



ADDICTIONS

ADDICTION OCCURS ON A CONTINUUM

No Use ↔ Experimental Use ↔ Problem Use
↔ Binge Use ↔ Dependent Use

Use of alcohol is common, often there are no problems associated with use, use enhances events and limits are set according to the situation

THE DRUGS

- Illicit Drugs

- Cannabis
- Heroin
- Amphetamine
- Ecstasy
- LSD

- Prescription Drugs

- Tobacco

- Alcohol

TOBACCO

- ◉ 72% of drug-related deaths



ALCOHOL



- ◉ 25% of drug-related deaths
- ◉ Affects nearly every organ of the human body
- ◉ Massive impact on health care system

RESPONSIBILITY IN THE MORAL MODEL

- The Moral Model holds the individual personally responsible for the development of addictive behaviour and personally responsible for changing the problem.

CANNABIS

- ◉ Aka marijuana, grass, dope, hash, weed
- ◉ The most common illicit drug used in North America
- ◉ High availability
- ◉ Not as safe as previously thought - wide variety of health effects



ILLCIT DRUGS

- Heroin
- Cannabis
- Amphetamine
- Ecstasy
- LSD
- Others



MODELS OF ADDICTION

- Moral Model
- Medical (Disease Model)
- Spiritual Beliefs
- Biopsychosocial Model

These models can emphasize the responsibility for developing the problem and the responsibility for changing the problem

MORAL MODEL

- Addiction is viewed as a set of behaviours that violate religious, moral, or legal codes of conduct
- Addiction results from a freely chosen behaviour that is immoral, perhaps sinful, and sometimes illegal
- Lack of self-discipline and self-restraint
- Misuse and abuse are irresponsible and intentional actions that deserve punishment
- Because substance use is seen as the result of a moral choice, change can only come about by an exercise of will-power, external punishment or incarceration

MEDICAL (DISEASE) MODEL

- Addiction is viewed as a chronic and progressive disease
- Hypothesized a dichotomy between “normals” and “addicts” or “alcoholics”
- Emphasis continues to be placed on physical causes
- Genetic factors increase the likelihood for an individual to misuse psychoactive substance or to lose control when using them
- Responsibility for resolving the problem does not rest with the client, and change can come about only through acknowledging loss of control, adhering to medical prescriptions, and participating in self-help groups

RESPONSIBILITY IN THE MEDICAL MODEL

- The Medical Model holds the individual NOT personally responsible for the development of the behaviour and NOT personally responsible for changing the problem. The Medical Model is a passive model of responsibility.

SPIRITUAL MODEL

- Substances are used in an attempt to fill spiritual emptiness and meaninglessness
- Rooted in 12 step programs - Alcoholics Anonymous, Narcotics Anonymous, Gamblers Anonymous
- Emphasize recognizing a Higher Power (often called God in AA) beyond one's self, asking for healing of character
- First of the 12 steps is to recognize that one literally cannot help oneself or find recovery through the power of one's own will
- The path back to health is spiritual, involving the surrender of the will to a Higher Power

