

Addiction in Suburbia: A Growing Public Health Concern

Keith Klostermann^{1*}, Theresa Mignone², Melissa Mahadeo¹, Emma Papagni¹,
Jessica Grobe¹

¹Medaille College, 18 Agassiz Circle, Buffalo, NY 14214

²VA Western New York Healthcare System, 3495 Bailey Avenue, Buffalo, NY 14215

Abstract: *Substance abuse is among one of the major public health concerns of the 21st century. It is increasingly clear that given the multitude of stressors related to balancing work, family, and other responsibilities, more and more parents are coping in a variety of unhealthy ways. Given the social acceptability of drinking, it is a fairly common response to the challenges of raising a family. Although historically thought of as an inner city problem, it has become increasingly apparent that addiction does not discriminate in terms of socioeconomic status, geographic area, gender, or creed. Unfortunately, there is a paucity of studies on alcohol and drug abuse in suburban communities. This report examines the issue of addiction in suburban communities including possible reasons for the increase in drug and alcohol abuse as well as the different modalities in treating these issues. The article concludes with a call for a more comprehensive research agenda on this phenomenon so that researchers, clinicians, law enforcement, and policy makers better understand the individual, social, and economic implications of this phenomenon.*

Keywords: *substance abuse, alcoholism, drug abuse, suburbia.*

Substance abuse (excessive use of mind and mood altering substances) is among one of the major public health concerns of the 21st century (National Institute on Drug Abuse, 2014). Although historically thought of as an inner city problem, it has become increasingly apparent that addiction does not discriminate in terms of socioeconomic status, geographic area, gender, or creed. While urban areas typically report higher rates of substance abuse than suburban communities, the gap appears to be closing (Cicero, Surratt, Inciardi, & Munoz, 2007). In addition to alcohol and illicit drugs, the abuse of prescription drugs is also on the rise. It is important to note the present paper uses the National Institute on Drug Abuse's (2014) definition of addiction, which is defined as a brain disease in which substances have altered one's brain structure and function.

Substance use is built into the fabric of our society. Holidays and customs are celebrated with a bottle of beer, glass of wine, or shot of liquor. In many ways, we are conditioned to believe that substance use enhances the party atmosphere. However, substances are often used as a way to self-medicate or cope with life's struggles. In fact, increasing numbers of people including children are on some type of psychotropic medication for a variety of emotional and mental health issues or concerns (e.g., depression, anxiety, attention deficit hyperactivity disorder) (Zuvekas, Vitiello, & Norquist, 2006). The increased use and access to psychotropic medications also presents an opportunity for abuse and self-medication when not taken properly.

1. ADULT SUBSTANCE USE

The changing definition of families over the past 5 decades, along with economic constraints has resulted in many two-parent working families struggling to arrange for childcare, be present for children's milestone events (e.g., first day of school, performances), and to feel like good parents (Teachman, Tedrow, & Crowder, 2000). Consequently, given these family stressors, many suburbanites have turned to alcohol and drugs as a way to cope with these issues.

It is increasingly clear that given the multitude of stressors related to balancing work, family, and other responsibilities, more and more parents are coping in a variety of unhealthy ways. Given the social acceptability of drinking, it is a fairly common response to the challenges of raising a family. In fact, the group "Moms Who Need Wine" has attracted over 400,000 Facebook fans and another group "OMG I so need a glass of wine or I'm going to sell my kids" has similarly attracted a large number of fans and followers. In response, advertisers are specifically targeting mothers as part of their marketing campaigns. For example, the wine brand "MommyJuice" depicts a woman carrying a

stuffed animal, house, and computer on the front of the bottle and the slogan “Tuck your kids into bed, sit down and have a glass of MommyJuice” on the back.

In the book “Diary of an Alcoholic Housewife,” Brenda Wilhelmsen (2011) very honestly and at times painfully describes her feelings of isolation from friends, struggle to work and balance family responsibilities, and how she used her drinking as a reward for getting through the day. Brenda’s story is not unique; an estimated 4 million women in the US abuse alcohol (National Institute on Alcohol Abuse and Alcoholism, 2003). In the case of many people struggling with alcoholism, it often is undetected because the individual is still able to perform all of his or her duties and fulfill obligations; traditionally referred to as a “high-functioning alcoholic.” Thus, the individual may not see the need for treatment since, on the surface, he or she is able to fulfill responsibilities and does not perceive the abuse of alcohol to interfere in daily routines.

