Definition: **substance abuse** from *Dictionary of Psychological Testing, Assessment and Treatment*

The use of illegal drugs, or socially acceptable drugs (alcohol, etc.) in amounts considered excessive by societal norms, such that physical and/or mental functioning is impaired. The patient usually is incapable of voluntarily ceasing to use the drug. Substance dependence shares the same symptoms, with the additional problem that the patient’s body is physically dependent on the drug (i.e. without further dosages, s/he is physically ill, as well as suffering a purely mental craving). Polydrug abuse is addiction to more than one substance. See alcoholism.

Summary Article: **Substance Abuse**

from *Encyclopedia of Special Education: A Reference for the Education of Children, Adolescents, and Adults with Disabilities and Other Exceptional Individuals*

Substance abuse is often said to be one of the major public health concerns in this country. The term *substance abuse* describes abusive or harmful use of any substance. A drug is any substance that crosses from the bloodstream into the brain and that somehow changes the way the brain is functioning. By this definition, some common substances such as alcohol, nicotine, and even caffeine are considered “drugs.” Although caffeine, nicotine, and alcohol are by far the most common drugs in the United States, some other drugs of abuse include marijuana, cocaine, amphetamines (“speed”), heroin and other opiates, hallucinogens (LSD, psilocybin mushrooms, peyote), depressants (barbiturates, benzodiazepines, or “downers”), and prescription drugs. In recent years, the development of “designer” drugs and newer chemical compounds has gotten a good deal of media attention. Such substances as the “date rape drugs,” including Rohypnol and GHB, have been gaining in popularity in recent years. Although the use and abuse of these drugs are not nearly as prevalent as some other substances, they are causing some alarm within the community of substance-abuse treatment professionals.

Many drugs are synthesized in a laboratory. Some of the synthetic, or man-made, drugs include prescription drugs such as tranquilizers, barbiturates, sedatives, narcotics, pain medications, and some hallucinogens (LSD). Although some of these drugs are indeed chemical substances, others—such as marijuana, opium, peyote, psilocybin mushrooms, and coca leaves—are natural, organic compounds. Further, some organic plants may be chemically processed to make them more usable to the human body. For example, opium and coca leaves can be processed into heroin and cocaine, respectively (Maisto, Galizio, & Connors,).

Substance abuse is not a recent phenomenon. Evidence indicates that the production of beer began in ancient Egypt as early as 5,000 BCE. Within this country alone, the use and abuse of various substances has reached epidemic proportions at a number of different periods. Tobacco use by Native Americans was apparent long before the arrival of Europeans in the Americas. In the 19th century, morphine and opium were commonly available without a prescription. With the invention of the hypodermic needle in 1840, morphine became even more common for use as a pain medication, fueling a higher prevalence of morphine addiction. Amphetamine, inhalant, hallucinogen, and marijuana use have
all been prevalent at different times during our history. Alcohol was prohibited at one time in the United States because of its detrimental effects, only to be legalized and taxed several years later. Although many people consider alcohol prohibition to have been a failure in terms of an overall method of drug control, it did lead to a marked decrease in alcohol use. Lawsuits against the major tobacco companies and efforts to curb tobacco use in the United States may lead to decreases in tobacco use (Maisto et al.).

The effects of different substances depend on a number of biological and psychological factors. Of course, the type of drug that is being used will affect people’s experience. Individuals’ biological characteristics, such as weight, gender, and initial sensitivity to a substance, may affect their reaction to a particular substance (Maisto et al.). The setting in which the substance is used also affects how an individual will experience the effect of the substance (Maisto et al.). Finally, people’s expectations or beliefs about how the substance will affect them play a role in their reaction to a particular substance (Goldman, Brown, Christiansen, & Smith.).

Although neither necessary nor sufficient for a diagnosis of substance abuse or dependence, tolerance and withdrawal symptoms are key indicators of problematic use or addiction. Tolerance and withdrawal symptoms may indicate that the individual’s body has become dependent on the drug. Tolerance basically means that the individual’s body has become accustomed to the substance, such that larger and larger amounts of the substance are required to produce the same effect. Tolerance is generally developed through repeated exposure to a particular substance. However, some substances with similar actions may have what is known as cross-tolerance, in which an individual who has developed a high tolerance for a particular substance may also have a high tolerance for other, similar substances, even if the substance has not actually been used. Regular use of most substances results in tolerance, at least to some degree.

Depending on the particular substance, abrupt cessation of the substance after a high tolerance has developed may result in withdrawal symptoms. Withdrawal symptoms from any particular drug are experienced most commonly as the direct opposite of the initial effect of the substance and can be psychological, physiological, or both, depending on the substance. Substances such as marijuana and hallucinogens cause no marked physical withdrawal symptoms, but abrupt cessation of use may result in psychological distress that may be severe. Other substances, especially compounds like alcohol, barbiturates, tranquilizers, and some pain medications, cause severe physical pain as well as psychological distress. Although withdrawal from some substances leads to serious enough consequences, such as severe distress, pain, and impairment in functioning, withdrawal from other substances may lead to seizures, coma, and even death.

