

Focusing on abuse, not use: A proposed new direction for US drug policy

Thomas Nicholson¹, David F. Duncan^{2,3}, John White¹, & Cecilia Watkins¹

¹Department of Public Health, Western Kentucky University, Bowling Green, Kentucky 42101, USA, ²Duncan & Associates, Bowling Green, Kentucky 42101, USA and ³Addiction Technology Transfer Center, Alpert School of Medicine, Brown University, Providence, Rhode Island 02912, USA

How professionals and societies deal with drugs and drug consumption is premised on how abuse is defined. The “War on Drugs” approach promotes the belief that “any use is abuse” where the currently illicit drugs are concerned. Regrettably, any distinction between use and abuse has been notably absent from most public policy decisions on drug issues. Even a cursory review of both supply and demand reduction policies of the past century reveals a startling lack of awareness of this distinction. The failure of differentiation undermines prevention, treatment, and the criminal justice system. Treatment, thus, tends to show a bias toward ineffective models such as “boot camps” and “tough love”. It has contributed to controversy over maintenance treatments, such as methadone, buprenorphine, and heroin, which have proven to be highly effective for some addicted persons. It leads to treatment options for the addictions being far more limited and constrained than is typical in other areas of health care. Admittedly, studying non-problematic drug use has been a challenge, but clearly the use of illegal drugs is often not harmful, any more than is moderate alcohol use. Addiction is a fatal disease for some and that disease should be the focus of our policies.

A century of the “war on drugs”, with its increasing criminalization of drugs, has proven to be a largely ineffective and maladaptive policy. America has led the adoption of prohibitionistic policies to drugs (Bewley-Taylor, 2001a, 2001b, 2004) since the

Shanghai Conference of 1909 (Canadian Senate Special Committee on Illegal Drugs, 2002). Since President Nixon declared a “war on drugs” in 1971, citing drugs as “public enemy number one”, it has remained a commitment of each president since that time. Despite the expenditure of billions of US dollars fighting this “war,” millions of Americans continue to use illicit drugs (Drucker, 1999; Substance Abuse and Mental Health Services Administration, 2011). By the end of the twentieth century, regardless of every effort to suppress it, the world trade in illicit drugs amounted to an estimated \$150 billion to \$400 billion each year (The Economist, 2001).

This article focuses on issues primarily relevant to the United States. However, illicit drug policy around the world has often copied or been driven by the US approach to the war on drugs. These authors realize that some of our comments and criticism may not be as relevant to countries outside of the United States, particularly to Great Britain, Australia, Canada, and Western Europe that have adopted more public health harm reduction approaches.

How professionals and societies deal with drugs and drug consumption is premised on how abuse is defined. The “war on drugs” approach promotes the belief that “any use is abuse”, where the currently illicit drugs are concerned. This is not consistent with current clinical/behavioral definitions, as contained, for instance, in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000) or the *International Classification of Diseases* (World Health Organization, 2007). The National Comorbidity Survey, a representative national study of the US population, has found that only 14.7% of persons who use illicit drugs ever become dependent

on those drugs (Warner, Kessler, Hughes, Anthony, & Nelson, 1995). The Committee on Drug Use in the Workplace of the Institute of Medicine (Normand, Lempert, & O'Brien, 1994) defined these vital terms as follows:

Drug taking can be classified into one of three categories: (1) use, (2) abuse, and (3) dependence. Use is defined as the limited, controlled consumption of a drug (in terms of frequency and quantity) without significant toxic, adverse physical, or psychological consequences to the user (Glantz, 1992). Regular use of prescribed medications, legal drugs such as nicotine, caffeine, and alcohol, and certain illegal drugs can lead to physiological dependence. This simply means that the abrupt cessation of drug taking produces a set of symptoms called a withdrawal syndrome. The presence of physiological dependence does not necessarily imply abuse or dependence in the behavioral sense. Abuse is defined as a level of drug use that typically leads to adverse consequences (physical or psychological). Drug use at this level is not necessarily associated with any particular frequency but is associated with use in quantities sufficient to result in some toxicity to the user, and the patterns of use usually have some characteristics of psychopathological behavior. Dependence in the behavioral sense is defined as a level of drug use that has significant adverse physical and psychological consequences. This level of use is characterized by the consumption of toxic doses of the drug that impair the user's ability to function and is also characterized by a compulsive desire to use a drug repeatedly. (p. 2)

Regrettably, these distinctions between use and abuse and between physiological and behavioral dependence have been notably absent from most public policy decisions on drug issues. Even a cursory review of both supply and demand reduction policies of the past century reveals a startling lack of awareness of the aforementioned realities. In fact, it could be argued that this fundamental lack of understanding of human behavior as it relates to drug consumption has been a fatal flaw of efforts to date.

