



University of Maryland College Park School of Public Health

HLTH 352– Portrayal of Drug Use and Addiction on Screen: Does Hollywood get it Right?

Semester:	Spring 2019
Classroom and Time:	SPH 0305 Tues/Thur 12:30pm – 1:45pm
Instructor:	Amelia M. Arria, Ph.D.
Office Hours:	Tuesdays 2:00-3:00 and by appointment via email
Office:	SPH 1242Y
Phone:	301-405-9795
Email:	DrArria.terp@gmail.com (PREFERRED METHOD OF CONTACT)

Credits: 3

Grading Method: Regular, Pass-Fail, Audit

Description: *An examination of key aspects of the public health aspects of alcohol and other drug use, abuse and addiction and related consequences. Characters and movie scenes are used for illustrative purposes. Through comparative analysis of public health research evidence with portrayals used in movies, the student gains a deep understanding of substance abuse, its consequences, and theoretical foundations of its biopsychosocial etiology and radiating effects on families, communities and society.*

Required Readings: See Session Outline, below

Course Description: *The purpose of the course is to provide students with a deep understanding of the multifactorial etiology of substance abuse and addiction as well as its public health consequences (e.g., individual and population health, families, and society). Also, historical changes of how society has perceived addiction and intervention approaches will be highlighted. Selected examples of characters and their experiences in movies will be used to illustrate various aspects of substance abuse.*

Course Learning Objectives: Upon completing this course, the student will be able to:

1. Describe how mass media can influence our understanding of public health topics and how exposure to mass media can impact our decision making related to high-risk behaviors.
2. Compare historical changes in society's view and understanding of the disease of addiction as portrayed in movies with our scientific understanding.
3. Identify and describe the multifactorial etiology of substance abuse (e.g., biological, genetic, familial, peer and environmental risk factors).
4. Define and describe the impact of substance use and abuse on public health.
5. Critically evaluate the portrayals of individual struggles with addiction as compared to what is known from the research literature.
6. Critically evaluate the portrayals of intervention approaches as compared to what is known from the research literature on intervention, treatment and long-term management.
7. Describe the variation of experiences among individuals with addiction based on age, gender and socioeconomic status.

Program Competencies Addressed in this Course: The following competencies for the Behavioral and Community Health program are addressed in this course:

1. Apply statistics and research methods to accurately describe the distribution and examine the determinants of population health.
2. Apply statistics and research methods to community health program evaluations.

Expectations and Important Information about Class Attendance:

This is a fairly intensive and fast-paced class, with each class building upon the next, so it is important for you to come to class to keep up with the material. Please **keep up with the reading—reading the relevant material BEFORE coming to class is preferred. The importance of class attendance to performing well CANNOT BE OVERSTATED. Part of your grade depends upon class participation and exams will be based on what was discussed in class in addition to the readings.**

Asking questions during class- especially if something in the readings does not make sense- is a good idea. Simply being in class is not enough, paying attention and being respectful of others is critical. Class discussion will be encouraged to understand concepts and reinforce what has been learned.

Students are responsible for viewing movies on their own. The digital library collections of the University of Maryland Hornbake Library is a good resource.

Course Policies:

Personal Technology Use Policy

HLTH 352 permits and encourages the use of laptops and tablets to assist students in taking notes and in seeking further clarification of course material during the lectures. Use of personal technology must be conducive to the learning environment and not a distraction to the instructor and other students.

Classroom rules:

1. Unless required for class content, wireless network adapters should be disabled.
2. Applications irrelevant to the class discussion should not be open. This includes but is not limited to: surfing the web, responding to email, Facebook, Instagram, Twitter, Canvas sites of other classes, instant messaging, etc.
3. All sounds must be muted before the start of class and for the duration of class.
4. Under no circumstances should personal, non-emergency calls be placed or answered from within a classroom while a class is in session.
5. Under no circumstances should students view or send personal, non-emergency text messages
6. Individuals who are aware that they may receive notice of an emergency during a class session should speak with the instructor before class. If such a notification is received, either quietly leave the class or wait until a break before responding.
7. In the event that an emergency notification is sent via UMD's Emergency Notification System, notify the instructor and follow instructions accordingly.
8. Individuals who require video or audio recording devices to satisfy a DSS service should consult with the instructor to make arrangements for the placement and operation of these devices
9. Individuals who wish to use audio or video recording devices, but are not doing so to satisfy a DSS service, must receive approval from the instructor before utilizing the equipment.