In addition to experiencing tolerance and withdrawal, many users may become preoccupied with a substance, focusing much of their time and attention on finding, purchasing, and using it. Many people experience craving, or an intense desire to use the substance, when they stop using. Furthermore, some users become so preoccupied with using a substance that they are unable to function in their normal everyday lives.

A number of variations of substance abuse are included in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV; American Psychiatric Association, ). Criteria are specified in DSM-IV for substance intoxication, withdrawal, abuse, and dependence. The major criterion for diagnosis of substance abuse according to the DSM-IV is “a maladaptive pattern of substance use
manifested by recurrent and significant adverse consequences related to the repeated use of substances.” A child or adolescent who is abusing a substance may show a number of behavior changes, including failure to complete school work, marked decreases in academic performance, behavior problems at school and home, problems with the legal system, fighting, arguing, and problems with peers. Substance dependence, by contrast, is more severe than substance abuse. According to the DSM-IV, substance dependence is indicated by at least three of the following symptoms: marked tolerance, withdrawal symptoms, using more of the substance than was intended, inability to control or stop using, a desire to stop using, disruption in normal everyday functioning and activities, and continuing to use the substance even after knowing that the use is causing physical or psychological problems. Note that while tolerance and withdrawal are typical hallmarks of addiction, these criteria are neither necessary nor sufficient to indicate substance dependence. One of the reasons that these criteria are not necessary for a diagnosis of substance dependence is the fact that some substances, such as marijuana and most hallucinogens, cause few marked physiological withdrawal symptoms. Thus, substance dependence may be indicated by a disruption in functioning in a number of areas of an individual’s life (American Psychiatric Association).

Although many people assume that the highest rates of substance abuse are in adults, the highest rates of heavy alcohol use and of marijuana use are in those aged 18–25 years (American Psychiatric Association; U.S. Department of Health and Human Services.). The initial substance use that may eventually lead to abuse or dependence generally begins in adolescence. Adolescents who show symptoms of abuse or dependence are less likely to complete school than those who do not (American Psychiatric Association). Therefore, and obviously, educators and health professionals need to pay particular attention to the problem of substance abuse in adolescence and young adulthood.

Apparently, little research is available on substance abuse in children enrolled in special education programs. One study on the possible association between special education status and substance abuse yielded alarming results. (Gress and Boss) surveyed students from grades 4–12 and found differences in substance use between students in special education and noncategorical classes, especially for students in intermediate (4–6) and junior high (7–8) grades. Some of the most striking differences were found between students in the intermediate grades. For instance, 20% of severely behaviorally disabled but only 2.3% of noncategorical students used marijuana. Interestingly, whereas a high percentage of students with severe behavioral disabilities and specific learning disabilities used alcohol, amphetamines, and inhalants, a lower percentage of students with developmental disabilities used these substances than did noncategorical students. The authors suggest that substance abuse among students in special education programs is related to several factors, including unmet needs for attachment and close relationships, difficulty establishing a “self-identity,” a need to have a certain image within the eyes of their peers, and a need for immediate gratification. Common to all children, these factors may be especially important to students in special education who want to fit in. (Gress and Boss) suggest that students with serious disabilities may lack some of the necessary internal skills to deal with unmet needs. Risk of substance abuse may increase as a result of psychological, emotional, and social problems related to their specific disabilities (Gress & Boss).

Since substance use begins to be a problem for many people when they are children and adolescents, many educators and substance abuse professionals focus on prevention of substance use and abuse in this population. A number of different models are in place for prevention of substance use with children and teenagers. One that has gained recent popularity is a social norms approach, in which prevention
campaigns are designed to change people’s attitudes about social norms regarding substance use. Other methods of substance abuse prevention efforts geared toward children and adolescents include restricting the availability of particular substances, drink/drug refusal training, providing substance-free activities, mentoring programs, values clarification, and the development of appropriate stress management and social skills (Maisto et al.).

Many different treatment methods exist to help people with substance abuse problems. Formal counseling or psychological treatment is available for individuals with substance abuse problems in inpatient, outpatient, and day treatment facilities, depending on the needs of the individual. Many people choose to attend self-help groups, such as Alcoholics Anonymous, Narcotics Anonymous, Women for Sobriety, or Rational Recovery.

Important to note is that although many people in the United States experience substance abuse problems, many others are affected by another person’s substance abuse. Many children are affected by the substance abuse of their parents, siblings, extended family members, or friends. Educators should be familiar with issues related to substance abuse and be able to listen nonjudgmentally to the concerns of their students. When a child is experiencing difficulty as a result of either his or her own substance abuse or that of another person, the child should have access to a school counselor, psychologist, or social worker who can provide counseling and resources for the student.

**Related Articles**

See also Chemically Dependent Youth; Drug Abuse

**References**


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Richman, P. M., & Shaner, A. (2013). Substance abuse. In C. R. Reynolds, K. J. Vannest, & E. Fletcher-