

# Verslaving van Harrison & Connery: noten

## Hoofdstuk 3

- For a more technical but still readable explanation of the addiction process, see James D. Stoeberl, *The Neurobiology of Addiction* (Chelsea House, 2006).
- “Studies with laboratory rats have shown . . . .” See, for example, G. Di Chiara and A. Imperato, “Drugs abused by humans preferentially increase synaptic dopamine concentrations in the mesolimbic system of freely moving rats,” *Proceedings of the National Academies of Sciences of the United States of America*, 1988, 85(14), 5274–5278.

## Hoofdstuk 4

- The stress–vulnerability model was elaborated in the 1970s by J. Zubin and B. Spring. See “Vulnerability—a new view of schizophrenia,” *Journal of Abnormal Psychology*, 1977, 86(2), 103–124.
- The water tank metaphor comes from Mental Health Professional Online Development, a resource funded by the Australian government.
- “A number of studies have confirmed that high levels of unrelieved stress tend to produce chemical changes in the brain that make mental illness more likely.” See, for example, C. Goh and M. Agius, “The stress–vulnerability model: How does stress impact on mental illness at the level of the brain and what are the consequences?” *Psychiatry Danubia*, 2010, 22(2), 198–202; and S. Chetty et al., “Stress and glucocorticoids promote oligodendrogenesis in the adult hippocampus,” *Molecular Psychiatry*, 2014, 19, 1275–1283.
- “These studies show that if one twin becomes an addict, there’s a much higher likelihood that an identical twin will become an addict than that a fraternal twin will.” C. A. Prescott and K. S. Kendler, “Genetic and environmental contributions to alcohol abuse and dependence in a population-based sample of male twins,” *American Journal of Psychiatry*, 1999, 156(1), 34–40. See also M. A. Enoch and D. Goldman, “The genetics of alcoholism and alcohol abuse,” *Current Psychiatry Reports*, 2001, 3(2), 144–151; and C. W. Goodwin, “Alcoholism and genetics: The sins of our fathers,” *Archives of General Psychiatry*, 1985, 42, 171–174.
- “Other studies of adopted children have shown that children are more likely to become addicts if one of their birth parents was an addict than if one of their adoptive parents was an addict.” See Deborah Hasin et al., “Genetics of substance use disorders in William R. Miller and Kathleen M. Carroll, *Rethinking Substance Abuse* (Guilford Press, 2006), 69.
- “For instance, scientists have been able to isolate certain genetic combinations that are more or less common in alcoholics and cocaine addicts. They have also been able to show that mice bred with certain genetic combinations respond very differently to drug stimuli.” See, for example, Learn.Genetics, “Genes and addiction,” at <http://learn.genetics.utah.edu/content/addiction/genes>.
- “Many Asian people have a genetic enzyme variant that causes unpleasant reactions when they drink alcohol.” See R. F. Suddendorf, “Research on alcohol metabolism among Asians and its implications for understanding causes of alcoholism,” *Public Health Reports*, 1989, 104(6), 615–620.
- “Naltrexone, which is sometimes given to recovering alcoholics to reduce cravings, works more or less well depending on the person’s genetic makeup.” See J. E. McGue et al., “Genetic moderators of naltrexone’s effects on alcohol cue reactivity,” *Alcoholism: Clinical and Experimental Research*, 2006, 30(8), 1288–1296.
- “In two otherwise similar geographic areas, if one has a higher density of bars and liquor stores, it will also have a higher density of problem drinkers.” See, for example, Carla Campbell et al., “The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms,” *American Journal of Preventive Medicine*, 2009, 37(6), 556–569.
- “Monkeys who are exposed to a stressful environment are much more likely to become addicted to cocaine.” See Regina Walker, “So, is addiction genetic? Or not?” *The Fix*, September 1, 2015, [www.thefix.com/Genetics-addiction-connection-regina-walker0901](http://www.thefix.com/Genetics-addiction-connection-regina-walker0901).
- For general information on the Adverse Childhood Experiences Study, see [www.cdc.gov/violenceprevention/ace-study](http://www.cdc.gov/violenceprevention/ace-study).
- “One follow-up survey found that every single type of ACE correlates with a higher risk of alcoholism in later life.” See Shanta R. Dube et al., “Adverse childhood experiences and personal alcohol abuse as an adult,” *Addictive Behaviors*, 2002, 27(5), 713–725.

