Chemical Dependency and the Family

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Abstract
This research paper will investigate extenuating factors that influence chemical dependency within the family and focusing on the restoration of these families into a healthy state of balance through family involvement. Addictive families are no longer a family organized around respect for each other, intimacy, or belonging; the chemical dependency family is now organized around addiction. Addiction is an illness that destroys a person’s ability to create and sustain meaningful relationships. Over time, everyone in an addictive family must adjust and adapt to profound psychological, emotional, and spiritual losses. This research paper will address scientific evidence surrounding suggested factors that contribute to family history, family structure, interventions and services for substance abuse problems. Key variables such as genetic factors and environmental influences will also be examined.
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Chemical Dependency and the Family

Substance Abuse (SA) within the family threatens the balance of the family structure and affects how family problems are solved. Families facing drug addiction are chaotic and filled with frustration, anger, and pain. Power struggles increase as the illness progresses. The cunning, baffling, and powerful nature of chemical dependency (CD) is a witness to an insanity the family does not understand.

Introduction to the Problem

Substance abuse has a phenomenal effect on families. A growing concern in the United States, other countries, and scholars from various disciplines such as: Social Workers, Doctors, Academic Systems, Prisons, Mental Health Workers, as well as Primary Care Physicians, have taken an interest on how substance abuse is realigning the structure of our families. Pastors and spiritual leaders are also networking with constituents in the substance abuse field.

This research paper will investigate chemical dependency within the family system with a determinate of whether or not families can heal from the traumatic events of substance abuse. Families have suffered loss while experiencing a major disruption and disconnection of relationships and values. Honesty and ethical concerns appears to have affected the unity and wholeness of the family system.

Families with chemical dependency problems want to become aware of the potential for substance use disorder and how family history and family structure can influence addictive behaviors within the system. Recovery challenges for individuals and families will also be investigated to formulate how a family can shift from being reactive to being responsible; thereby beginning the healing process and returning the family to some form of normality.
The significance of families suffering with chemical dependency is widespread and has destroyed the moral fabric of families; especially youth. This Researcher endeavors to alleviate the stigma of substance abuse and help return the power of choice back to families.

**Background of Study**

The researcher will discuss the aim, method, case example, and results of the first study conducted by (Binnie, Copello, Ibanga, Orford, & Templeton, 2009). This was a two-year project whose goal was to advance two specific SA teams to increase their involvement of family members in the treatment process. The chosen teams had to be willing participants.

The second study conducted by (Benishek, Dugosh, & Kirby, 2011) is based on research regarding specific problems of concerned family members and significant others (CSOs) of alcohol or substance using individuals (SUIs). The aim of this study is to bring awareness in regards to the impact CD individuals are having on financial and psychosocial cost of concerned family members and significant others.

The third study by (Arcidiacono, Procentese, & Velleman, 2010) discusses 113 Italian families facing the problem of heavy alcohol or drug use whose aim is to improve services and treatment for family members who abuse drugs and alcohol.

**Statement of the Problem**

This research study addresses chemical dependency as a family problem as opposed to an individual struggle. Recovery challenges families to set aside their egos and risk honest involvement with others. All family members will be challenged to put aside their anger and explore new methods of communication. Through the process of recovery family can become a source of comfort while wounds of the past are healed.

Anton (2010) reports the following:
One would be hard pressed to find anyone in the United States who does not believe that alcohol and drug misuse and dependence is a national problem. It has been the focus of much news, policy debate, health care expenditures, legal issues, mortality, personal suffering, and social unrest for many years. (p. 735)

The recovering addict through empathy can realize and appreciate what the family endured. Members may continue to struggle with issues but in recovery they learn how to communicate feelings instead of covering up. Strong kinship bonds are linked to a healthy recovery.