Contacting Dr. Arria: The best way to get in touch with Dr. Arria with questions **is through EMAIL** and/or by setting up an **appointment through email** via DrArria.terp@gmail.com. Voicemail messages cannot be expected to be returned in a timely fashion.

Email – The Official University Correspondence: **Verify your email address** by going to www.my.umd.edu. All enrolled students are provided access to the University's email system and an email account. *All official University email communication will be sent to this email address (or an alternate address if provided by the student).* Email has been adopted as the primary means for sending official communications to students, so email must be checked on a regular basis. Academic advisors, faculty, and campus administrative offices use email to communicate important and time-sensitive notices.

Students are responsible for keeping their email address up to date or for redirecting or forwarding email to another address. Failure to check email, errors in forwarding email, and returned email (from “full mailbox” or “unknown user” errors for example), will not excuse a student from missing University announcements, messages, deadlines, etc. Email addresses can be quickly and easily updated at www.my.umd.edu or in-person at the Student Service Counter on the first floor of the Mitchell Building. For technical support for University email www.helpdesk.umd.edu or call 301-405-1400.

Absence Policy: It is your responsibility to find out what was covered in class from a classmate. In accordance with University policy if you are absent for a single (1) lecture due to illness or some form of personal or family emergency, this absence will be considered “excused” and the instructor will accept a note from you attesting to the date of the illness/incident, along with an acknowledgement that the information is true. Whenever feasible, the instructor must be contacted in advance. Multiple or prolonged absences, and absences that prevent attendance at a major scheduled grading event (like an exam or test) will require written documentation from an appropriate health care provider/organization. A link to the new policy covering absences from class can be found at <http://www.president.umd.edu/policies/v100g.html>

Late work and Missed Exams/Assignments: Late work and/or missed exams may not be made up for any other reason except a documented medical/health/emergency reason.

Religious Observances: The University System of Maryland policy provides that students should not be penalized because of observances of their religious beliefs; students shall be given an opportunity, whenever feasible, to make up within a reasonable time any academic assignment that is missed due to individual participation in religious observances. It is the student’s responsibility to inform the instructor in advance of any intended absences for religious observance.

Special Accommodations / Disability Support Services: If you have a documented disability and wish to discuss academic accommodations for test taking or other needs, you will need documentation from Disability Support Services (301-314-7682). If you are ill or encountering personal difficulties, please let the instructor know as soon as possible. You can also contact Learning Assistance Services (301-314-7693) and/or the Counseling Center (301-314-7651) for assistance.

Inclement Weather / University Closings: In the event that the University is closed for an emergency or extended period of time, the instructor will communicate to students regarding schedule adjustments, including rescheduling of examinations and assignments due to inclement weather and campus emergencies. Official closures and delays are announced on the campus website (<http://www.umd.edu>) and snow phone line (301-405-SNOW), as well as local radio and TV stations. Do not assume that the university will be closed due to inclement weather if no notices are sent out.

Course Evaluations: The University, the School of Public Health, and the Department of Behavioral and Community Health are committed to the use of student course evaluations for improving the student experience, course and curriculum delivery, and faculty instruction. Your evaluations help instructors improve their courses; help deans and department chairs decide on merit pay for faculty, renewal of contracts, and support tenure and promotion decisions; and help current and future students decide on classes. **A notice will be posted on CANVAS regarding the dates when course evaluations can be posted (www.CourseEvalUM.umd.edu).**

Academic Integrity:

The University's code of academic integrity is designed to ensure that the principle of academic honesty is upheld. Any of the following acts, when committed by a student, constitutes academic dishonesty:

- CHEATING: intentionally using or attempting to use unauthorized materials, information, or study aids in an academic exercise.
- FABRICATION: intentional and unauthorized falsification or invention of any information or citation in an academic exercise.
- FACILITATING ACADEMIC DISHONESTY: intentionally or knowingly helping or attempting to help another to violate any provision of this code.
- PLAGIARISM: intentionally or knowingly representing the words or ideas of another as one's own in any academic exercise.

For more information see: <http://www.shc.umd.edu/code.html>.