- “People who reported five or more ACEs were 7 to 10 times more likely to develop an addiction.” See Shanta R. Dube et al., “Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The Adverse Childhood Experiences Study,” *Pediatrics*, 2003, 111(3), 564–572.
- “For instance, a study in Sweden . . .” See Maia Szalavitz, “Genetics: No more addictive personality,” *Nature*, 2015, 522, S48–S49.
- “One study found that people who had a parent who was an addict were eight times more likely to become addicts themselves.” See K. R. Merikangas et al., “Familial transmission of substance use disorders,” *Archives of General Psychiatry*, 1998, 55(11), 973–979.

## Hoofdstuk 5

- The books cited are Marc Lewis, *The Biology of Desire: Why Addiction Is Not a Disease* (Public Affairs, 2016) and Jeffrey Foote et al., *Beyond Addiction: How Science and Kindness Help People Change* (Scribner, 2014).
- Other books arguing that addiction is not a disease because substance abuse is purely voluntary include Stanton Peele, *The Meaning of Addiction: An Unconventional View* (Jossey-Bass, 1985) and Theodore Dalrymple, *Romancing Opiates: Pharmacological Lies and the Addiction Bureaucracy* (Encounter Books, 2008).
- Although there are reasonable arguments that addiction is not a disease, many arguments made in this vein appear to be based on a misunderstanding of the contemporary view of the nature of addiction. For instance, both Peele and Dalrymple cite studies showing that many soldiers who frequently used heroin in Vietnam were able to stop using it when they returned to the United States. But this argument assumes that every- one who uses heroin frequently is an addict. In fact, it’s likely that many soldiers used heroin to escape the horrors of war but did not become addicted—just as many people use prescription painkillers following surgery but do not become addicted.
- Another argument is that addiction must be voluntary because the initial decision to use a substance was voluntary. This might make sense if everyone who ever drank alcohol or used drugs automatically became an addict. However, many people deliberately choose to use alcohol or drugs but only unintentionally become addicted.
- Dalrymple notes that many addicts were able to give up opium when the Chinese government threatened them with the death penalty for using it. But this argument assumes that if addiction is a disease, it completely takes away a person’s free will—whereas in fact addiction merely *impairs* a person’s free will, and many addicts are able to give up using, at least temporarily, if the consequences are severe enough. To use an analogy, a person who has a terrible flu might be able to drag herself out of bed and go to work if the alternative is getting fired, but this doesn’t prove that there is no such thing as the flu.

## Hoofdstuk 6

- “Research using EEG monitoring has shown that nicotine can also act as a depressant.” See Heather Ashton et al., “Stimulant and depressant effects of cigarette smoking on brain activity in man,” *British Journal of Pharmacology*, 1973, 48(4), 715–717.
- “Opioid prescriptions have skyrocketed in the United States, and opioid addiction has as well (with overdose deaths more than tripling between 2000 and 2016).” See the Centers for Disease Control and Prevention’s Wide-Ranging Online Data for Epidemiologic Research, available at <http://healthdata.gov/dataset/wide-ranging-online-data-epidemiologic-research-wonder>. See also testimony of Dr. Nora D. Volkow before the Senate Caucus on International Narcotics Control, May 14, 2014, at [www.drugcaucus.senate.gov/sites/default/files/Volkow%20Testimony.pdf](http://www.drugcaucus.senate.gov/sites/default/files/Volkow%20Testimony.pdf).

## Hoofdstuk 7

- For a general review of similarities between substance and process addictions, see Jon E. Grant, “Introduction to behavioral addictions,” *American Journal of Drug and Alcohol Abuse*, 2010, 36(5), 233–241.
- “Substance abusers are 4 to 10 times more likely than the general population to have a gambling problem. This is especially true for people who are addicted to heroin and cocaine.” See D. Ledgerwood and K. Downey, “Relationship between problem gam- bling and substance use in a methadone maintenance population,” *Addictive Behaviors*, 2002, 27, 483–491; and B. Spunt et al., “Pathological gambling and substance misuse: A review of the literature,” *Substance Use and Misuse*, 1998, 33(13), 2535–2560.
- “Most often the substance abuse happens first, but sometimes it’s the other way around, and sometimes both problems start at the same time.” See O. Kausch, “Patterns of substance abuse among treatment-seeking pathological gamblers,” *Journal of Substance Abuse Treatment*, 2003, 25, 263–270.
- “In psychological tests, people with OCD tend to score low on impulsivity and high on the desire to avoid harm to themselves, whereas people who have process addictions are often just the opposite.” See Jon E. Grant, “Introduction to behavioral addictions,” *American Journal of Drug and Alcohol Abuse*, 2010, 36(5), 233–241.

