

The key theories of addiction



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Illegal Drug Use and Addiction

This review will look at the key theories of addiction and the use of illegal drugs. It will examine dominant theories behind the psychological factors present in the decision process that leads to the intake take illegal drugs; it will define the most common aspects of addiction and outline both traditional and modern innovative treatments for individuals who have an addiction. For the purpose of this review the concept of drugs can be summed up by a definition by the World Health Organization; “ any substance, other than those required for maintenance of normal health, which, when taking into the living organism, may modify one or more of its functions”. (WHO, as cited in Ghodse, 2002). Whilst taking this definition into account this review will look at the most the effects and mental processes for taking drugs that are against the law, focussing on those that are associated with addiction. The concept of addiction that will be examined can be described as physical dependence; “ a physiological state in which drug use is needed to prevent a withdrawal syndrome”. (Bernstein et al. 1997) However, both physical and psychological dependence will be examined as well as possible treatments for both of these conditions that are resultant of substance abuse.

According to surveys carried out by Teesson et al. (2002), there is a consistency across many countries of addiction being most significant in numbers for males than females, alcoholism being most significant for the younger generations than older in most societies and also from all the illegal drugs across these countries studies cannabis is the one most commonly used. These show a string of fairly consistent results that run throughout the world, they may be a result of different social roles, classifications or even

pressures that individuals have to constantly adhere to throughout the world and are a personification of these stresses on certain areas of societies. Addiction takes many forms and has many routes towards it, dependencies on behaviours or substances is one of such routes.

Dependence to a substance or activity can be defined as “ the condition where there is heavy involvement in the addictive behaviour”. (Mcmurran, 1994) This definition is a general explanation to individuals’ dependant on activities or substances such as alcohol, drugs or even gambling.

Orford(1985 as cited in Mcmurran) believes that dependence can only be relevant with subsequent pressure to stop, whether it be social pressure such as “ conforming” or “ self-generated” pressures. These definitions give the suggestion of addiction but a more diluted and habit forming thing, where there is no physical withdrawal but still a psychological strain on giving up something that has taken a major role on an individual’s behaviour, also it shows how uninterrupted it could lead to a highly problematic addiction.

“ When a person uses a drug repeatedly, the effectiveness of that drug diminishes, that is tolerance develops”. (Mcmurran, 1994) This consequence of repeated drug use explains the biological basis for an individual needing to use a higher dose of drug to reach highs previously reached with smaller amounts. This cycle begins the physical manifestation of distress with regards to the onset of addiction. Substances may become depended upon to relieve the exponential increase of distresses that occur without drugs known as “ withdrawal” or “ abstinence” symptoms. These physical dependencies on drugs are caused by a large number but not all drugs, each

drug has individual characteristics and similarly those that cause physical dependence have individual withdrawal effects (Ghodes, 2002). Parallel with physical dependence is psychological dependence, where to maintain balance in ones self an individual may use drugs to escape unpleasant emotional manifestations caused by there habit of abusing drugs or even certain behaviours. A description by Ghodes (2002) gives the idea of psychological dependence to be an overpowering experience compelling an individual to take the drug and ignore their knowledge of the harm it will do to them and also ignore the consequences of gaining and taking the drug. McMurrin(1994) looks at another aspect of psychological dependence, focusing on the escaping from life's stresses through indulgence in drugs or alcohol. This approach to coping with psychological distress she believes has been built up around clichés like “ drinking your troubles away” and “ escaping reality” through drug abuse. Wilson's (1998) study on alcohols effects to emphasise that these “ clichés” are not necessarily valid and relevant and this coping device may actually cause more psychological distress than it is used to prevent.

In relation to addiction and addictive behaviours the phenomenon that is “ craving” is a vital component in discovering the extents that addiction and dependence can materialise as. In relation to drug addiction and behaviours a craving is an obsessive desire to acquire a drug that totally consumes all logical thoughts and rationale. This desire often leads to drug-seeking behaviour, due to the strong nature of craving there is no extent to an individual's behaviour whether it be breaking the law or breaking morals that were previously held (Ghodes, 2002). “ Addicts continue to pursue drugs or

other maladaptive behaviours despite terrible consequences” (Altman et al. 1996; as cited in Redish, 2008)

Countering this theory on cravings is McMurrans view that the term “craving” is only a scientific term given to a strong desire for drugs to give it a “technical” and individual interpretation relevant to drug addiction. This theory is developed and expanded and continues to highlight the opposing arguments that this strong desire may have either a physiological basis, where there is an “underlying tissue-need” for a drug, or a psychological basis. (McMurrans, 1994)