The University of Maryland, College Park has a nationally recognized Code of Academic Integrity, administered by the Student Honor Council. This Code sets standards for academic integrity at Maryland for all undergraduate and graduate students. As a student you are responsible for upholding these standards for this course. It is very important for you to be aware of the consequences of cheating, fabrication, facilitation, and plagiarism. For more information on the Code of Academic Integrity or the Student Honor Council, please visit <http://www.shc.umd.edu>.

The Honor Pledge is a statement undergraduate and graduate students should be asked to write by hand and sign on examinations, papers, or other academic assignments. The Pledge reads: *I pledge on my honor that I have not given or received any unauthorized assistance on this assignment/examination.*

Statement on Cheating: The Department of Behavioral and Community Health has a zero tolerance policy on academic dishonesty of any kind. If a Departmental instructor believes that a student has been involved in academically dishonest activity, he or she will report it to the University's Office of Student Conduct, and is not obligated to disclose the report to the student in question. Once referred, the Office of Student Conduct will contact the student in writing to inform them of the charges.

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Grading Procedures

In-class participation	Discussions in class (Units 2, 3, 4 * 70 points)	210 points
Examination I	March 12, 2019	150 points
Examination II	April 23, 2019	150 points
Field Assignment	SPH Research Day – April 2, 2019	15 points
Essay 1: Diagnosing a Character	February 28, 2019	100 points
Essay 2: Risk and Protective Factors	April 11, 2019	100 points
Essay 3: Comparative Analysis Paper	May 14, 2019	125 points
FINAL Exam	TBD	150 points
	TOTAL:	1000 points

Grading	760-799 points C+
960-1000 points A+	730-759 points C
930-959 points A	700-729 points C-
900-929 points A-	660-699 points D+
860-899 points B+	630-659 points D
830-859 points B	600-629 points D-
800-829 points B-	0-599 points F

Grading Summary: Class Participation: 21%; Short Essays: 32.5%; Field Assignment: 1.5%; Exams: 45%

BEHAVIORAL AND COMMUNITY HEALTH DEPARTMENTAL POLICY
NO EXTRA CREDIT IS GIVEN UNDER ANY CIRCUMSTANCE FOR ANY PURPOSE.

Exam I, II and the Final Exam: There will be three in-class examinations. Each exam will consist of multiple-choice questions. Cell phones and any other electronic devices must be turned off and stored during the exams. Make-up exams will include essay questions and will be considered only for those students who have a legitimate emergency or medical/health reason for absence and provide written documentation to substantiate their absence. Otherwise, students are expected to be in attendance on the specified date and time set in the syllabus for all exams. No accommodations will be made unless there is serious documented illness that precludes attendance. If an unforeseen emergency or illness prevents a student from being in class on the day of the exam, the professor must be contacted within 24 hours prior to the start of the exam. The final will be cumulative. See below table for the lectures covered by Exams 1 and 2.

Essays: Grades on the following papers are final and cannot be negotiated. More information about the specific requirements for these papers will be discussed in class. Reference lists must be included using American Medical Association format and are not included in the page limits.

Essay #1: (Three single spaced pages, Calibri 11pt font, 1 inch margins) (100 points): Choose a character who has an alcohol and/or drug problem and describe how they meet or do not meet diagnostic DSM-V criteria for alcohol and/or drug dependence. In doing so, describe the character’s experiences with alcohol and/or drugs and detail the way the consequences of drug use are depicted. Please use a title page, staple pages together and reference at least three peer-reviewed scientific articles.

Essay #2 (Three single spaced pages, Calibri 11pt font, 1 inch margins) (100 points): Select a character in a movie who is using or dependent on alcohol and/or drugs. Using the ecological framework of risk and protective factors (e.g., individual, family, peer, neighborhood environment, etc.), describe whether the portrayal of the character in the movie adequately explains the character’s involvement in substance use. What risk and protective factors are obviously present? Which factors are alluded to? Which factors do not seem to be addressed at all in the movie? Please use a title page, staple pages together and reference at least five peer-reviewed scientific articles.

Essay #3: (Five single-spaced pages, Calibri 11 font, 1 inch margins) (125 points): Choose a particular topic or facet of substance use or addiction that was not thoroughly covered in class. Describe what we know about this topic from the scientific literature. Then choose at least three and up to five different movies to describe whether or not the portrayals are consistent or not with our scientific understanding of the topic. Please use a title page, staple pages together and reference at least eight peer-reviewed scientific articles. You are required to send in one paragraph describing your topic for this paper on April 2, 2019.