The failure to differentiate use from abuse undermines prevention, treatment, and the criminal justice system. Failing to distinguish between use and abuse sets for prevention the impossible task of promoting a drug-free life and discouraging developmentally normal adolescent risk-taking behavior. In the words of Marsha Rosenbaum (1996),

The expectation that adolescents will not experiment with altered states of consciousness is unreal at best. Championing abstinence has thus lead to the inevitable failure of programs that have made this their primary goal because some form of drug use is nearly universal, and certainly integral to American culture. (p. 8)

Along the same lines, as it was expressed by the Royal Society for the Encouragement of Arts, Manufactures & Commerce (RSA), Commission on Illegal Drugs, Communities and Public Policy (2007):

... whether we like it or not, drugs are a fact of life – and have been for millennia. They are not going to go away. The notion

of a completely or almost completely drug-free United Kingdom is a chimera. (p. 311)

It leads to the telling of “prophylactic lies”¹ in hopes of scaring young people away from using drugs. The result, as Moore and Saunders (1991) point out is that,

Young people dutifully attend these classes and then are re-subjected to a world where drug taking is the norm rather than the exception. They see and experience the costs and benefits of drug use. Stories of the terrible side effects of drugs ring hollow alongside their own and others' experience of drugs. (p. 33)

Prevention programmes that do not accept the assumptions of the war on drugs approach have had some limited implementation. Among the earliest advocates of a harm reduction approach to drug education were Kay and Cohen and their co-workers at Healthwise in Liverpool and at DrugScope in London. In *Taking Drugs Seriously*, Clements, Cohen, and Kay (1990) proposed one of the earliest such curricula. This has been followed by further curricular developments such as Delta 1 and 2 (Cohen, 2002a, 2002b) and the *New Primary School Drugs Education Pack* (Cohen & Kay, 2004).

Rosenbaum's (2002) *Safety First* approach emphasizes harm reduction without the preaching and propaganda normally embedded in drug education programs such as DARE. Skager (2007) developed a program for secondary schools that incorporated an age-appropriate decision-making model with an intervention aimed at identifying and assisting problematic alcohol and other drug users. Brown, Jean-Marie, and Beck (2010) have developed and are field testing a drug education curriculum based on promotion of resiliency in young people. In Australia, the School Health and Alcohol Harm Reduction Project has been demonstrated to reduce alcohol related problems in secondary school students (McBride, Farrington, Midford, Meuleners, & Phillips, 2004; McBride, Farrington, & Kennedy, 2007).

Treatment, uninformed by a clear distinction between use and abuse, tends to show a bias toward treatment models such as “boot camps” and “tough love” that have proven ineffective (Ferentzy, 2010; National Institutes of Health, 2004 & 2006; Pearson & Lipton, 1999; Pieper & Pieper, 1992; Szalavitz, 2006, 2007, & 2010). The National Institutes of Health (2004, p. 21), for example, has identified scare tactics, get tough strategies (specifically, boot camps), and programmes that consist largely of adults lecturing youth (specifically, D.A.R.E.) as “programmes that do not work”. Yet it is just these types of programmes that tend to dominate much of the discourse over drug abuse prevention and treatment in America and elsewhere.

The failure to distinguish between use and abuse also leads to the adoption of lifetime abstinence as the only acceptable goal for every patient (Ching, 1981;

Ferentzy, 2010). It has contributed to controversy over maintenance treatments (Newman, 1991), such as prescribing methadone, buprenorphine, and heroin, which have proven to be highly effective for some addicted persons (Amato et al., 2005; Mattick, Breen, Kimber, & Davoli, 2009; Mattick, Kimber, Breen, & Davoli, 2003). It, therefore, leads to the situation in which the treatment options for the addictions are far more limited and constrained than is typical in other areas of health care (Physician Leadership on National Drug Policy, 2000).

This failure also results in the maldistribution of limited treatment resources to the wrong persons. In the US, too many treatment slots are taken up by occasional recreational users rather than people who meet the aforementioned diagnostic criteria, for instance through drug courts (Burns & Peyrot, 2003; Dematteo, Marlowe, Festinger, & Arabia, 2009). This also results in many persons being stigmatized as “addicts” when, in reality, they are actually social users.