## Hoofdstuk 10

- The books cited are Elisabeth Kübler-Ross, *On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy and Their Own Families*, 40th anniv. ed. (Routledge, 2008); Robin Norwood, *Women Who Love Too Much: When You Keep Wishing and Hoping He'll Change* (Pocket Books, 2008); and Melody Beattie, *Codependent No More: How To Stop Controlling Others and Start Caring For Yourself*, 2nd rev. ed. (Hazelden, 1992).
- “An interesting study by a Stanford University professor . . .” Research by Rudolf Moos cited in David Sheff, *Clean: Overcoming Addiction and Ending America's Greatest Tragedy* (Houghton Mifflin Harcourt, 2013), 109.

## Hoofdstuk 12

- “Statistics show that addiction treatments can be quite successful even if the addict hasn't freely chosen to participate.” See, for example, M. Douglas Anglin et al., “The effectiveness of coerced treatment for drug-abusing offenders,” paper presented at the Office of National Drug Control Policy's Conference of Scholars and Policy Makers, March 23–25, 1998, available at [www.ncjrs.gov/ondcppubs/treat/consensus/anglin.pdf](http://www.ncjrs.gov/ondcppubs/treat/consensus/anglin.pdf).
- “There have been a handful of scientific studies regarding the effectiveness of CRAFT.” For a review, see Robert J. Meyers, Hendrik G. Roizen, and Jane Ellen Smith, “The Community Reinforcement Approach: An update of the evidence,” *Alcohol Research and Health*, 2011, 33(4), 380–388, available at [www.ncbi.nlm.nih.gov/pmc/articles/PMC3860533](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3860533).

## Hoofdstuk 13

- “A 2006 survey conducted by Al-Anon of its members in the United States and Canada showed that 85 percent were women.” See Al-Anon Family Groups, *Member Survey Results, Al-Anon Family Groups, Fall 2006*.

## Hoofdstuk 14

- “Research shows that the most common age for the onset of alcoholism is 18 to 19. It's certainly possible to develop the problem earlier or later, although statistically the likelihood decreases significantly after age 25.” See Yann Le Strat et al., “A new definition of early age at onset of alcohol dependence,” *Drug and Alcohol Dependence*, 2010, 108(0), 43–48.
- “As for opioids, one study found that the average age of first use is between 25 and 26.” See Leen Naji et al., “The association between age of onset of opioid use and comorbidity among opioid dependent patients receiving methadone maintenance therapy,” *Addiction Science and Clinical Practice*, 2017, 12, 9.

## Hoofdstuk 16

- “U.S. government figures show that misuse of alcohol and prescription drugs by the elderly is one of the fastest-growing health problems in the country and affects as many as 17 percent of people over age 60.” See U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration, “Chapter 1: Substance abuse among older adults: An invisible epidemic,” in *Substance Abuse among Older Adults*, October 2012, available at [www.ncbi.nlm.nih.gov/books/NBK64422](http://www.ncbi.nlm.nih.gov/books/NBK64422).
- “One study found that among women over 60 in the United States, binge drinking increased at an average rate of 3.7 percent per year between 1997 and 2014.” See Rosalind A. Breslow et al., “Trends in alcohol consumption among older Americans: National Health Interview Surveys, 1997 to 2014,” *Alcoholism: Clinical and Experimental Research*, 2017, 41(5), 976–986.
- The book cited is Janet Woititz, *Adult Children of Alcoholics*, 2nd exp. ed. (HCI, 1990).