**Purpose of the Study**

The purpose of the study is to bring awareness to families struggling with chemical dependency problems as well as disciplines in the fields of Social Workers, Doctors, Colleges, Prisons, Mental Health Workers, and Primary Care Physicians. Currently Adlerian studies on the LMFT track do not require academic credits in alcohol and drug counseling (Jere Truer/Academic Advisor and Chairperson). The study will investigate the need for a curriculum in chemical dependency and to bring attention to the field of Licensed Marriage and Family Therapist to look at integrating a mandatory drug addiction course for the LMFT program.

**Research Question**

What extenuating factors influence chemical dependency within the family and can these families restore into a healthy state of balance through family involvement?

**Definition of Terms**

The table characterizes a list of terms to establish a logical connection to the relationship of chemical dependency within the family structure.
Table 1: Definitions and Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AAFPQ</td>
<td>Addiction-Related Family Problems Questionnaire</td>
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<tr>
<td>CD</td>
<td>Chemical Dependency</td>
</tr>
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<td>CSOs</td>
<td>Concerned Family Members and Significant Others</td>
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<tr>
<td>Dependency</td>
<td>Tolerance to the effects of a drug acquired through continued use and manifested by decreasing effectiveness of the same amount of drug administered in successive doses.</td>
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<tr>
<td>Dopamine</td>
<td>A neurotransmitter in the brain whose function is responsible for reward-driven learning.</td>
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<tr>
<td>Endophenotypes</td>
<td>A genetic term used to describe behavioral symptoms with a clear genetic connection.</td>
</tr>
<tr>
<td>FC</td>
<td>Focal Client (Identified Patient)</td>
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<tr>
<td>FM</td>
<td>Family Member</td>
</tr>
<tr>
<td>LMFT</td>
<td>License Marriage and Family Therapist</td>
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<tr>
<td>Members</td>
<td>Persons within the Family System</td>
</tr>
<tr>
<td>Polymorphism</td>
<td>An individual’s genetic make-up with a hereditary component.</td>
</tr>
<tr>
<td>SA</td>
<td>Substance Abuse</td>
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<tr>
<td>SUIs</td>
<td>Substance Using Individuals</td>
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**Vulnerabilities**

This researcher chose genetics and environmental influences for subsides as they both are determined to be specific factors in the process and cause of substance abuse disorders (Clarke,
Kiefer, Mann, Rietschel, Schumann, Skowronek, Treutlein, & Zimmerman, 2008). Because there are so many components to describing genetics this researcher will only focus on limited information regarding specific genes discovered in the research that can be linked to a family’s susceptibility to chemical dependency (CD).

**Genetics**

An abundance of scientific facts from both animal and human studies support the significance of genetic influences on substance abuse (SA) and dependence. This researcher will focus on human studies.

The question asked in this study: “Does genetic factors have an impact on repetitive use plus associated problems with substances?” (Harris, Mayfield, & Schuckit, 2008). The answer is yes; At least a portion of genetic influence is likely to reflect a genetic predisposition, (p. 275).”

Specific genes discussed in this study which are potentially linked to the risk for substance dependence are endophenotypes, dopamine, and polymorphisms. A range or endophenotypes (a genetic term used to describe behavioral symptoms with a clear genetic connection), have been identified as a possible development towards the risk of alcoholism.

Dopamine is a neurotransmitter in the brain whose function is responsible for reward-driven learning. Addictive drugs have a direct effect on the dopamine system, especially in people with reward-seeking behavior.

Polymorphism is an individual’s genetic make-up with a hereditary component. This genetic make-up is linked to data determining the genetic link to substance abuse within the family. According to (Dick, Kaprio, Pagan, Pulkkinen, Rose, & Viken, 2006), a number of studies have concrete facts that alcohol dependence has a measure of genetic influence.

According to (Arinami, Ishiguro, Walther, & Uhl, 2007), their study on genetics reveals hereditary factors as being a contributor of alcohol and drug addictions. To identify specific
genes that link a family’s susceptibility to drug addiction a coarse-find mapping study was performed. This study consisted of 1158 unrelated participants. The aim of this study was to find evidence of genes that caused a vulnerability to the predisposition of substance abuse. The findings of this study report that current results do not prevent genes from being vulnerable to predisposition of SA. They suggest that particular changes in genes might become different in ways that could contribute to an increased susceptibility to drug abuse.