It is important to remember that substance abuse is not limited to alcohol; an article in the New York Post (June 23, 2011) describes the increasing social acceptance among mothers of turning to marijuana as a way to cope with the stressors of parenting. With the decriminalization of marijuana, along with its use for medical purposes, the article states that more and more mothers are turning to smoking marijuana instead of drinking. According to the article, the organization, Moms for Marijuana, advocates the benefits of marijuana use rather than alcohol because it does not have the potential for negative behavioral consequences. Furthermore, because marijuana is believed to be less toxic than alcohol, it is safer to use over longer periods of time, a belief echoed by the US Centers for Disease Control.

2. CHILDREN’S SUBSTANCE USE

In addition to the detrimental effects on parents, suburban children are also increasingly experimenting with alcohol and drugs (both illicit and prescription) in greater numbers (McMahon & Luthar, 2006). Familial dysfunction, coupled with the stressors of adolescence and young adulthood, and decreased availability and oversight by parents often results in many young people turning to substance use at ages earlier than ever before.

Substance use and abuse is one of the most prevalent social problems in the US with 14% of seniors in the year 2015 reporting illicit drug use other than marijuana in the past year, and 61% reporting to having used alcohol at some point during their high school careers (National Institute on Drug Abuse, 2016). Heroin use is also on the rise in the suburbs among all kids including honor students, cheerleaders, and athletes. One explanation for the increased availability may be that dealers from urban areas are in search of less competition in new and nonviolent markets for drug sales as well as less scrutiny from law enforcement agencies, which has caused some dealers to shift from urban to suburban areas (Hunt & Furst, 2006). The spread of drug sales may also be associated with increased gang activity. Based on DEA reports, some dealers initially give the drug away for free in an effort to get the kids hooked, after which they could continuously sell it to them as the kids begin chasing the initial high and using more extreme methods in the process (e.g., injection). Moreover, as noted by Dr. John Knight (Children’s Hospital, Boston), suburban kids have access to all the necessary materials to obtain drugs: money, cell phones, and transportation (Massachusetts Department of Public Health Bureau of Substance Abuse Services, 2016).

As mentioned in the previous section, the abuse of prescription medicine is also a growing epidemic. As noted by Thomas Frieden (Director - Centers for Disease Control), “Emergency department visits involving non-medical use of these prescription drugs are now as common as emergency-department visits for the use of illicit drugs.” Abuse of prescription medications may be more prevalent in suburban communities because of the likelihood of large numbers of people having health care insurance. Unfortunately, doctors’ willingness to mitigate pain through prescription medications has resulted in access to many different types of medications and may have indirectly contributed to the problem. Kids are increasingly being diagnosed with mental health conditions and between their own prescription medication, plus their parents, there is an abundance of medication available. The accessibility to prescription medication and its abuse, coupled with alcohol use can have very serious and possibly fatal consequences.

3. SUBSTANCE ABUSE TREATMENT

Substance abuse treatment comes in various forms depending on the severity of addiction, and may include inpatient, residential, or outpatient services (Woo & Keatinge, 2016). However, as one parent

of two drug-addicted children lamented on an ABC news blog about the prevalence of heroin use in suburban communities, without insurance to cover the cost of treatment, you may have difficulty receiving services; his daughters spent days at local hospital emergency rooms waiting for beds at a federally-funded detox program, but to no avail. Ultimately, the two young women were sent home without receiving services.

It is important to note that no one believes this drink or the first smoke will lead to alcoholism and drug abuse. While many of these behaviors begin innocently, it does not take much for them to quickly progress into a problem, which can be influenced by one's personality characteristics as well as their social context (Kreek, Nielsen, Butelman, & LaForge, 2005).

Research for substance abuse over the past thirty years has revealed that treatment can aid in changing maladaptive behaviors, and successfully avoiding relapse to substance abuse and addiction (Woo & Keatinge, 2016). However, studies have also demonstrated that success may take several treatment attempts in order for one to fully attain and sustain abstinence.