RESPONSIBILITY IN THE SPIRITUAL MODEL

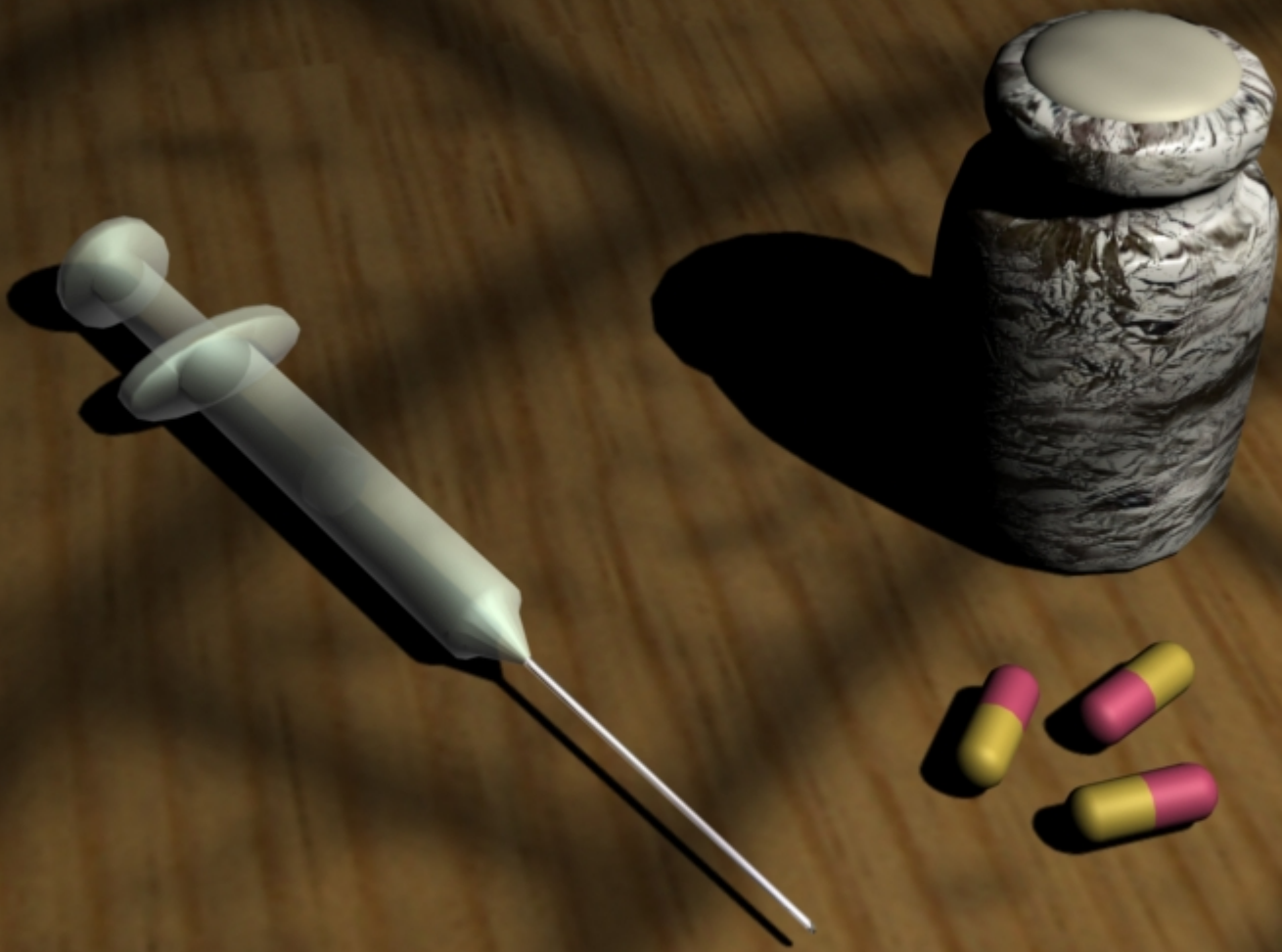
- The Spiritual Model holds the individual personally responsible for the development of the behaviour and NOT personally responsible for changing the problem. The Spiritual Model is a passive model of responsibility for change.

BIOPSYCHOSOCIAL MODEL

- Views addiction as a complex interaction of biological, psychological and social factors:
- Heredity
- Thought processes
- Behavioural processes
- Emotional makeup
- Social/environmental factors
- Mental health

RESPONSIBILITY IN THE BIOPSYCHOSOCIAL MODEL

- The Biopsychosocial Model holds the individual NOT personally responsible for the development of the behaviour BUT personally responsible for changing the problem. The Biopsychosocial Model is an active model of responsibility.



ABUSE

One or more of the following over a 12 month period:

- Recurrent substance use resulting in a failure to fulfil obligations at work, school or home
- Recurrent substance use in physically hazardous situations
- Recurrent substance-related legal problems
- Continued substance use despite persistent or recurrent social or interpersonal problems, caused or exacerbated by the effects of the substance

(Source: American Psychiatric Association)

DEPENDENCE

Any three of the following at the same time during a 12 month period:

- ◉ Tolerance is indicated by the need to increase dosage to obtain the desired effect, or reduced effects with continued use of the same dose
- ◉ Withdrawal symptoms characteristic of a particular substance
- ◉ Use in larger amounts over a longer period of time than the user intended
- ◉ Persistent desire for the substance, or unsuccessful attempts to cut down
- ◉ Great deal of time spent in obtaining or using a substance
- ◉ Social and other activities given up or reduced due to substance use
- ◉ Use despite persistent or recurrent problems (e.g. health or social problems)
- ◉ (Source: American Psychiatric Association)

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TOLERANCE

- Needing more of the drug to get the same effect or getting less effect from the same amount of the drug
- Tolerance may not develop at the same rate to different pharmacological effects of a drug
- Cross-tolerance may develop to similar agents

WITHDRAWAL

- Withdrawal effects are generally more intense and severe depending on how reliant the body is on the drug and how fast the drug is taken away
- Withdrawal effects are often opposite to the effects which the drug produces
- Potentially life-threatening withdrawal symptoms (e.g. seizures): alcohol, barbiturates, benzodiazepines
- Generally not life-threatening: opioids

DRUG USE SEVERITY

Assessing drug use severity considers factors such as the person's:

- Level of dependence
- Level and patterns of consumption
- Chosen route of administration of a drug or drugs
- Experience of any adverse consequences
- History of problem use
- Number and seriousness of other problems
- Existence of any concurrent mental health problems

READINESS TO CHANGE

- Not been thinking about change (Precontemplation)
- Considered change, but remains ambivalent (Contemplation)
- Prepared to make a change (Preparation/Determination)
- Already taken steps towards changing substance use (Action)
- Been making these changes for a while (Maintenance)

STAGES OF CHANGE

- Precontemplation
- Contemplation
- Preparation/Determination
- Action
- Maintenance