Social perspectives of Addiction: Current approaches and underlying challenges

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Abstract

Addiction is a term recently recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) which refers to both substance related disorders and behavioral addictions such as internet or sex addiction. Although the term needs further clarification, it has affected the society in many areas including healthcare cost, social justice and peace, family relationships, physical and psychological health and economy—across cultures, age groups, race and educational background; thus, posing a great need for attention and intervention both from health-related professions and the general public. The healthcare system has responded to this phenomenon in varying degrees. There were strategies proposed to prevent addiction but these did not have strong evidences to support efficiency and cost-effectiveness. A large pool of studies were conducted on the treatment and relapse prevention of addiction but no clear conclusion has been made yet as to efficiency, availability, and cost-effectiveness across regions. In this paper, different views on addiction are presented and a refocus is proposed to equally address the promotive, preventive, curative and rehabilitative aspects of this phenomenon, explore regional treatment options by geographical region and clarify the role of healthcare in approaching addiction as a social phenomenon.

Keywords: addiction, addiction treatment, substance abuse, challenges in healthcare

1. Introduction

Addiction is a term that needs further clarification. To the general public ‘addiction’ is a more familiar term. While among professional and academic community it is more officially known as drug abuse, drug dependence, substance abuse, and substance use disorder. Under the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, Text Revised (DSM IV-TR) it falls under two categories—‘substance dependence’ and ‘substance abuse’. Substance dependence is characterized by tolerance, withdrawal, and increase in amount or frequency of substance use, persistent desire to control the behavior, social, occupational, and recreational disruptions and persistence despite adverse consequences. Substance abuse, on the other hand, can be understood as a condition in which an individual uses a substance in a manner that is harmful or dangerous to his or her health but does not
qualify the standard set under substance dependence (American Psychiatric Association (APA, 2013). Regardless of the term used, this concept ranges from the use of substances like cocaine, heroine, nicotine and alcohol to the loss of control over internet, gambling, and sex.

Recently, the American Psychiatric Association has released the fifth edition of the diagnostic manual and has made changes as follows: substance abuse and substance dependence were combined into a single disorder measured on a continuum from mild to severe and the concept of addictive disorders with gambling as the sole condition under behavioral conditions was also added (American Psychiatric Association, 2013). In spite of the recent changes, the criteria set by DSM-IV and DSM-V does not deal with issues on the persistence and loss of control over internet use, gambling, and sex. The concept on non-substance based addictions or the so called behavioral addictions was introduced by Peele in his article Love and Addiction in 1979. Peele (1979) proposed that gambling, gaming, chatting or internet surfing can develop into addictions from being a habit to an obligatory behavior (Peele & Brodsky, 1979). Aside from Peele, other authors recognize internet addiction. Griffith (1999) and Young (2007), for instance, believe that addiction does not need to involve the abuse of a chemical substance (Griffin & Soskolne, 2003; Young, 2007). “Non-substance related addiction” was not listed in either DSM or ICD-10 (International Classification of Disease). However, the fifth revision of the Diagnostic and Statistical Manual of Mental disorders proposed to include changes under the substance use disorders section. Specifically, changing the chapter on substance dependence to ‘Addiction and Related Disorders’ and other substance use disorders as ‘Alcohol use’ or ‘Opioid use’ disorders (O’Brien, 2011). In addition to this, the criterion ‘craving’ might likely be added and ‘committing illegal acts’ might likely be removed in the revised edition. In this paper, the term addiction will be used to refer to both substance related disorders and behavioral addictions. However, due to limited literature on behavioral addictions, focus will be directed more on substance-related disorders. Specifically, the following are presented in this paper: the significance to address addiction as a phenomenon affecting different dimensions of society, the different views on addiction craving and relapse, the existing addiction prevention, treatment, and relapse prevention strategies, impact to healthcare practice and the implications for further research.

2. Addiction: A Major Concern

Addiction is a serious social interest from time immemorial. The National Institute on Drug Abuse (NIDA) has stated that individuals under the influence of illegal drugs are involved in at least three types of offenses: drug possession or sales; offenses directly related with substance abuse such as stealing money; and engagement in illegal activities such as committing crimes. Other than these, family roles become confusing, social networks are changed, rate of job problems increase, as
well as the costs for healthcare. The lost of work productivity and crime-related expenses remain high by approximately over $600 billion yearly (National Institute on Drug Abuse (NIDA), 2012).

Technically, addiction shapes the entire society from the individual to the family, to the country as a whole, affecting social peace, economy, health and structure. It is also closely linked with the rise of mental illness and the debilitating HIV infection. It is present across different age groups, gender, race/ethnicity, educational and cultural background. The experience of addiction can range from the use of various types of drugs—marijuana, cocaine, heroin, hallucinogens, alcohol, tobacco to new arising behavioral addictions—internet, food, shopping, and sex. In a survey by National Institute on Drug Abuse (NIDA), (2012) among high school teens, it showed that the use of most illicit drugs including cigarette, alcohol and ecstasy has decline or remained steady from 2011 to 2012. However, five-year trends from 2007 to 2012 showed a significant increase in marijuana use among 10th and 12th graders.