There is also indication that individuals with a family history of substance abuse have a decreased genetic risk. The decreased risk can be contributed to the determination of an individual member to avoid using substances due to personally experiencing negative outcomes of drug addiction in the family.

**Environmental Influences**

This researcher is now going to talk about environmental influences that affect chemical dependency within the family. According to (Madden, Prescott, & Stallings, 2006) researchers have determined a key issue is whether genetic factors add to environmental influences on chemically dependent families.

Chemically dependent behavior in families claims to have characteristics of an inherited influence originating from a position of genetic and environmental factors. Environmental factors relating to substance abuse is; availability and exposure to the substance. Subjects that have a family history of substance abuse also have a higher genetic risk and are likely also to have increased environmental risk; especially if they are able to obtain substances in their households.

According to the Twin study conducted by (Pagan et al., 2006) the beginning of alcohol use is possibly affected by environmental risk factors.
According to (Cooper, Peirce, & Tidwell, 1995) a growing body of evidence suggests that children of alcoholic parents are at increased risk for a range of adverse outcomes, including the development of alcoholism in adulthood. Although some studies have shown higher levels of alcohol and drug use among adolescent offspring of alcohol-abusing parents, other studies have found no differences or have seen superior adjustment among children of alcoholic parents.

According to the study by (Madden et al., 2006) the exposure to drugs does not exist everywhere. Madden reports drug abuse in an unspecified measure is self-originated. Individuals who have a family history of SA probably will have higher environmental risk because of a greater chance of being able to access substances.

**Summary**

This researcher discovered that vulnerabilities to chemically dependent families can include genetic and environmental factors. It appears heredity, family situations, relationships between parents, and demographic factors are suggested influences on families struggling with substance abuse problems.

It appears both genetics and environmental variations are potential links to substance abuse within the family system. Availability and exposure to the substances are environmental concerns. Genes that carry a hereditary component are influential in regards to genetic predisposition to alcohol and other drugs. Although it is clear genetic and environmental components suggest a family’s vulnerability to substance abuse this researcher also noted that even though there is environment and genetic stimuli it does not always constitute the outcome of a family’s battle with drug addiction.

Studies also show findings that even though a family member is at high risk of substance abuse due to environmental and genetic variables it is also believed that some members will intentionally steer away from any form of alcohol or other drugs because of their personal
experience with family that has been affected. Also while some studies have shown higher levels of alcohol and drug use among offspring of alcohol-abusing parents, other studies have found no differences or have investigated a higher degree of functionality in association with children of alcoholic parents.

**Family Development**

Investigating the restoration of CD families this researcher found a study by (Obe, 2010) which suggests a 5-Step Model in support of recovery for families. Also this researcher will discuss the services provided by Obe for families battling with SA problems.

**Recovery**

According to this study Obe is employed by Adfam which is an organization originated in the UK. Their agenda is to enhance the quality of life for CD families. This organization works with various people who are associated with the social connections of families, friends, and care givers affected by drug and alcohol use.

The organizations efforts are directed towards consulting, listening and responding to the needs of CD families as well as addressing the concerns of professionals who work with these type families. This organization provides information and training and creates an intended influence on government policy in relation to CD laws.

According to (Obe, 2010) the condition of families battling with SA problems is a new phenomenon that has recently come to the awareness of researchers and policy makers. For many years the focus of CD has been directed toward the individual user. Policy makers and treatment disciplines are beginning to investigate the process of family roles in advocating for their loved one who may be suffering from drug addiction.

Families are being encouraged and directed to support a member in seeking treatment. Family involvement will constitute a greater chance in maintaining recovery more so if there was
no family support. Recent trends promote the idea of recovery. Rebuilding family relationships is a component that serves as a positive factor in maintaining long-term recovery for CD families.

