Health, Social, and Psychological Consequences of Drug Use and Abuse

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1. INTRODUCTION

Several epidemiological researchers have begun a theoretical integration of the rather rich drug use and abuse etiology literature and the far less developed and somewhat paltry drug use and abuse consequences research findings. This integration has numerous advantages as well as theoretical and methodological challenges (Newcomb, 2004). It is beyond this chapter to delineate this synergy in much detail. However, the central focus of this approach is to consider drug use and abuse as mediators. A mediator is operationalized as a “generative mechanism through which the focal independent variable is able to influence the dependent variable of interest” (Baron and Kenny, 1986, P. 1173). Therefore, mediators (drug use and abuse) are predicted by various risk and protective factors. Also, they themselves are the predictors of later consequences and outcomes.

The underlying assumptions of drug use prevention programs are that their interventions will somehow reduce or eliminate the presumed adverse consequences related to drug use. Because of the intense focus on preventing drug use, funding and support for studies of the consequences of drug use has been minimal. By preventing drug use and abuse the wide spread adverse and devastating consequences of drug use both proximally (immediately) and distally (later in life) will also be prevented. Most in the field believe that drug abuse has many assumed catastrophic consequences for the individual, their friends and family, and society. Some supportive evidence exists. For instance, drug use during adolescence appears to have both short-term and long-term effects on cognitive and brain functioning (Brown et al., 2000; White, 2004). Yet there is a dearth of scientific evidence to firmly establish what these adverse consequences are, what mechanisms are involved, and how they might present in various psychosocial domains.

As a result, consequence components and related theoretical aspects of prevention programs may be targeting too many domains, omitting others, and thereby may be mis-directed. Accurate and realistic information on the consequences of drug ingestion is important not only for prevention and for treatment programming but also for making policy addressing the health, social and psychological needs of drug abusers.

Although not typically conceived of as such, the Diagnostic and Statistical Manual of Mental Disorders—4th Edition (American Psychiatric Association, 1994) diagnostic criteria are largely based on consequences of drug ingestion or the pursuit of the substance. Examples of these include, “important social, occupational, or recreational activities are given up or reduced because of substance use” and “the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to be caused or exacerbated by the substance . . .” (p. 181). Syndromes associated with substance intoxication and with withdrawal are also described. However, drug use that does not reach the level of severe psychosocial impairment is not necessarily considered. Therefore,