acamprosate, 199–201
 use in patients with comorbid psychiatric disorders, 198–199
 usefulness in alcohol dependence, 201–202
 Narcotics Anonymous (NA), 143
 nicotine
 use in sports, 80
 nicotine addiction in smokers, 133
 smoking cessation research, 133–135
 See also smoking; tobacco
 nicotine patch development, 134
 nicotine research
 therapeutic applications for smokeless nicotine, 135
 nitrous oxide
 abuse as inhalant, 32
 noribogaine, 50
 active metabolite of ibogaine, 57–58
 beneficial effects of, 56–57
 pharmacological therapy for drug dependence, 57–58
 Nyswander, Marie, 147
- oceanic bliss
 and psychiatric illness, 4
 destructive pursuit of, 4
 opiate abuse
 ear acupuncture, 239
 opiate detoxification
 use of ibogaine, 53–54
 opiate maintenance therapy, 151–152
 See also methadone, 152
 opioid abuse
 acute complications, 30
 and stimulants, 138
 long-term consequences, 30–31
 prescription drug abuse, 155
 prescription opioid analgesic drugs, 30
 range of drugs used, 30
 signs of opioid intoxication, 30
 withdrawal syndrome, 30
 opioid addiction
 prescription drugs, 159–160
 Overeaters Anonymous (OA), 47
 Oxford Group, 45, 98
 oxycodone, 30, 139, 154, 155
 OxyContin, 30, 154, 155

Index

- pain management
 professional societies, 163–164
 pain management and addiction
 treatment
 case scenarios, 166
 treatment and management issues,
 166–168
 pain relief medications
 prescription drug abuse, 155
 PCP. *See* phencyclidine
 peak experience,
 the price of, 3–4
 pemoline, 137
 Peniston, Eugene, 169, 174–181
 Percocet, 30
 performance enhancement. *See*
 cosmetic psychopharmacology
 phencyclidine, 31
 acute complications of intoxication,
 13, 32
 polamidon, 148
 Pope, Harrison, 76
 post-traumatic stress
 disorder (PTSD), 169
 pregnancy and substance abuse
 ear acupuncture treatment, 242–243
 prescription opioid analgesics
 acute complications of abuse, 30
 long-term consequences of abuse,
 30–31
 range of drugs of abuse, 30
 withdrawal syndrome, 30
 prescription psychoactive drug abuse
 adolescents, 158
 anxiolytics, 155–156
 commonly abused classes of drugs, 154
 contributory factors, 154
 definition, 154
 elderly people, 158
 opioid addiction treatment, 159–160
 opioids, 155
 pain relief medications, 155
 prevention, 159
 rates of misuse, 154
 rates of prescribing, 154
 sedative hypnotic addiction
 treatment, 160
 sedative hypnotics, 156–157
 stimulant addiction treatment, 160
 stimulants, 157–158
 treatment of prescription drug
 addiction, 159–160
 types of people who abuse drugs,
 154–155
 vulnerable populations, 158–159
 propoxyphene, 30
 Provigil, 137
 psilocybin, 81–82
 Rado, Sandor, 116
 Raskin, H., 117
 Redfield Jamison, Kay, 4
 reiki, 230
 ReVia. *See* naltrexone
 Ritalin, 28, 137
 rock & roll
 destructive lifestyles of the
 greatest, 4–5
 Romazicon, 24
 Rose, Jed, 133–134
 Sbutex, 159
 sedative-hypnotics
 prescription drug abuse, 156–157
 sedatives
 acute complications, 24
 delirium tremens (“DTs”), 25
 effects on the fetus, 25–26
 long-term consequences, 25
 neonatal abstinence syndrome, 26
 range of substances used, 24
 withdrawal syndrome, 24–25
 Sexual Compulsives Anonymous, 47–48
 shiatsu, 230
 “small-world” model of networks, 170
 SMART Recovery, 143
 smoking
 development of the nicotine
 patch, 134
 dopamine hypothesis of drug
 dependence, 133
 history of tobacco use, 133
 morbidity and mortality rates, 133
 neurochemical determinants, 133
 nicotine addiction, 133
 smoking cessation research, 133–135
See also nicotine; tobacco
 speed. *See* methamphetamine
 sport
 blood doping, 80
 ethics of performance
 enhancement, 76–77
 use of anabolic androgenic steroids
 (AAS), 78–79
 use of prescribed medications, 77–78
 use of stimulants, 308, 80
 use of supplements, 78
 stages of change theory, 119–120
 Stermann, M. Barry, 174
 stimulant use, 28–30
 acute complications, 102, 29
 for performance enhancement,
 74–76
 hypersexual behavior, 141–142
 long-term consequences, 105, 30
 prescription drug abuse, 137,
 157–158
 range of drugs used, 28–28
 treatment of addiction, 160
 withdrawal syndrome, 29
 Suboxone, 151–152, 159
 suicide, 37–42
 assessment of risk, 40–42
 conditioned behavior model of
 addictive behavior, 39–40
 disorders co-occurring with
 substance abuse, 38–39
 epidemiology, 37–38
 high-risk population, 39
 mood disorders and substance
 abuse, 38–39
 phenomenology of addictive
 behavior, 39–40
 prevention initiatives, 40–42
 raising awareness of risk factors,
 40–42
 rates among different groups, 37–38
 risk factors, 39
 role of substance abuse, 38
 substance abuse prevention and
 treatment programs, 40–42
Tabernanthe iboga, 51–52
 tai ji chuan, 230
 tattooing, 30
 Taylor, Michael (Mick), 9–10
 tetrahydrocannabinol (THC), 27
 therapeutic communities
 approach, 61
 method and model, 63
 mutual self-help, 63–64
 peer confrontation and
 affirmation, 63–64
 peers as role models, 64
 social structure, 63
 staff members as rational
 authorities, 64
 work as education and therapy, 63
 therapeutic communities model
 challenges and developments, 69
 evolution, 68–69
 modifications and applications, 68–69
 staff issues, 69
 therapeutic communities
 perspective, 61–63
 motivation for recovery, 62
 recovery as developmental learning, 62
 self-help and mutual self-help, 62
 social learning, 62
 view of recovery, 62
 view of right living, 62
 view of the disorder, 61
 view of the person, 61–62
 therapeutic communities research
 effectiveness, 67
 enhancing retention in TCs, 68
 predictors of dropout, 67–68
 retention, 67
 retention rates, 67–68
 treatment process research, 68