## Hoofdstuk 17

- For a review of U.S. state laws regarding ignition interlock devices, see [www.ncsl.org/research/transportation/state-ignition-interlock-laws.aspx](http://www.ncsl.org/research/transportation/state-ignition-interlock-laws.aspx).
- “Home urine tests . . . typically won't pick up very recent drug use, such as use within the last hour or two. With crack cocaine, heroin, and methamphetamines, it can take up to six hours before the drug can be detected in a person's urine, and with ecstasy and benzodiazepines, it can take up to seven hours.” See U.S. Food and Drug Administration, “Drugs of abuse home use test,” available at [www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/InVitroDiagnostics/DrugsofAbuseTests/ucm125722.htm](http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/InVitroDiagnostics/DrugsofAbuseTests/ucm125722.htm).
- For a review of studies regarding transcutaneous electrical nerve stimulation, see Vance et al., “Using TENS for pain control: The state of the evidence,” *Pain Management*, 2014, 4(3), 197–209, available at [www.ncbi.nlm.nih.gov/pmc/articles/PMC4186747](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4186747). The article concludes, “The evidence for TENS efficacy is conflicting.”
- “Long-acting opioids may be preferable to short-acting ones because the ‘high’ produced by psychotropic drugs is usually related to the speed at which the concentration of the drug increases in the bloodstream.” See Prater et al., “Successful pain management for the recovering addicted patient,” *Primary Care Companion to the Journal of Clinical Psychiatry*, 2002, 4(4), 125–131, available at [www.ncbi.nlm.nih.gov/pmc/articles/PMC315480](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC315480).

## Hoofdstuk 18

- “President Bush said . . . he didn’t believe he was ‘clinically an alcoholic.’” See Lois Romano and George Lardner, Jr., “Bush’s life-changing year,” *Washington Post*, July 25, 1999.

## Hoofdstuk 21

- “The results are mixed . . . research has shown that the people who go to outpatient programs tend to be a very different population from those who go to residential programs.” See Gregory B. Collins, “Emerging concepts of alcoholism treatment: Challenges and controversies,” in Norman S. Miller, ed., *The Principles and Practice of Addictions in Psychiatry* (Saunders, 1997).

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- The book cited is Anne M. Fletcher, *Inside Rehab: The Surprising Truth about Addiction Treatment—and How to Get Help That Works* (Viking Press, 2013).
- The 2008 law is the Mental Health Parity and Addiction Equity Act, Pub. L. No. 110-343, 122 Stat. 3765, H.R. 1424.
- The “Affordable Care Act” is the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, 124 Stat. 119 (2010), as amended by the Health Care and Education Reconciliation Act, Pub. L. No. 111-152, 124 Stat. 1029 (2010).

## Hoofdstuk 23

- “Research suggests that MET is more effective with alcohol and marijuana than with heroin or cocaine.” See the National Institute on Drug Abuse’s *Principles of Drug Addiction Treatment: A Research-Based Guide* (3rd edition), available at [www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral-2](http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral-2).

## Hoofdstuk 24

- In 2010, a doctor named Olivier Ameisen published a book called *The End of My Addiction: How One Man Cured Himself of Alcoholism* (Piatkus Books), in which he claimed that he eliminated his alcoholic cravings by giving himself high doses of the muscle relaxant baclofen. However, more recent scientific studies have cast doubt on baclofen’s effectiveness as an alcoholism treatment. See, for example, “Baclofen is largely ineffective for alcohol use disorders, finds study,” *British Medical Journal*, 2018, 360.

## Hoofdstuk 25

- “A 2018 study sponsored by the National Institute on Drug Abuse . . .” See “Comparative effectiveness of extended-release naltrexone versus buprenorphine-naloxone for opioid relapse prevention (X:BOT): A multicentre, open-label, randomised controlled trial,” *The Lancet*, January 27, 2018, 309–318.

## Hoofdstuk 26

- “Some doctors who advocate psychotherapy as a primary treatment have cited these latter statistics in an attempt to debunk AA.” See, for example, Lance Dodes, *The Sober Truth: Debunking the Bad Science Behind 12-Step Programs and the Rehab Industry* (Beacon Press, 2014).
- “A study led by a Harvard Medical School professor showed that attending AA meetings can significantly reduce symptoms of depression.” See “Attendance at Alcoholics Anonymous meetings may reduce depression symptoms,” available at [www.mass-general.org/psychiatry/news/pressrelease.aspx?id=1200](http://www.mass-general.org/psychiatry/news/pressrelease.aspx?id=1200). The professor commented, “Some critics of AA have claimed that the organization’s emphasis on ‘powerlessness’ against alcohol use and the need to work on ‘character defects’ cultivates a pessimistic world view, but this suggests the opposite is true.”

## Hoofdstuk 28

- “One study published in 2018 . . .” See “A longitudinal study of the comparative efficacy of Women for Sobriety, LifeRing, SMART Recovery, and 12-step groups for those with AUD,” *Journal of Substance Abuse Treatment*, 2018, 88, 18–26.

## Hoofdstuk 29

- “According to U.S. government figures from 2014 . . .” See the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration 2014 National Survey on Drug Use and Health, available at [www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf](http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf).