Effectiveness of the criminal justice system is similarly undermined by this confusion of users with abusers. Enforcement of the criminalization of drug use occupies a large portion of police and other criminal justice resources. It has contributed to creating the situation in which over two-and-one-quarter million persons are now incarcerated in America’s prisons and jails and a total of more than 7.2 million are under some form of correctional supervision (Bureau of Justice Statistics, 2011; Glaze, 2010). This is more than ever before in U. S. history and proportionately more than any other nation (Liptak, 2008). More than half of those are imprisoned for drug-related crimes – mostly small-time, non-violent offenses (Sabol, Couture, & Harrison, 2007).

The criminalization of drug use has also contributed to a large and persistent problem of systemic corruption affecting the criminal justice system (Bertram, Bachman, Sharp, & Andreas, 1996; Lacouture, 2008; Mast, Benson, & Rasmussen, 2000; Reid, 2008; Shoemaker, 2007; Smith, 2011). This corruption has also extended to politics, international relations, and economic and defense policies on a global scale. The entire phenomenon of “narcoterrorism” is rooted in the current “war on drugs” approach, which sustains a vastly inflated price for black market drugs. For example, Afghanistan’s economy is now founded on the growth and processing of opium poppies, much as Columbia’s is on the coca plant (Lacouture, 2008). Ironically, a “victory” in the “war on terror” has contributed to a defeat in the “war on drugs.”

Studying non-problematic drug users presents a difficult challenge for researchers (Duncan, White, & Nicholson, 2003). In the past, most of what we knew about drug users had been based on studies of captive populations such as those in criminal justice or treatment settings. Even with large numbers of users mixed with the abusers in these settings, the greater

part of all users remained untapped. These studies identified more about the characteristics that made a person likely to be incarcerated or in treatment than they did about the characteristics of drug users.

A number of approaches have been developed by researchers in search of more representative samples of drug users. One approach has been to advertise for users in places or publications they were thought to frequent. Another has been street outreach to drug users in areas where illicit drugs are sold or used. Yet another approach has been snowball sampling, in which an initial core of identified users is asked to identify other users and those users in turn to identify yet others. Each of these presents its own problems of sample bias.

Beginning in 1996, we began using an internet-based variant on these approaches. The DRUGNET study (Nicholson, White, & Duncan, 1999) allowed drug users to complete a survey online describing their drug use experiences, along with various demographic and attitude items and the General Well-Being Schedule (GWBS), which is a brief, reliable, and valid self-report measure of mental well-being for use in population surveys (Fazio, 1977). Respondents were solicited who were “happy, successful adults with stable home lives who occasionally used drugs”. In conducting this study, we were, like Diogenes, looking for a user who was, by many relevant measures, a successful, productive member of society who also used illicit drugs – something many people believed did not exist.

Unlike Diogenes, we were able to find more than one example of what we were searching for, as the typical DRUGNET respondent was well educated, employed full-time, voted regularly, participated in non-drug recreational and community activities, and described their physical health status as good. Their mental well-being was similar to the general U.S. adult population as a whole (Reneau, Nicholson, White, & Duncan, 2000). And, especially relevant to this discussion, their consumption of drugs was generally mild to moderate in both frequency of use over time and in level of altered consciousness typically experienced (Nicholson, White, & Duncan, 1998; Nicholson et al., 1999).

These findings are echoed in the RSA, Commission on Illegal Drugs, Communities and Public Policy (2007) report:

The use of illegal drugs is by no means always harmful any more than alcohol use is always harmful. The evidence suggests that a majority of people who use drugs are able to use them without harming themselves or others. They are able, in that sense, to ‘manage’ their drug use. They are breaking the law in possessing illegal drugs, but they are not breaking the law in any other way. The effects that drugs have depend to a large extent on the individuals who use them, the drugs that they use, the ways in which they use them and the social context in which they use them. The harmless use of illegal drugs is thus possible, indeed common. (p. 2)

Given the above discussion, it would appear that we have spent one-hundred years trying to prevent behavior that is both normal and harmless. We argue that public policy should instead be focused on the prevention and treatment of drug abuse. The global “war on drugs” wastes resources that could be spent on these more useful purposes. The current approach could be described as a century of waste and lost opportunities, accounting for an inestimable toll of suffering and loss at the personal, familial, and societal levels.