The extent and effects of addiction and abusive behaviour can be somewhat put into perspective by the high mortality rates associated with them. According to the World Health Organisation (2009) there are “76.3 million persons with alcohol use disorders worldwide”. To further this statistic, in Australia in 1992 there were approximately two and a half thousand alcohol abuse related male deaths and just over one thousand similar deaths for females. (Teesson et al., 2002) This shows not only a high mortality rate due to alcohol but furthers the validity of the theory that males in a society suffer more from addiction than females. Similarly with illegal drugs; there are at least “15.3 million persons who have drug use disorders” (World Health Organisation, 2009) and according to Teesson et al. (2002) in a study done in 1992 opiate overdosing deaths accounted for 92% of male and 89% of female illegal drug related deaths. These implications show how severe an impact addiction has globally and goes in some way to give an idea of the extent of mortality caused by addiction.

Illegal drug use is often the end result of experimentation that starts with taking legal drugs. One theory on the route to taking illegal drugs is that it begins with using "gateway drugs" to escape undesired situations. The term "gateway drugs" are given to those that if abused can lead to the abuse of other more substances. According to the National Association of Drug Abuse (as cited by Brooks, 1993); "young smokers are 14 times more likely to abuse alcohol than general people. These smokers are 100 times more likely to use marijuana and 32 times more likely to use cocaine." Brooks goes on to explain some of the possible reasons for the fact that the use of gateway drugs causes an individual to be much more likely to abuse illegal drugs. Firstly she argues that by using alcohol or smoking an individual's judgment may become damaged, therefore the decision to take more harmful or illegal drugs may seem like a good idea. Another explanation being that by using smoking or alcohol for coping with problems they might be ineffective if the problems increase, therefore there measures to cope may need to increase by moving on to other substances. Finally, through smoking cigarettes and becoming comfortable with inhaling smoke an individual may become accustomed to and more relaxed about smoking things other than tobacco (Brooks, 1993). The Problem Behaviour Theory (Jessor and Jessor, 1997 as cited by McMurrin) highlights the gateway drug theory and compliments it. This theory is used to try and explain "problem behaviours" such as drug taking and other behaviours outside of those undertaken by "normal society". The theory takes the view that by taking part in one behaviour against that of the social norm, then an individual will most likely be taking part in other problem behaviours. The theory focuses on "three systems of psychosocial influence; the personality system, the environment system and

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the behaviour system.” Each system has ways of beginning problem behaviours and these problem behaviours are controlled differently by each individual, however when all three work together they create a state called “prone-ness” to problem behaviour. These systems create a behavioural profile of a person, for example if they smoke, take drugs, drink alcohol and even control more basic behaviours such as parts of their personality. The theory shows that if one of these aspects changes within a person then the whole profile of a person is addressed and leads to changes in the other systems of influence.

There are various techniques and theories regarding the treatment of addiction with varying results of success. The World Health Organisation (as cited by Ghodes, 2002) defines treatment as “ The process that begins when psychoactive substance users come into contact with a health provider or other community service, and may continue through a succession of specific interventions until the highest attained level of health and well being is reached”. According to Galanter (1992) to end addiction therapy alone is not enough, his research found that many addicts that sought treatment may have found “ insight” into their addiction and lives as an addict, however continued with their addictive behaviour. Galanter’s “ networking” therapy incorporates psychiatric treatment with a support group made up of family and close friends, a close social network. This therapy integrates the two most successful types of addiction treatment, self-help and peer support. This method sees an addicted individual undertaking psychiatric help as well as meeting with their support group of friends and family at regular intervals to maintain their “ abstinence” from their addictive behaviours. Other

significant treatments exist, such as interventions that are not psychological. Treatments such as detoxification, drug treatments, rehabilitation and re-integration into society and self help programmes are often turned to by individuals that realise their addictions are taking over their lives and need help to change, however it is unclear to rank these treatments in order of successfulness. The effectiveness of the treatment undertaken by those suffering from addiction depends on the individual, however, it is clear that those who suffer from addiction need to make a drastic lifestyle change in order to cope with and eventually rid themselves of an addiction. “ Managing change successfully in the long term depends upon the creation of a new lifestyle (Stall and Biernacki, 1986 as cited in McMurrin). To be successful in changing ones lifestyle it is often relevant to avoid social groups or even places or activities that would remind or even tempt an individual to relapse into their undesired addictive behaviour.

It is clear through the many theories across the use of drugs and descent into drug addiction that there are many varying views on the reasons behind such behaviours and the treatments of these. Due to the vastness of views on this area of behavioural activity it would be impossible to render a single theory totally correct and significant to every individual that takes part in such activities as using illegal drugs or to those who have experienced an addiction. However, through research into these areas it becomes apparent that individual roles and differences play a major part in the extent of addiction and drug usage amongst the masses and some theories become more significant to certain individuals than others.

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