	Session	Date	Topic
Unit 1	# 1	T 1/29	<i>Review of Syllabus, Goals & Expectations about this class</i>
	# 2	Th 1/31	Genre, story structure and character development
	# 3	T 2/5	Exposure to alcohol and drug use in the movies
Unit 2	# 4	Th 2/7	Drug use and addiction in the population /diagnostic criteria
	# 5	T 2/12	Addiction as a brain disease -- a chronic relapsing disorder
	# 6	Th 2/14	Research methods used in studies on substance use and addiction
	# 7	T 2/19	Personal and social consequences of drug use/costs
	# 8	Th 2/21	Health consequences of drug use
	# 9	T 2/26	Radiating effects of addiction on the family
	# 10	Th 2/28	Essay #1 DUE; Presentations to Class
	# 11	T 3/5	Historical shifts in perceptions of tobacco use and addiction
	# 12	Th 3/7	Review Session for Exam #1
	# 13	T 3/12	EXAM #1
Unit 3	# 14	Th 3/14	Sociodemographic correlates of substance use and addiction
		3/17-3/23	SPRING BREAK
	# 15	T 3/26	Theoretical frameworks for understanding etiology
	# 16	Th 3/28	Individual-level risk and protective factors
	# 17	T 4/2	SPH Research Day: Field Assignment & Turn in topic for Essay #3
	# 18	Th 4/4	Family-level risk and protective factors
	# 19	T 4/9	Peer influences
	# 20	Th 4/11	Availability and access Essay #2 DUE
	# 21	T 4/16	<i>NO CLASS – on your own viewing</i>
Unit 4	# 22	Th 4/18	Clinical approaches to early intervention/recovery: Laura Place
	# 23	T 4/23	EXAM #2
	# 24	Th 4/25	Evolution of approaches to addressing drug use and addiction
	# 25	T 4/30	Recovery oriented systems of care
	# 26	Th 5/2	Substance use and the criminal justice system
	# 27	T 5/7	Prevention: opportunities and challenges
	# 28	Th 5/9	<i>NO CLASS – on your own viewing</i>
	# 29	T 5/14	Final Exam Review Session; Essay #3 DUE
	TBD		Final Exam

Session Outline and Learning Objectives

Unit #1: Moviemaker Intentions and Youth Exposure (Sessions 1-3)

Learning Objectives:

- Articulate intentions of moviemakers
- Understand genre, story structure and character development from a moviemaker's perspective
- Describe the various ways in which moviemakers expose audiences to alcohol and other drug use topics
- Describe the findings of research studies on youth exposure to alcohol and drug use in the movies
- Describe the status of research on the relationship between exposure to alcohol use in the movies and behavior

Required Readings:

- Cape GS. Addiction, stigma and movies. *Acta Psychiatr Scand* 2003; 107: 163–169.
- Hanewinkel R, Sargent JD, Hunt K et al.: Portrayal of Alcohol Consumption in Movies and Drinking Initiation in Low-Risk Adolescents. *Pediatrics* 2014;133:973–982.
- Stern S, Morr L: Portrayals of Teen Smoking, Drinking, and Drug Use in Recent Popular Movies. *Journal of Health Communication: International Perspectives*, 2013, 18:179-191.
- Koordeman R, Anschutz DJ, Engels R: The Effect of Positive and Negative Movie Alcohol Portrayals on Transportation and Attitude toward the Movie. *Alcoholism: Clinical and Experimental Research*, 2014, 38 (7):2073–2079.

Background Articles used in Class/Optional Readings:

- Koordeman R, Anschutz DJ, Engels R: Alcohol Portrayals in Movies, Music Videos and Soap Operas and Alcohol Use of Young People: Current Status and Future Challenges. *Alcohol and Alcoholism*, 2012, 47 (5): 612–623.
- Dal Cin D, Worth K, Dalton M, Sargent J: Youth Exposure to Alcohol Use and Brand Appearances in Popular Contemporary Movies. *Addiction*, 2008, 103(12):1925–1932.