3.1. Peer Support

There are various ongoing hypotheses and stances that aim to explain the pathology and conservation of substance misuse/abuse. Despite the numerous positions, the general consensus is that the key component of alcohol and drug abuse treatment manifests as peer support and psychosocial "talk" therapies (Woo & Keatinge, 2016). More specifically, twelve-step peer support groups (e.g., Alcoholics Anonymous [AA], Narcotics Anonymous [NA]) have gained the most attention for guiding those who are struggling with alcohol and drug problems. Meetings are member-led groups and can employ an open or closed format, the former of which is open to anyone who is interested. The meetings create a welcoming environment for participants to discuss their problems with substances, and also includes motivational testimonials from individuals who have recovered from their addiction. Furthermore, members are encouraged to complete the twelve steps of AA, which include admitting that their lives have become unmanageable due to succumbing to alcohol, believing that a greater power can reinstate homeostasis, relinquishing some power to this "greater power", and so on. These twelve-step support groups have been successful in encouraging complete abstinence from altering substances (Woo & Keatinge, 2016).

3.2. Behavioral Therapies

In addition to group support, behavioral and cognitive behavioral treatments have undergone abundant analysis and are among the most widely used psychotherapy approaches for substance abuse (Woo & Keatinge, 2016). The logic from a behavioral perspective is as follows: all human behavior is learned, regardless of its nature. As such, addiction is merely a conditioned response which has been reinforced by conditions with increased magnitude, quantity, and quality. Thus, addiction is an operationally conditioned behavior transpiring at an elevated rate.

Based on this information, it makes sense to provide resources and coping skills to help individuals decrease their substance use, which is precisely what cognitive-behavioral therapy (CBT) teaches. Probing further, common CBT techniques include recognizing environmental situations that can entice drug or alcohol use, providing the individual with a plan and strategies for managing these situations, should they be faced with one, as well as techniques for problem solving and dealing with cravings and/or relapses.

3.3. Psychoanalytic View

From a psychoanalytic stance, substance abuse is the result of a deficient ego, the ego of which usually guides individuals to meeting the realities of the external world via their internal demands (Heshmat, 2015). According to this model, individuals with substance abuse problems do not possess full capability for taking care of themselves, and thus are at legal, health, and safety risk. As such, psychoanalytic treatment strives to build ego strength in individuals, which should also provide them with effective means for dealing with the world's demands.

3.4. Family and Couples' Therapy

According to family treatment for substance-abuse disorders, the substance is a manifestation of a deep, unresolved issue (Center for Substance Abuse Treatment, 2004). Thus, the substance is hypothesized to have its own functional role within the family. The most common and known model

within this view is the family disease model, which observes the addiction as an illness of the family; it affects both the individual suffering from substance abuse and their family. According to this model, substance abuse embodies a maladaptive attempt to cope with familial troubles and serves as a tool to regulate family interactions. As is common with behavioral models, family behavioral models view addiction as a learned behavior that is been reinforced through various social relations and experiences.

Behavioral couples therapy (BCT) postulates that distraught couples employ punishment-driven interaction patterns as opposed to reinforcement-driven behaviors that benefit the relationship. This model is based on the social learning theory and is empirically supported, theoretically-based, and consists of standardized procedures (Klostermann & O'Farrell, 2016). It was initially established as a marital therapy model for general psychotherapy, but has since grown to be used for alcoholism and drug abuse (e.g., Byrne, Carr, & Clark, 2004; Emmelkamp & Vedel, 2008).

As Carroll and Rounsaville (2007) have noted, the group therapy model has trumped the single client-therapist model for substance-abuse treatment. A large contributor to this is that group treatment methods are more cost effective, and they also take advantage of the operation of multiple "therapeutic factors", as noted by Yalom and Leszcz (2008). Still, noteworthy is that while group therapy is the most common form of substance abuse treatment, many individuals are simultaneously seeking one-on-one counseling with their own therapist.

4. CONCLUSION

Unfortunately, there is a paucity of studies on alcohol and drug abuse in suburban communities. A comprehensive research agenda on this phenomenon as well as investigations of prevention and treatment programs is necessary and critical, especially given that many school-based prevention programs have been the victims of budget cuts or have proven ineffective. Given the continued spread of alcohol and illicit drugs to suburban communities, it is imperative that researchers, clinicians, law enforcement, and policy makers better understand the individual, social, and economic implications of this phenomenon.

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