Index

| | | |
|--|--|--|
| therapeutic communities, 61 | effects of secondhand smoke, 26–27 | treatment-resistant treatment, 92–93 |
| therapeutic communities treatment process | effects of smoking during pregnancy, 27 | rebuilding relationships, 93–94 |
| aftercare, 67 | extent of use, 26–26 | Twelve Step Approach. <i>See</i> Alcoholics Anonymous (AA) |
| community and clinical management elements, 65 | long-term consequences of smoking, 26 | Vaillant, George, 108–108 |
| community enhancement activities, 65 | types of tobacco products, 26 | Valium, 24 |
| disciplinary sanctions, 65–66 | withdrawal syndrome, 26 | varenicline, 51–53 |
| elements of the treatment process, 64 | <i>See also</i> nicotine; smoking | Vicodin, 30, 154 |
| privileges, 65 | tramadol, 30 | violence |
| program stages and phases, 66–67 | trauma | acupuncture treatment, 244–245 |
| surveillance (house runs), 66 | acupuncture treatment, 244–245 | Vivitrol <i>See</i> naltrexone |
| therapeutic-educative activities, 64–65 | treatment success in addiction, 92–94 | Wilson, Bill, 116, 97–98 |
| urine testing, 66 | addressing trauma and negative life events, 94 | Xanax, 24 |
| theurgic approach to therapy, 88 | perspective on success, 94 | zapelon, 156 |
| thiazolam, 156 | readiness for treatment, 92–94 | zolpidem, 24, 156 |
| tobacco, 26–27 | reconnecting with strengths, 93 | Zyban, 134 |
| acute complications of smoking, 26 | treatment-resistant patients, 93 | |
| ear acupuncture to help stop smoking, 240 | | |