Normative use aside, there are real risks associated with the abuse of currently illicit drugs. Quoting from the RSA again:

... all illegal drugs, like all other psychoactive substances including alcohol and tobacco, carry risks. Some people die as a result of their misuse of drugs, many more are made ill, some of them very ill, and drug use can compound, as well as be caused by, problems of mental health. Drug use and crime are closely associated. The cumulative costs to society, including in purely monetary terms, are enormous. (p. 2)

It should be noted that this article has focused on the effects associated with illicit drug use. As noted in the above quotation, negative sequelae are also common with the misuse and abuse of alcohol and tobacco. Different public health approaches, such as brief interventions, may apply to these currently licit drugs.

We can do far more to assuage these problems if we focus our efforts on the real problem – drug abuse. Fundamentally, the “war on drugs” has targeted the wrong people, in the wrong places, at the wrong times, and with the wrong agenda. It has sentenced our fellow human beings, desperately in need of help, to the horrors of a byzantine labyrinth of inadequate facilities, wretched prisons, and the continued misery of their untreated disease. As stated in Drucker (2011), these negative consequences are particularly focused on poor and minority communities.

As stated in *The Economist* (2011):

Treating drug addiction as a public-health problem (emphasizing treatment and harm reduction) rather than a crime to be punished would go a long way towards making America’s poor and minority communities stabler and better. It would also save taxpayers money. All that is lacking is political will. (p. 85)

Addiction is a potentially fatal disease. We should be treating it as such. We should not be in the business of destroying lives – we should be saving them.

ACKNOWLEDGEMENTS

This paper is expanded from a presentation at Lincoln College, Oxford University, as part of the Oxford Round Table on Substance Abuse: Exploring Consequences and Remedies, on 11 March 2008.

Declaration of interest: The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

NOTE

1. “Prophylactic lies” (Trebach, 1987) refers to “silence, selective information, and exaggeration bordering on lies . . . as strategies to deter people from using drugs” (Roy, 1999, p. B41).

REFERENCES

- Amato, L., Davoli, M., Perucci, C.A., Ferri, M., Faggiano, F., & Mattick, R.P. (2005). An overview of systematic reviews of the effectiveness of opiate maintenance therapies: Available evidence to inform clinical practice and research. *Journal of Substance Abuse Treatment*, 28, 321–329.
- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders-IV-TR*. Washington, DC: American Psychiatric Association.
- Bertram, E., Bachman, M., Sharp, K., & Andreas, P. (1996). *Drug war politics: The price of denial*. Berkeley: University of California Press.
- Bewley-Taylor, D.R. (2001a). *The United States and International Drug Control, 1909–1997*. London: Continuum.
- Bewley-Taylor, D.R. (2001b). Habits of a hegemon: The United States and the future of the global drug prohibition regime. Retrieved from <http://www.drugtext.org/International-national-drug-policy/habits-of-a-hegemon.html>
- Bewley-Taylor, D.R. (2004). Harm reduction and the global drug control regime: Contemporary problems and future prospects. *Drug and Alcohol Review*, 23, 483–489.
- Brown, J.H., Jean-Marie, G., & Beck, J. (2010). Resilience and risk competence in schools: Theory/knowledge and international application in Project REBOUND. *Journal of Drug Education*, 40, 331–359.
- Bureau of Justice Statistics (2011). Adult Correctional Populations, 1980–2009. Retrieved from <http://bjs.ojp.usdoj.gov/content/glance/corr2.cfm>
- Burns, S.L., & Peyrot, M. (2003). Tough love: Nurturing and coercing responsibility and recovery in California drug courts. *Social Problems*, 50, 416–438.
- Canadian Senate Special Committee on Illegal Drugs (2002). *The international legal environment*. In *Canadian Senate Special Committee on Illegal Drugs, Volume 3 – Public Policy Options*. Ottawa: Government of Canada Publications.
- Ching, C.L. (1981). The goal of abstinence: Implications for drug education. *Journal of Drug Education*, 11, 13–18.
- Clements, I., Cohen, J., & Kay, J. (1990). *Taking drugs seriously: A manual of harm reduction education on drugs*. Liverpool: Healthwise.
- Cohen, J. (2002a). *Delta 1: Drug education learning and training activities for 11–14 year olds/key stage 3: A developmental drug education programme for use in schools, youth clubs and other settings*. London: DrugScope.
- Cohen, J. (2002b). *Delta 2: Drug education learning and training activities for 14–18 year olds/key stages 4/5: A developmental drug education programme for use in schools, youth clubs and other settings*. London: DrugScope.
- Cohen, J., & Kay, J. (2004). *The new primary school drugs education pack: The essential guide to developing an effective, whole-school approach to drug education*. Liverpool: Healthwise.