Families are not alone in their struggle with drug addiction according to (Obe, 2010). Schools, children’s services, health care professionals, legal services, mental health workers and many other disciplines are assessing for CD issues within their practices. These various disciplines are aware of the necessity to work with families of drug users. Because the family member is exposed to the maladaptive behaviors of the drug abuser, programs are specifically designing treatment plans to address the particular family members who are exposed to the drug problems or alcohol abuse of other family members.

There can be great loss in families suffering with significant drug problems. The process of recovery may involve a combination of separated elements. (Obe, 2010) describes re-integration and re-establishment of family relationships as two components of restoring harmony within the addictive family system.

(Obe, 2010) also reports that sometimes because of loss of trust and overwhelming circumstances of chemically dependent families, relationships can prove to be impossible to repair. Because of distrust the family members may not want continued communication with the addictive person. As a family member enduring the process of recovery is vital if families want to be successful in rebuilding relationships and re-involving the member in family activities.

**Services Provided**

This study of (Obe, 2010) provides a series of services offered to meet the demanding needs of families affected by CD. The list provides the following services that can be utilized cross cultures.

Personal Learning Opportunities delivered in a group context; Telephone help-lines; one-to-one support services; support groups; support to help family members work together; services
that provide a break (respite); services for grandparents; services for partners; services for children and siblings; services for people with a family member going through the court system or in prison, and services for family members bereaved by drug use. This list has recently been expanded to include support needs of men, lesbian, gay, bisexual, and transgender (LGBT) families.

**Summary**

Utilizing a systems approach counselors educate clients in new ways of looking at themselves, others, and life. Providing clients with a cognitive map will assist in helping addictive clients understand the purpose of their behaviors.

A systemic approach would include fostering social interest; helping clients overcome feelings of discouragement and inferiority; modifying clients’ views and goals by changing their lifestyle; changing faulty motivation which could include the use of mood altering chemicals. Assisting clients to feel a sense of equality with others; and helping clients become contributing members of society as well as involving family support.

A family history also provides a deep insight. A family history of depression, suicide, anxiety disorders, substance abuse, and sexual abuse is valuable information as it may shed light on the client’s current concerns. There are many self-help groups available for families. These include groups such as Al Anon or Narcotics and Alcohol Anonymous which relate specifically to coping with alcohol and drug abuse in the family.

When family members are involved in treatment, it is recommended that family support groups are utilized. By attending meetings; families learn about illness, recovery and how they can cope with their own feelings. Family groups provide families with a chance to get support from others and discuss their own concerns regarding addiction and substance use.
Family Structure

Drug addiction is an illness that destroys a person’s ability to create and sustain meaningful relationships. Over time, everyone in an addictive family must adjust and adapt to profound psychological, emotional, and spiritual losses.

Social Problems

Chemical dependency is a problem in society that is rapidly growing and is a common connection to broken families. Alcohol and other drug addiction within the family structure is a possible determinate of how family relationships are affected (Schafer, 2011).

It is commonly viewed that peer affiliations are a risk factor to the increased risk of substance abuse verses the processes of socialization. Observations determine that delinquent peers attach to peers who are also delinquent and equally may abuse alcohol or other drugs. The observation of this study reveals the process of socialization and the selection of peers are combined influences of an increased risk to CD problems among adolescents.

According to (Agrawal et al., 2010) affiliation with delinquent peers is one of the strongest correlations that are linked to the beginning of substance abuse between adolescents. Regardless of the conclusions there is still a dispute surrounding the nature of this social process.

Family Involvement

The course to abusing drugs appears to be complicated with numerous interrelated factors such as biological, psychological, cultural, and environmental. A large body of research suggests that family members often play an important role in the lives of those who abuse alcohol and other drugs.

