Preface to the Second Edition

In this edition attention turns to the human condition as a happening-in-progress with that material an addendum to the logical and systematic view of the human mental apparatus in the First Edition, and with the prior material about the systematic and responsible measurement of the status of the apparatus appended with a dynamic that builds from the notion of the happening-in-progress. The Second Edition material is the result of experience gained writing and/or planning ten peer-reviewed journal articles bearing the subtitles Relapse, Acceptance, Heritage, Accomplishment, Prejudice, Attention/Awareness, Attitude, Depression, Assessment and Outcomes.

Specifically, attention turns towards a dynamic framework that is the basis for an exceedingly cost effective approach to the treatment of substance abuse, a social ill that dwarfs all issues that tax any nation’s basic economic fabric, wars included.

The starting point with this Second Edition is the only modification to the discussion in the First Edition. The “... ages of the many people have ranged from 14 to 92 ...” wording in the Preface to the First Edition has been modified. In this Second Edition the number ‘14’ is changed to the number ‘12’ to be in line with the many data tables captioned “Aged 12 and Older” in the 2008 National Survey on Drug Use and Health as published by the Substance Abuse and Mental Health Services Administration, within the U. S. Dept. of Health and Human Services. The Survey covers overall abuse of substances by the American public with thresholds relating to an abused substance clearly defined. An example is alcohol where the first threshold above current consumption is labeled “binge” and “is defined as having five or more drinks on the same occasion on at least 1 day in the 30 days prior to the survey”. The second threshold is labeled “heavy” and “is defined as binge drinking on at least 5 days in the past 30 days”. The same tiered classification scheme applies to other substances which in turn imply that children’s exposure to abuse of substances is happening as early as 8 years old.

In general, with those tables as the only reference, it is not only foolish but quite wrong for anyone to suggest that progress is being made towards the resolution of substance abuse given the number of children who are ardent abusers of substances when physiological development is so delicate. Pharmaceutical suicide, if it must be, should be left to seasoned adults.

The human condition as a happening-in-progress is addressed in this manner.

- Subsection 1.2 – Lack of Will Power – is expanded to include a discussion of the implications of the symmetric and transitive properties of equality of elementary algebra with respect to the treatment of substance abuse.

- Subsection 1.3.2 – Treatment Focus and Effectiveness – is expanded to include an overview of the data that is available about the breadth and depth of substance abuse as a problem and the equally expansive opportunity available primarily to the primary care physician to nudge the problem towards a solution.

- Subsection 1.3.4 – The prior subsection 1.3.4 has been advanced to 1.3.5 to
make room for a discussion of substantial data released by the World Health Organization (WHO), data that exposes the world wide burden of substance abuse together with the assertion that the WHO data understates the true scope of substance abuse through an examination of the incremental relationships across the various subsets of the data. This new material also includes an overview of the Disease Adjusted Life Years estimates of the burden of substance abuse and related conditions many of which are challenged to be a subset of substance abuse versus the Comorbid status as presented in the WHO data.

- Subsection 1.4.3 – Conflict Resolution Mechanisms – is expanded to include a compare-contrast discussion of the introvert versus extrovert personality types and of relapse and acceptance.

- Subsection 2.3 – A Needed Cognitive Dimension – is followed by a discussion about discoverability, with outcomes data the media for aligning relapse to acceptance.

- Subsection 3.3.3 – Differentiation versus Segmentation – is followed by a discussion about the rudiments of a continuing clinical investigation with material on relapse and acceptance the basis.

- Subsection 4.1.1 – Micro Measuremeent Mechanism – is expanded to include a discussion of addiction as a four-part continuum that conforms to the standard Poisson distribution with respect to the distribution of intensity.

- Subsection 4.3.1 – Planning for Change – is expanded to include, in the absence of a reference to relapse and acceptance, a discussion of outcomes data as futuristic extension of the idea of a continuing clinical investigation.

- Subsection 4.4.1 – Change as a Time Bound Event – is expanded to include a discussion of selectivity versus addiction.

- Subsection 4.4.2 – Change as a Timeless Process – is expanded to include a discussion of gratuitous acceptance.

- Subsection 5.1 – The prior subsections 5.1 and 5.2 have been advanced to 5.2 and 5.3 respectively to make room for a discussion of thematic categorization of empirical evidence.

- Subsection 5.2.2 – Corroboration and Replication of Confidential Data – is followed by a discussion of outcomes data as the determinant of the direction of change, if any, to the current configuration of the continuing clinical investigation.

- Subsection 7.1.2 – Dissemination of Value to the Public and the Profession – includes a discussion of the cost of substance abuse to the economy of the United States only, is expanded to include a discussion of the cost of substance abuse to the world wide economy.

The experiences that I reported in the Preface to the First Edition as having allowed me to form a strong opinion about the human condition have only gotten stronger primarily as the result of having the opportunity to design a hospital-
based substance abuse treatment program. The reference in that Preface to the forming of an opinion about the human condition ranging from being about a collection of foibles and fears, through a narrower fear of trust, and on to a fundamental notion of feeling wrong as a person, has now taken form as a single-dimensional Arrow of History that in turn promotes uncertainty to an explicit subject from its prior implied status.

Thus, the Arrow of History as a proxy for inherited uncertainty enhances the two-dimensional Arrow of Effort as a proxy for the human condition as an opportunity, with the cosmological Arrow of Time as a proxy for the human condition as a happening.

David H. Cook (http://www.dhcook.net)

Detroit, MI, March 2011