Addictions

The video associated with this presentation can be found at:
https://youtu.be/qn6NqwYZkns

Some slides in this presentation were adapted from those originally prepared by Dr. Tania S. Stirpe of the Correctional Service of Canada

What is Addiction?

- Defining addiction
- Major theoretical perspectives
- Addiction in forensic domains

Etiology of Addiction

- There is increasing support for the view that there are multiple etiologies for addiction and their presentation, which in turn requires a range of treatment alternatives – comprehensive approach.
- In short, no one theory accounts for everything regarding addictions and addictive behaviors.

Definitions of Addiction

- Addiction: derived from the Latin root *addicere*, meaning "to adore or surrender oneself to a master"
- The problem of definition is one of the fundamental issues in the substance abuse literature.
- The terms abuse, dependence, and addiction are often used interchangeably, without general agreement as to what they mean.
- There is no single definition of addiction or a universally accepted, comprehensive theory of addiction that has yet been developed.

Defining Addiction

- Moral Model
- Self-Medication Model
- Medical/Disease Model
- Spirituality Model
- Impulse-Control Disorder
- Reward Deficiency and Neurophysiological Adaptation
- Genetic Model
- Biomedical Model
- Social Learning Model
- Erroneous Thought Patterns
- Biopsychosocial Model
- Public Health Model

Moral Model

- Defines an “addict” as being weak in character
- Based on the notion that individuals have free choice and are, therefore, responsible for their behaviors
- This model has influenced public policy and the judicial system (e.g., the “war on drugs”)

Self-Medication Model

- Assumption is that people engage in certain behaviors as a means to self-medicate to cope with emotional pain
- Starts as a means to find relief and then eventually leads to addiction
- Proponents assert that this explanation should be considered in parallel with other approaches and not as a comprehensive model

Medical/Disease Model

- Addiction is identified as a disease, rather than a mental disorder or moral failure
- Disease defined as a severely harmful, potentially fatal condition that manifests itself in an irreversible loss of control over use of psychoactive substances
- Although the disease may go into remission, there is no cure
- Since the disease is progressive and often fatal, complete abstinence is the only treatment goal

Spirituality Model

- Assumes that addictive disorders stem from a lack of spirituality; that is, being disconnected from a “Higher Power”
- Alcoholics Anonymous, Narcotics Anonymous, Gamblers Anonymous, Sex Addicts Anonymous, etc. is based on this model (together with the Medical Model)

Genetic Model

- Research over the past two decades has identified a genetic predisposition in some individuals to alcohol, tobacco, and other substances of abuse
- It is thought that between 40% and 60% of an individual’s risk for an addiction may be genetic
- Some genetic researchers now believe different classes of substances may be connected to unique genetic preferences and may help account for the individual’s drug of choice

Biomedical Model

- Draws from both biological and behavioral sciences
- Assumes that using drugs repeatedly over time changes brain structure and function in fundamental and long-lasting ways that can persist long after the individual stops using them
- Once the addiction impacts the brain, the client is driven behaviorally to support the demands made by the brain to prevent becoming ill from withdrawal

Social Learning Model

- Social reinforcement causes individuals to model the drug use behaviors of their parents, siblings, and peers
- Bandura's 4 stages of social learning:
  - Attention: conscious cognitive choice to observe the behavior
  - Memory: recalls what he/she has observed from the model (e.g., incredible memories about observing parents gambling)
  - Imitation: repeats the actions of the model
  - Motivation: must have some internal motivation for wanting to carry out the modeled behavior

Types of Drugs

- Alcohol is likely most commonly abused substance
- Inappropriate use of alcohol is particularly prevalent in persons who have sexually offended
- Part of the problem may be that social or recreational use is socially acceptable, which increases access for those who might ultimately engage in excessive use

Types of Substances Abused

Substances subject to abuse are typically classified as:

- Opioids (painkillers), such as codeine, heroin, and methadone
- Depressants, such as barbiturates (anaesthetics) or benzodiazepines (valium)
- Stimulants, such as cocaine and methamphetamine
- Hallucinogens, such as magic mushrooms or LSD
- Inhalants, such as paint, glue, gasoline
- Cannabinoids, such as marijuana, hashish
- Anabolic steroids

Schedule

The Controlled Substances Act in the USA lists drugs by a schedule that indicates the potential for abuse

I. These drugs have high potential for abuse and no currently accepted medical use, including cannabis, heroin, ecstasy

II. These drugs have high potential for abuse, but also have medical uses – amphetamine, cocaine, codeine

III. These drugs have less potential for abuse that I/II and have medical uses – steroids, ketamine

IV. These drugs have low abuse potential and are often used medically – benzodiazepines, tramadol

V. These drugs also have low abuse potential and are often used medically – lacosamide (epilepsy), lyrica (pain)

Characteristics of Addiction

- Regardless of their etiology, addictions generally have three characteristics in common:
  - Compulsive use
  - Loss of control
  - Continued use despite adverse consequences