According to (Crano, Hemovich, & Lac, 2010) a number of facts from the National Survey of Parents and Youth discovered suggested distinctions between chemically dependent
risk connected with families from dual-parent households. The information proposed that dual-parent households had a lower degree of drug use than youth in a single parent household.

The current study was created to broaden the knowledge of the substance abuse field by integrating different social and intrapersonal factors that may directly affect drug use in children of mother-only, father-only, and dual-parent families.

Children from divorced families appear exceptionally vulnerable to drug use. Youth in single-parent households have a tendency to be more influenced by deviant peer groups than youth from dual-parent families according to this study.

Youth in father-only households have a tendency to be involved in higher degrees of substance use than those from mother-only households. Both father-only groups and mother-only groups will account for increased substance use than adolescents from dual-parent households.

A broad scope of inferences has been linked to substance abuse in the form of co-occurring problems, developmental damage, learning disabilities, under achievement, association with anti-social groups, sexual promiscuity, violence, and a high risk of using other drugs. The findings reports the factors that influence this study have not been clearly defined.

According to (Robertson, Stripling, & Xu, 2010), there is a correlation between adolescents experiencing stress and alcohol abuse. Robertson goes on to say stressful life events during childhood and adolescence has been associated with early initiation of alcohol among youth.

**Summary**

Recovery challenges families to set aside their egos and risk honest involvement with others. All family members will be challenged to put aside their anger and explore new methods of communication. Through the process of recovery family can become a source of comfort while wounds of the past are healed.
The recovering addict, through empathy, may begin to realize and appreciate what the family endured during the stages of active addiction. The family can demonstrate care and concern. Family members may continue to struggle with issues but in recovery they learn how to communicate feelings instead of covering up. Strong kinship bonds are linked to a healthy recovery. Family members experience the consequences of their loved one's chemical dependency and other extenuating circumstances. Recovery is stronger when families are involved in the recovery process.

**Methodologies**

**Study One**

The researcher will discuss the aim, method, case example, and results of this study conducted by (Orford et al., 2009).

**Aim.** This was a two-year project whose goal was to advance two specific SA teams to increase their involvement of family members in the treatment process. The chosen teams had to be willing participants.

**Method.** The substance abuse teams were rated utilizing a combination of variables such as: the gathering of detailed process notes of all project meetings and events; collection of practice case examples; an inventor of new team procedures, individual interviews with team members; end of project focus groups; a final auditing of the involvement of family members, and completion of the attitudes to addiction-related family problems questionnaire (AAFPQ), before and after the project.

**Results.** The project was successful in changing team practice into a family-oriented direction. By the end of the project both teams had the capability to act as demonstration sites for family work. There are also initial barriers to family involvement. These barriers remain
unresolved and their remains unanswered question of whether or not these changes can continue long-term.

**Study Two**

The researcher will discuss the aim, method, and results of this study conducted by (Benishek et al., 2011).

**Aim.** Because there is limited research regarding specific problems of concerned family members and significant others (CSOs) of alcohol or substance using individuals (SUIs) the aim of this study is to bring awareness in regards to the impact CD individuals are having on financial and psychosocial cost of concerned family members and significant others.

**Method.** Individuals who had a family member using alcohol or other drugs were recruited through advertisements placed in local newspaper, public transportation, and radio. Those who responded were screened through initial telephone contact to make sure they met criteria i.e. parent or partner concerned about an adult loved one that has an alcohol or drug abuse problem. Respondents had to be 18 years of age or older. Those who passed initial telephonic screening were scheduled for a face-to-face interview.

**Results.** There were 110 adult participants. A majority (84%) of the CSOs were a spouse or partner of the SUIs. The study revealed (55%) were female and (74%) lived with the SUI. Most CSOs reported experiencing at least one problem in the past 30 days in every problem domain except the legal domain. Domains consist of emotional, family, relationship, financial, health, violence, and legal. All CSO reported emotional and relationship problems. Financial problems reported by (91%), family problems (87%), health problems (70%), and violence towards self, others, and property reported (65%). Legal problems were reported at (17%).
This research can be clinically useful in the treatment of SUIs in the assessment of extremere relationship conflict. The author notes assessments should take place frequently during the treatment process.