- “Although antisocial personality disorder is rare, alcoholics are 21 times more likely to have it than the average person—whereas they are no more likely to have an anxiety disorder than the average person.” See J. E. Helzer and T. R. Pryzbeck, “The co- occurrence of alcoholism with other psychiatric disorders in the general population and its impact on treatment,” *Journal of Studies on Alcohol*, 1988, 49(3), 219–224.
- “A person with an anxiety disorder is twice as likely as the average person to develop an addiction of some sort.” See studies cited at [www.drugabuse.gov/sites/default/files/rrcomorbidity.pdf](http://www.drugabuse.gov/sites/default/files/rrcomorbidity.pdf).
- “One study has suggested that drug addicts are more likely than alcoholics to have an additional mental illness, although the figures are high for both groups.” See D. A. Regier et al., “Comorbidity of mental disorders with alcohol and other drug abuse. Results from the Epidemiologic Catchment Area (ECA) Study,” *Journal of the American Medical Association*, 1990, 264(19), 2511–2518.
- “Among people with schizophrenia, the rate of smokers has been reported to be as high as 95 percent.” See Nora D. Volkow, “Addiction and co-occurring mental disorders,” National Institute on Drug Abuse Notes, February 1, 2007, available at [www.drugabuse.gov/news-events/nida-notes/2007/02/addiction-co-occurring-mental-disorders](http://www.drugabuse.gov/news-events/nida-notes/2007/02/addiction-co-occurring-mental-disorders).

### Hoofdstuk 30

- “One study showed that single women who become romantically involved with someone in the first three months of recovery are five times more likely to relapse than single women who don’t.” Judith A. West, “The Prince Charming syndrome,” 1983 PhD dissertation cited in James W. West, *The Betty Ford Center Book of Answers* (Pocket Books, 1997).

### Hoofdstuk 31

- “Even seeing a picture of something associated with drug use—such as a syringe or a mound of white powder—can cause a sudden release of dopamine in the nucleus accumbens.” See Linda Carroll, “Genetic studies promise a path to better treatment of addictions,” *New York Times*, November 14, 2000.
- “Images relating to cocaine use could trigger a dopamine reaction in the brain even though addicts were exposed to them for only 33 thousandths of a second.” See A. R. Childress et al., “Subconscious signals can trigger drug craving,” *Science Daily*, February 6, 2008.
- “One of the most commonly cited statistics, . . . ” See the National Institute on Drug Abuse’s *Principles of drug addiction treatment: A research-based guide* (third edition), available at [www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral-2](http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral-2), and *Drugs, brains, and behavior: The science of addiction*, available at [www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery](http://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery).

### Hoofdstuk 32

- “A study conducted in 1998 found that as many as 90 percent of alcoholics were smokers.” Research cited in David J. Drobes, “Concurrent alcohol and tobacco dependence,” National Institute on Alcohol Abuse and Alcoholism, November 2002.
- “A 2008 survey found that 57 percent of recovering alcoholics who participated in AA smoked.” See Peter R. Martin et al., “Coffee and cigarette consumption are high among AA attendees,” *Alcoholism: Clinical and Experimental Research*, October 2008.
- “There’s research suggesting that treating people for alcoholism and nicotine addiction at the same time is beneficial.” See, for example, R. D. Hunt, K. M. Eberman, et al., “Nicotine dependent treatment during inpatient treatment for other addiction,” *Alcoholism, Clinical and Experimental Research*, 1994, 18.
- “In recent years a large number of scientific studies have demonstrated the effectiveness of this approach.” See the studies cited in Christian S. Hendershot et al., “Relapse prevention for addictive behaviors,” *Substance Abuse Treatment, Prevention, and Policy*, 2011, 6, 17, available at <https://substanceabusepolicy.biomedcentral.com/articles/10.1186/1747-597X-6-17>.
- “At least one scientific study has shown that MBRP is effective in reducing relapse rates.” See Sarah Bowen et al., “Mindfulness-based relapse prevention for substance use disorders: A pilot efficacy trial,” *Substance Abuse*, 2009, 30(4), 295–305.

### Hoofdstuk 33

- “There are scientific studies that back up this view.” See research cited in G. Alan Marlatt and Katie Witkiewitz, “Relapse prevention for alcohol and drug problems,” in G. Alan Marlatt and Dennis M. Donovan, eds., *Relapse Prevention*, 2nd ed. (Guilford Press, 2005.)