INTRODUCTION

The personality of the individuals who use a variety of substances, singly or in combination, which are legal or illegal in status, for non-medical reasons, has been of interest and concern to a variety of intervention agents and groups for many decades. Indeed, a review of the literature leads to the conclusion that this interest has in no way waned. More and more articles and books are written, and more and more research is planned and carried out, which are designed to describe the personality of the known-visible drug user(s). If anything this interest has broadened to include the spouse of the drug user, his or her parents, and at times the child of the drug user.

In simplistic terms the thesis is posited or hinted at, that a specific type of individual will use "drugs" in a socio-cultural unacceptable manner. And the critical factor which is pinpointed to explain this type of drug use is the personality/character-traits of the individual, alone or in combination with other factors. These latter factors can include, among others, the primary and secondary effects of drugs, the meaning attributed to the manner of using drugs (oral, intravenous, intramuscular, sniffing, smoking, etc.,) as well as to the drug experience, the external environment, genetics, drug availability, individual and group coping skills; as well as socio-political-economic factors.

In a sense the data which has been collected, and the theories which grow out of them, ask us to consider and believe that they offer us the key to understanding the etiology of drug use, and by implication the etiology of abstinence. And once this key is in our hands effective intervention, whatever its scope and depth, is simply a matter of appropriate decision making, suitable choice of policies and their implementation, time, technology, reasonable intervention planning and the appropriate budgeting of manpower and money.

S. Einstein, The Drug User
© Plenum Press, New York 1983
The apparent certainty that personality - however this concept is defined and whatever its structure - is a critical factor in explaining drug use, has often served to minimize our interest and needed concern in a number of significant issues. These issues include, among others:

1. There is a significant difference between etiology of and reasons for drug use. Notwithstanding the obvious fact that the former is derived from the latter, the former is our best interpretation(s) - hopefully - of the most reliable and consistent meaning of the latter given to us by the drug user or those who claim to know him. The drug user tells us in the best way which s/he knows why his or her drug use is currently active, reverts to his or her memory to explain the conditions and circumstances associated with initial drug use, and cognitively - emotionally - anticipates their future drug use behavior - career. In brief these are the conscious reasons explaining drug use, on the part of the drug user. A critical issue, often overlooked, is the assumption that the drug user "knows" the reasons for his drug use behavior. Whereas there is little doubt that he knows and feels that he has to tell the interviewer something, it is indeed questionable that he knows the relevant complex interacting factors which theoretically are the basis of his drug use. There is a gap, broad and narrow, between knowing, sensing, being aware of and being able to explain! This may be all the more evident when one considers issues such as communication skills, circumstances surrounding the interview, interview techniques used, background of the interviewer, theoretical orientation of the interviewer, type and quality of the relationship between the drug user or other sources of information, and the interviewer, amount of time for the interview, the data collection system, etc. For those who believe that we inevitably know why we do whatever we do, these aforementioned issues and factors will be meaningless. And rightfully so. But, for those who question whether any individual, or man as a species, can ever fully know, these issues should begin to raise questions about the relationship between communicated reasons for and the etiology of drug use. Ironically, what is often overlooked is the assumption made by many intervention agents that the drug user, as part of or because of his ailment - behavior - condition cannot be believed. And yet it is the material given to us by the drug user which is the basis of etiological theories.

2. The relationship between the etiological factors associated with and/or attributed to the drug use by the "special/unique" drug user, and the theorist/researcher are not a chance phenomena. More often than not the focus of the clinical description or the empirical study is designed to prove or disprove a specific thesis held by the writer rather than to understand a simple or complex