Unit #2: The Nature and Consequences of Drug Addiction (Sessions 4-12)

Part A: The Nature of Addiction

Learning Objectives:

- Understand the spectrum of substance use behaviors (opportunity, use, problems, addiction, withdrawal, relapse)
- Describe the prevalence of drug use and addiction in the population and subgroup variation by race, gender and socioeconomic status
- Understand historical changes in perceptions regarding the origins of addiction (e.g., bad people vs. bad behavior)
- Describe biological vulnerability to drug problems (i.e., as a neurodevelopmental disorder)
- Describe how addiction is a chronic, relapsing disorder

Required Readings:

- American Society of Addiction Medicine Definition of Addiction: <http://www.asam.org/DefinitionofAddiction-LongVersion.html>
- The Science of Addiction. National Institute of Drug Abuse. NIH Pub No. 10-5605, Printed April 2007, revised August 2010.
- Bettinardi-Angres K, Angres DH: Understanding the Disease of Addiction. *Journal of Nursing Regulation*, 2014.
- Wu LT, Woody GE, Yang C, Pan J, Blazer DG: Racial/ethnic variations in substance-related disorders among adolescents in the United States. *Archives of General Psychiatry*, 2011, 68(11): 1176–1185.
- John WS, Wu L: Trends and correlates of cocaine use and cocaine use disorder in the United States from 2011 to 2015, *Drug and Alcohol Dependence*, 2017, 180:376-384.
- Scholl L, Seth P, Kariisa M: Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017. *CDC Morbidity and Mortality Weekly Report*, January 4, 2019, Vol. 67, 1419.
- Schulenberg J, Merline A, Johnston L: Trajectories of Marijuana Use During the Transition to Adulthood: The Big Picture Based on National Panel Data, *J Drug Issues*. 2005; 35: 255–279.
- Lipari, Van Horn, Children living with parents with a substance use disorder. SAMHSA/CBHSQ short report, 2017
- Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: United States, 2015. HHS Publication No. SMA–16–Baro–2015. Rockville, MD: SAMHSA, 2015.
- Stewart T, Reed M: Lifetime nonmedical use of prescription medications and socioeconomic status among young adults in the United States, *The American Journal of Drug and Alcohol Abuse*, 2015 41:5, 458-464.

Background Articles used in Class/Optional Readings:

- Anthony JC, Warner LA, Kessler RC: Comparative Epidemiology of Dependence on Tobacco, Alcohol, Controlled Substances, and Inhalants: Basic Findings From the National Comorbidity Survey. *Experimental and Clinical Psychopharmacology*, 1994, 2(3): 244-268.
- Hser Y, Longshore D, Brecht M, Anglin D: Studying the Natural History of Drug Use. In: *Epidemiology of Drug Abuse*. 2005, edited by Zili Sloboda.
- Greenfield T, Bond J, Kerr W, et al.: Risks of Alcohol Use Disorders Related to Drinking Patterns in the U.S. General Population. *Journal of Studies on Alcohol and Drugs*, 2014, 75:319–327.

Part B: The Consequences of Addiction*Learning Objectives:*

- Describe physical and mental health consequences of drug use
- Describe the effects of addiction on families
- Describe the methods used to estimate costs of addiction on society

Required Readings:

- Crean RD, Crane NA, Mason BJ: An Evidence Based Review of Acute and Long-Term Effects of Cannabis Use on Executive Cognitive Functions. *Journal of Addiction Medicine*, 2011, 5(1):1–8.
- Ray GT, Mertens JR, Weisner C: Family Members of Persons with Alcohol or Drug Dependence: Health Problems and Medical Cost Compared to Family Members of Persons with Diabetes and Asthma: Family Members of Persons with AODD. *Addiction*, 2009, 104(2): 203–214.
- Leonard K, Eiden R: Marital and Family Processes in the Context of Alcohol Use and Alcohol Disorders. *Annual Review of Clinical Psychology*, 2007 (3):285–310.
- Strathearn L, Mayes L: Cocaine addiction in mothers: Potential effects on maternal care and infant development. *Annals of the New York Academy of Sciences*, 2010,1187: 172–183.
- Kennesona A, Funderburka JS, Maisto S: Substance use disorders increase the odds of subsequent mood disorders. *Drug and Alcohol Dependence*, 2013.