- Dematteo, D., Marlowe, D.B., Festinger, D.S., & Arabia, P.L. (2009). Outcome trajectories in drug court: Do all participants have drug problems? *Criminal Justice and Behavior, 36*, 354–368.
- Drucker, E. (1999). Drug prohibition and public health: 25 years of evidence. *Public Health Reports, 114*, 14–29.
- Drucker, E. (2011). *A plague of prisons: The epidemiology of mass incarceration in America*. New York: The New Press.
- Duncan, D.F., White, J.B., & Nicholson, T. (2003). Using Internet-based surveys to reach hidden populations: Case of nonabusive illicit drug users. *American Journal of Health Behavior, 27*, 208–218.
- Fazio, A.F. (1977). *A concurrent validation study of the NCHS general well-being schedule*. (DHEW Publication Number HRA 78-1347). Washington, DC: U.S. Government Printing Office.
- Ferentzy, P. (2010). *Dealing with addiction: Why the 20th century was wrong*. Raleigh, NC: Lulu.
- Glantz, M. (1992). A developmental psychotherapy model of drug abuse vulnerability. In M. Glantz & R. Pickens (Eds.), *Vulnerability to drug abuse* (pp. 389–418). Washington, DC: American Psychological Association.
- Glaze, L. E. (2010). *Correctional populations in the United States, 2009*. (NCJ 231681). Washington, DC: U.S. Department of Justice. Retrieved from <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=2316>
- Lacouture, M. (2008). Narco-terrorism in Afghanistan: Counternarcotics and counterinsurgency. *International Affairs Review, 17*. Retrieved from <http://www.iar-gwu.org/node/39>
- Liptak, A. (2008, April 23) Inmate Count in U.S. Dwarfs Other Nations'. *The New York Times*. Retrieved from http://burbank.directrouter.com/~studentp/images/stories/documents/nyt_inmate_count_dwarfs.pdf.
- Mast, B.D., Benson, B.L., & Rasmussen, D.W. (2000). Entrepreneurial police and drug enforcement policy. *Public Choice, 104*, 285–308.
- Mattick, R.P., Breen, C., Kimber, J., & Davoli, M. (2009). *Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence (Cochrane Review)*. In *The Cochrane Library (Issue 3)*. Chichester, UK: John Wiley and Sons, Ltd.
- Mattick, R.P., Kimber, J., Breen, C., & Davoli, M. (2003). *Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence (Cochrane Review)*. In *The Cochrane Library (Issue 3)*. Chichester, UK: John Wiley and Sons, Ltd.
- McBride, N.T., Farrington, F.H., & Kennedy, C.A. (2007). Research to practice – Formal dissemination of the School Health and Alcohol Harm Reduction Project (SHAHRP) in Australia. *Drug and Alcohol Review, 26*, 665–672.
- McBride, N., Farrington, F., Midford, R., Meuleners, L., & Phillips, M. (2004). Harm minimization in school drug education: Final results of the School Health and Alcohol Harm Reduction Project (SHAHRP). *Addiction, 99*, 278–291.
- Moore, D., & Saunders, B. (1991). Youth drug use and the prevention of problems. *International Journal on Drug Policy, 2*, 29–33.
- National Institutes of Health (2004). NIH state-of-the-science conference statement on preventing violence and related health-risking social behaviors in adolescents. *NIH Consensus and State-of-the-Science Conference Statements, 21(2)*, 1–34.
- National Institutes of Health (2006). Preventing violence and related health-risking social behaviors in adolescents. *Journal of Abnormal Child Psychology, 34*, 457–470.
- Newman, R.G. (1991). What's so special about methadone maintenance? *Drug and Alcohol Review, 10*, 225–232.
- Nicholson, T., White, J., & Duncan, D.F. (1998). Drugnet: A pilot study of adult recreational drug use via the WWW. *Substance Abuse, 19*, 109–120.
- Nicholson, T., White, J., & Duncan, D.F. (1999). A survey of adult recreational drug use via the World Wide Web: The DRUGNET study. *Journal of Psychoactive Drugs, 31*, 415–422.
- Normand, J., Lempert, R. O., & O'Brien, C. P. (Eds.) (1994). *Under the Influence? Drugs and the American Work Force*. Washington, DC: National Academy Press.
- Pearson, F.S., & Lipton, D.S. (1999). A meta-analytic review of the effectiveness of corrections-based treatments for drug abuse. *The Prison Journal, 79*, 384–410.
- Physician Leadership on Drug Policy (2000). Physician leadership on drug policy: Position paper on drug policy. Providence, RI: Brown University, Center for Alcohol and Addiction Studies. Retrieved from http://www.plndp.org/Physician_Leadership/Resources/researchrpt.pdf
- Pieper, M.H., & Pieper, W.J. (1992). It's not tough, it's tender love: Problem teens need compassion that the "tough-love" approach to child-rearing doesn't offer them. *Child Welfare, 71*, 369–377.
- Reid, J. (2008, May 15). Highway robbery: One man's painful journey through South Texas' addiction to asset forfeiture. *The Texas Observer*. Retrieved from <http://www.texasobserver.org/archives/item/15363-2760-highway-robbery>
- Reneau, J., Nicholson, T., White, J.B., & Duncan, D. (2000). The general well-being of recreational drug users: A survey on the WWW. *International Journal of Drug Policy, 11*, 315–323.
- Rosenbaum, M. (1996). *Kids, drugs, and drug education, a harm reduction approach*. Hackensack, NJ: The National Council on Crime and Delinquency.
- Rosenbaum, M. (2002). *Safety first: A reality-based approach to teens, drugs, and drug education*. San Francisco: Drug Policy Alliance.
- Roy, D. (1999). Injection drug use and HIV/AIDS: An ethics commentary on priority issues. In Canadian HIV/AIDS Legal Network, *Injection Drug Use and HIV/AIDS: Legal and Ethical Issues. Background Papers*. Montreal: Canadian HIV/AIDS Clearinghouse.
- Royal Society for the Encouragement of Arts, Manufactures & Commerce (RSA), Commission on Illegal Drugs, Communities and Public Policy (2007). *Drugs – facing facts*. London: The Royal Society for the Encouragement of Arts, Manufactures & Commerce.
- Sabol, W. J., Couture, H., & Harrison, P.M. (2007). *Prisoners in 2006 (NCJ219416)*. Washington, DC: US Department of Justice. p. 26, Appendix Table 13.
- Shoemaker, J. (2007). Civil asset forfeiture: Why law enforcement has changed its motto from "to serve and protect" to "show me the money". *Justice Policy Journal, 4(1)*, 1–31.
- Skager, R. (2007). Replacing ineffective early alcohol/drug education in the United States with age-appropriate adolescent programmes and assistance to problematic users. *Drug and Alcohol Review, 26*, 577–584.
- Smith, P. (2011). Police corruption. *Drug War Chronicle*. Retrieved from <http://stopthedrugwar.org/taxonomy/term/27>