Compulsive Use

- Three elements:
  - Reinforcement: occurs when the addictive substance or behavior is first engaged; being rewarded with pleasure and/or relief from pain and stress reinforces the user
  - Craving: the body and brain send intense signals that the drug or behavior is needed; ongoing use/behavior alters the chemical balance of the brain; withdrawal may occur when drug withheld or behavior prevented; psychological component to craving
  - Habit: results from deeply ingrained patterns of thought and behavior; addictive behaviors often involve automatic responses
- Sauce-Bérnaise effect does not hold with addicted individuals

Continued Use Despite Adverse Consequences

- Addictive behavior clearly has negative consequences
- Some individuals may not be aware of these consequences, although others around them are OR they may feel that the pleasurable or pain-relieving features of use outweigh the problems

Tolerance

- When a drug is used continually, the body adapts to– and begins to tolerate the drug's pharmacological effects (parallel in behavior)
- As a result, individual needs more and more of the substance/behavior to achieve the same results (intensity and duration of the initial experience)
- Must also use more or engage in the behavior more in order to avoid the physical discomfort and psychological distress that accompany withdrawal

Withdrawal

- When use/behavior is stopped, the individual suffers unpleasant effects that are usually the opposite of those induced by the chemical/behavior
- Because the body has adapted, withdrawal is painful and may be life-threatening (with certain classes of substances; e.g., *delirium tremens* from alcohol withdrawal involves seizures, disorientation, and even death)
- Withdrawal may create the rebound effect: characteristic of the drug produces reverse effects when the effect of the drug has passed

Nonchemical Addictions

- Some have argued that nonchemical addictions are really just obsessive-compulsive disorders
- However, there are no rewards associated with OCD except for reductions in anxiety
- By contrast, addictions are initially extremely pleasant experiences. OCD plagues people with intrusive, unwanted thoughts and is inherently distasteful

Pathological Gambling

- Pathological gambling is an impulse control disorder often grouped with pyromania (fire setting), kleptomania (impulsion to steal), intermittent explosive disorder (inability to control aggression), and trichotillomania (constant pulling of one's hair)
- As far as the brain is concerned, it seems that "a reward is a reward is a reward," whether it comes from a chemical or an experience

Multiple Addictions

- Addictions often occur in constellations
- Polysubstance abuse is more the norm than mono-drug use
- Additionally, people who abuse alcohol or drugs may also have problems in other areas

The Progression of Substance Use

- Progression in consumption or problems
- Often imperceptible to the individual, the substance assumes an ever-more important role
- Use may begin for medical reasons
  - low-dose dependencies (failure to terminate use when it is no longer medically necessary)
  - medically prescribed drugs can be very addictive, and even medical doctors have underestimated this

The Progression of Substance Use

1. Experimentation
   - harmless for some, may be an introduction to recreational use for others
   - most commonly occurs in preteen and adolescent years, viewed as a normal part of adolescence
   - initiated due to curiosity, may be maintained for its mood-altering qualities
   - continued use is dependent on a variety of psychological, social, physiological, and spiritual factors

Progression

2. Recreational Drug Use:
   - typically social, to enhance pleasurable situations
   - involves significant choice and control
   - does not display any negative consequences from their use

Progression

3. Substance Abuse
   - when recreational use progresses to problematic use
   - individual may occasionally experience negative consequences, however because they are intermittent, the individual has difficulty admitting to the problematic use; tend to rationalize or justify the negative consequences
   - individual in this stage usually finds the substance to provide a useful purpose beyond a social one (e.g., anxiety-reduction)
     - may not be able to articulate why they continue to use despite the negative consequences (i.e., benefits are not always conscious to the user)

Progression

4. Substance Dependence
   - loss of control over use
   - mounting problems
   - physiological dependence, depending on the substance
   - using to avoid withdrawal symptoms (pleasure from use becomes elusive)

Substance abuse as a risk factor

- Substance abuse as a risk factor in violent recidivism can probably be best conceptualized as falling on a continuum from “providing no significant contribution to risk” to a “very high contribution to risk”.
- Interacting factors under consideration include: nature and extent of substance abuse, cognitive functioning, personality characteristics (particularly cluster B personality disorders and psychopathy), peer group, employment, and external supports.

Issues in Managing Core Members with Substance Abuse Issues

- For those core members on supervision, urinalysis and other testing helps monitor abstain conditions
- In the absence of testing, we are reliant on core members to tell us the truth
- Most alcohol and drug abusers don’t stop cold turkey – it’s often a process of abstinence and relapse, with longer and longer periods (hopefully) between relapses
- Circle volunteers can be hugely helpful in assisting core members in their recovery processes

For further reading…

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