Background Articles used in Class/Optional Readings:

- Wiersma JD, Fischer JL: Young Adult Drinking Partnerships: Alcohol-Related Consequences and Relationship Problems Six Years Later. *Journal of Studies on Alcohol and Drugs*, 2014, 75:704–712.
- Iversen J, Page K, Madden A, Maher L: HIV, HCV and health-related harms among women who inject drugs: Implications for prevention and treatment. *Journal of Acquired Immune Deficiency Syndrome*, 2015, 69: S176–S181.
- U.S. Department of Justice, National Drug Intelligence Center, The Economic Impact of Illicit Drug Use on American Society, 2011.

Unit #3: Understanding the Precursors of Drug Use and Addiction (Sessions 14-20)*Learning Objectives:*

- Utilize a biopsychosocial theoretical framework to understand the development of addiction
- Describe conditions of affluence that increase propensity for drug use and addiction
- Describe conditions of disadvantage that increase propensity for drug use and addiction
- Understand the importance of perceived harmfulness as a risk factor for drug use
- Explain the utility of problem behavior theory as an explanatory framework for problem substance use
- Explain critical issues surrounding the gateway hypothesis
- Understand the complexity of how the family influences risk for and resiliency to drug use and addiction

Required Readings:

- Substance Abuse and Mental Health Services Administration, Trends in Adolescent Substance Use and Perception of Risk from Substance Use January 3, 2013.
- Brooks-Russell A, Conway KP, Liu D: Dynamic Patterns of Adolescent Substance Use: Results from a Nationally Representative Sample of High School Students, *Journal of Studies on Alcohol and Drugs*, 76, 962–970, 2015.
- Crews F, Boettiger A: Impulsivity, Frontal Lobes and Risk for Addiction: *Pharmacology, Biochemistry and Behavior* 2009, 93(3): 237–247.
- Ríos-Bedoya C, Wilcox HC, Piazza M: Children taking risks: The association with cocaine and other drug use by young adulthood. *Addictive Behaviors*. 2008, 33(9): 1154–1161.
- Keyes KM, Hatzenbuehler M, Grant BF, Hasin D: Stress and alcohol: Epidemiologic Evidence. *Alcohol Research: Current Reviews*, 2012.
- Huang GC, Unger, JB, Soto D: Peer Influences: The Impact of Online and Offline Friendship Networks on Adolescent Smoking and Alcohol Use *Journal of Adolescent Health*, 2014, 508-514.

- Baler RD, Volkow N: Addiction as a Systems Failure: Focus on Adolescence and Smoking. *American Academy of Child and Adolescent Psychiatry*, 2011, 50(4): 329–339.
- Kaynak, O, Winters KC, Cacciola J et al.: Providing Alcohol for Underage Youth: What Messages Should We Be Sending Parents? *Journal of Studies on Alcohol and Drugs*, 75, 590–605, 2014.
- Hurd YL, Michaelides M, Miller ML: Trajectory of adolescent cannabis use on addiction vulnerability. *Neuropharmacology* 76 (2014) 416-424.
- Humensky JL: Are adolescents with high socioeconomic status more likely to engage in alcohol and illicit drug use in early adulthood? *Substance Abuse Treatment, Prevention, and Policy*, 2010, 5:19.
- McCrory EJ, Mayes L: Understanding Addiction as a Developmental Disorder: An Argument for a Developmentally Informed Multilevel Approach. *Current Addiction Reports*, 2015 (2):326–330.
- Stone AL, Becker LG, Huber AM, Catalano RF: Review of risk and protective factors of substance use and problem use in emerging adulthood. *Addictive Behaviors*, 2012, 37:747–775.

Background Articles used in Class/Optional Readings:

- Spooner C, Hetherington K (eds.): Social Determinants of Drug Use. Chapter 3: Culture and Social Structures. Technical Report Number 228, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, 2004.
- Luthar S, Latendresse S: Children of the Affluent: Challenges to Well-Being. *Current Directions in Psychological Science*, 2005,14(1): 49–53.
- Tarter RE, Vanyukov MM: Introduction: Theoretical and operational framework for research into the etiology of substance use disorders. *Journal of Child & Adolescent Substance Abuse*, 2001, 10(4):1-12.
- Schulte MT, Ramo D, Brown SA: Gender Differences in Factors Influencing Alcohol Use and Drinking Progression Among Adolescents. *Clinical Psychology Review*, 2009, 29(6): 535–547.
- Farmer RF, Seeley JR, Kosty DB, et al.: Internalizing and Externalizing Psychopathology as Predictors of Cannabis Use Disorder Onset during Adolescence and Early Adulthood. *Psychology of Addictive Behaviors*, 2015, 29(3): 541–551.
- de Looze M, van den Eijnden R, Verdurmen J, Vermeulen-Smit E: Parenting Practices and Adolescent Risk Behavior: Rules on Smoking and Drinking Also Predict Cannabis Use and Early Sexual Debut, *Prevention Science*, 2012, 13:594–604.
- Oswald SH, Heil K, Goldbeck L: History of Maltreatment and Mental Health Problems in Foster Children: A Review of the Literature. *Journal of Pediatric Psychology*, 2010, 35(5): 462–472.
- Kandel D, Kandel E: The Gateway Hypothesis of substance abuse: developmental, biological and societal perspectives. *Acta Pædiatrica*, 2015, 104:130–137.
- Lee CY, Winters KC, Wall MM: Trajectories of Substance Use Disorders in Youth: Identifying and Predicting Group Memberships. *Journal of Child & Adolescent Substance Abuse*, 2010, 19:135–157.

Unit #4: Preventing Drug Use and Managing the Disease of Addiction (Sessions 22-27)

Learning Objectives:

- Describe public health approaches to prevent initiation of alcohol and other drug use
- Describe early intervention approaches to reduce the risk of transition to problematic use among users
- Articulate the need for using a chronic disease management model rather than an acute care model to treat addiction
- Understand the state of the research regarding pharmacologic treatments for addiction
- Describe 12-step approaches to promoting abstinence and supporting recovery
- Challenge the accuracy of portrayals of addiction treatment in the movies and its possible impact on public understanding

Required Readings:

- Agerwala SM, McCance-Katz EF: Integrating Screening, Brief Intervention, and Referral to Treatment (SBIRT) into Clinical Practice Settings: A Brief Review. *Journal of Psychoactive Drugs*, 2012, 44(4): 307–317.
- Arria A, McLellan T: Evolution of Concept - But Not Action - in Addiction Treatment. *Substance Use and Misuse*, 2012, 47: 1041–1048.
- Hingson R, White A: New Research Findings Since the 2007 Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking: A Review. *Journal of Studies on Alcohol and Drugs*, 75, 158–169, 2014.
- Saitz R, Larson MJ, LaBelle C, Richardson J, Samet JH: The Case for Chronic Disease Management for Addiction. *Journal of Addiction Medicine*, 2008, 2(2): 55–65.
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- Lenk KM, Erickson DJ, Nelson T: Alcohol Policies and Practices Among Four-Year Colleges in the United States: Prevalence and Patterns, *Journal of Studies on Alcohol and Drugs*, 73, 361–367, 2012.
- Johnson K, Jones C, Compton W: Federal Response to the Opioid Crisis. *Current HIV/AIDS Reports*, 2018, 15:293–301.

- Mertens JR, Kline-Simona, AH, Delucchi KL, Moore C, Weisner CM: Ten-year stability of remission in private alcohol and drug outpatient treatment: Non-problem users versus abstainers. *Drug and Alcohol Dependence*, 2012, 125: 67–74.
- McCutcheon VV, Kramer JR, Edenberg HJ et al.: Social Contexts of Remission from DSM-5 Alcohol Use Disorder in a High-Risk Sample. *Alcoholism: Clinical and Experimental Research*, 2014, 38(7): 2015–2023.
- Moos, R, Moos, S, Andrassy, J: Outcomes of Four Treatment Approaches in Community Residential Programs for Patients with Substance Use Disorders. *Psychiatric Services*, 1999, 50:1577–1583.
- Witbrodt J, Mertens J, Kaskutas L: Do 12-step meeting attendance trajectories over 9 years predict abstinence? *Journal of Substance Abuse Treatment*, 2012, 43(1): 30–43.
- Saxe L, Kadushin C, Beveridge A: The Visibility of Illicit Drugs: Implications for Community-Based Drug Control Strategies *American Journal of Public Health*. 2001;91:1987–1994.

Background Articles used in Class/Optional Readings:

- Davies G, Elison S, Ward J, Laudet A: The role of lifestyle in perpetuating substance use disorder: the Lifestyle Balance Model. *Substance Abuse Treatment, Prevention, and Policy*, 2015, 10:2-8.
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