- Substance Abuse and Mental Health Services Administration (2011). *Results from the 2010 National Survey on drug use and health: Summary of national findings*, NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Szalavitz, M. (2006). *Help at any cost: How the troubled-teen industry cons parents and hurts kids*. New York: Riverhead.
- Szalavitz, M. (2007). The trouble with troubled teen programs: How the "boot camp" industry tortures and kills kids. *Reason Magazine*. Retrieved from <http://reason.com/archives/2006/12/28/the-trouble-with-troubled-teen/singlepage>
- Szalavitz, M. (2010). Addiction: Tough love or tough luck? Empathy works better. *Huffington Post*. Retrieved from http://www.huffingtonpost.com/maia-szalavitz/tough-love-or-tough-luck_b_465333.html
- The Economist (2001, May 23). America's war on drugs.
- The Economist (2011, Sept. 3). American's prisons: A catching sickness.
- Trebach, A. (1987). *The great drugs war and radical proposals that can make america safe again*. New York: MacMillan.
- Warner, L.A., Kessler, R.C., Hughes, M., Anthony, J.C., & Nelson, C.B. (1995). Prevalence and correlates of drug use and dependence in the United States. Results from the National Comorbidity Survey. *Archives of General Psychiatry*, 52, 219–229.
- World Health Organization (2007). *International statistical classification of diseases and related health problems* (10th Revision, 2nd ed.) Geneva: Author. Retrieved from <http://www.who.int/classifications/apps/icd/icd10online/>