According to the same study (Benishek et al., 2011):

“Drug abuse impacts most Americans at some point in their lives. For instance, 25-38% of the general population has a blood relative with an alcohol problem (1.2), approximately 30% of adults indicate that alcohol use has caused difficulties within their families, and just under 20% report similar difficulties regarding other drug use” (p. 82).

**Summary/Conclusion**

This researcher asked the question; “What factors influence chemical dependency within the family and can these families restore into a healthy state of balance through family involvement?”

**Overall Summary**

In investigating the question this researcher’s findings were suggestive in locating various factors that influence CD problems within the family system. Let’s start with genetics and environmental influences. It appears both genetics and environmental variations are potential links to substance abuse within the family system. It is suggested that availability and exposure to the substances are environmental concerns.

Genes that carry a hereditary component are also influential in regards to the predisposition of alcohol and other drugs. The findings of this study report that current results do not prevent genes from being vulnerable to predisposition of SA however they do suggest that particular changes in genes might become different in ways that could contribute to an increased susceptibility to drug abuse. Even though there is environment and genetic stimuli present, does not determine the outcome of a family’s battle with drug addiction.
Studies also show findings that even though a family member is at high risk of substance abuse due to environmental and genetic variables it is also believed that some members will intentionally steer away from any form of alcohol or other drugs because of their personal experience with family that has been negatively affected.

This researcher also investigated social problems and family structure as influences that increase the risk of SA within families. A large body of research suggests that family members often play an important role in the lives of those who abuse alcohol and other drugs. CD is a problem in society that is rapidly growing and is a common connection to broken families. Although some research report that CD in the family is a social issue other researchers dispute the nature of this as a social problem.

This researcher discovered only recently have treatment of families suffering with chemical dependency been brought to the awareness of the public. Although families across the globe are struggling with drug addiction what this researcher found really interesting is that family involvement is relatively new in the recovery process.

A study by (Arcidincono et al., 2010) discusses 113 Italian families facing the problem of heavy alcohol or drug use in the family whose aim is to improve services and treatment for family members who abuse drugs and alcohol.

Although this variable was not mentioned within the content of the paper this researcher also discovered codependency is also linked to dysfunction in the family of origin. The study by (Knudson & Terrell, 2012) is inclusive to the findings of whether codependency is a pre-determinate for increased risk to SA within the family.

Another really interesting point discovered in researching chemical dependency within the family is there are also initial barriers to family involvement with a number of issues that
remained unresolved claims the study by (Orford et al., 2009). It also appears to be inclusive evidence as to whether or not the changes made in family’s can be sustained long-term.

The research question has been answered both through the investigation of data and personal experience. Specific factors do influence chemical dependency within the family and many families can restore into a healthy state of balance through family involvement.

**Conclusion**

This researcher has concluded by investigation into the recovery process of chemically dependent families that family involvement is a key variable in helping restore balance within the family system that is suffering from substance abuse. To have a successful recovery it is suggested that family must get involved and become a part of the recovery process.

This researcher attended a CD treatment program for ninety days and then moved to a group home and lived there for over one year. After residing at the group home this researcher moved to another sober housing facility and lived there for approximately four months. Family was the key element in helping this researcher to cope and survive depression and loss of dignity. This researcher’s family was supportive emotionally, spiritually, and financially. This researcher dedicates a successful recovery to family involvement.

This researcher’s personal story of addiction is evident that without family support this researcher could not have successfully completed treatment and maintained sobriety for the past thirteen years. This researcher has overcome the abyss of addiction with the key involvement of family, treatment, and a strong faith in the higher power. With hard work and dedication to change this researcher has taken back control and has been given a quality and meaningful of life.
References


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