In 2011, more than 20 million persons belonging to the age group of 12 and older were classified either under substance abuse or dependence (Substance Abuse and Mental Health Services Administration (SAMHSA), 2011). In this same report, more than 3 million persons from the same age group used an illegal drug within the last 12 months bringing to a mean of 8,400 new users every day. Drug use is linked to increased emergency department admissions, increase in suicide attempts, incarceration, higher risk of developing depression, anxiety related disorders, mental disorders, abuse and sexually transmitted infections (Center for Behavioral Health Statistics and Quality (CBHSQ), 2012).

Not much data can be retrieved about the prevalence of substance use in Asia. On the other hand, many published articles reported about the incidence of internet addiction in Asian countries (Bozoglan, Demirer, & Sahin, 2013; Yan, Li, & Sui, 2013; Yen, Yen, & Ko, 2010; Yuan, Qin, Liu, & Tian, 2011) and there has been an increasing interest for research on this field. It was found out that internet addiction is considered a serious issue for many countries, specifically more prevalent in some Asian countries than in the United States (Ahmadi & Saghai, 2013; Sung, Lee, Noh, Park, & Ahn, 2013; Zhang, Amos, & McDowell, 2008).

3. What causes addiction?

Very few researches were found addressing the causes and predictors of addiction. Among the many causes are exposure from peers, use by parents, availability, genetics, social environment, problems and coping, and type of personality and disposition (Çırakoğlu & Işın, 2005; Mork, 2013). While a newer field, internet addiction, is gaining more interest among researchers this time. With regard to the factors causing it, one study involving university students in Turkey
showed that internet addiction is linked to loneliness, self-esteem and life satisfaction (Bozoglan et al., 2013). Moreover, shyness and locus of control among current internet users were found to be associated with the development of internet addiction disorder (Chak & Leung, 2004). In China, single-parent family, age of first exposure, age of student, area of residence and homesickness were associated with internet addiction (Ni, Yan, Chen, & Liu, 2009). Not many studies can be found on the causes and predictors of other substance-related and behavioral addictions.

4. Views on the Phenomenon of Addiction Craving and Relapse

The next paragraphs will include a discussion on different views on addiction relapse and craving in the lens of neurobiology and cognitive-behavioral theory.

4.1 Neurobiological View

Dr. Manuel Montes (Montes, 2012), in his talk on the neurobiology of addiction, mentioned that “addiction is a neurobiological disease where a permanent damage occurs in the brain and the person with addiction must learn how to live with it”. This signifies the chronic and irreversible state of addiction. The nucleus accumbens, the ventral tegmental area, the prefrontal cortex, reward system, synaptic plasticity and the neurotransmitters—dopamine, serotonin and norepinephrine play an important role in addiction development. The processes going on in the brain support the idea that addiction is a ‘chronic relapsing brain disease’—a dominant view in North America (Carter & Hall, 2010). Human researches and animal models have emphasized the complex connection between neuro adaptations in the brain and addictive behaviors which occurs from the cellular to the genetic and environmental level (Duncan, 2012).

Several research reviews have conferred about the changes that occur in the brain as a consequence of drug use (Carter & Hall, 2010; Potenza, 2008; Robbins, Everitt, & Nutt, 2008). Studies have focused on the role of neurobiology in psychomotor stimulants, opiate drugs and nicotine but it is unclear whether the same mechanism occurs in the more controversial ‘behavioral addictions’ such as gambling.

4.2 Psychological View

The mechanism of addiction does not only alter the brain pathways involved in pleasure or motivation but it also creates a hold on individuals through a process known as conditioned learning, long term memory and conditioned response, which is closely linked to the phenomenon of craving. This concept is based on the Cognitive-Behavioral Theory proposed by Aaron Beck in the late 1990s which rose from the evolution of behavior and cognitive therapies in the early 19th century (Corey, 2005). Behavioral theory by Pavlov can either be in a form of classical
conditioning or operant conditioning. The former is linked more with the development of addiction. The presence of an unconditioned stimuli, unconditioned response, conditioned stimuli and conditioned response were used to explain the process of addiction. The conditioning theory on addiction craving which was first presented by Wikler and expanded into the conditioning withdrawal model of alcohol craving (Drummond, 2001) explains the phenomenon in alcoholism, as follows: the unconditioned stimuli is the falling blood alcohol level eliciting an unconditioned response (withdrawal and craving symptoms); alcohol cues (e.g. sight and smell of drink of choice) frequently associated with abstinence becomes a conditioned stimuli (cues) leading to a conditioned withdrawal and craving (conditioned response).

4.3 Addiction Models Grounded on Cognitive-Behavioral Theory

Several models were constructed after cognitive theories. Among them were the cognitive social learning theory (CSLT) or outcome expectancy by (Marlatt, 1978); cognitive labeling model by (Schachter & Singer, 1962); dual-affect model by (Baker & Baker, 1987); the dynamic regulatory model by Niaura (Niaura, 2000) and the more cited cognitive processing model by Tiffany and Conklin (Tiffany & Conklin, 2000). According to this, automatic cognitive processes regulate substance abuse and craving is the activation of this automatic cognitive process. For Tiffany, craving is a combination of cognitive verbal, behavioral and somatovisceral responses through non-automatic cognitive process. This concept of craving can be measured through several scales developed such as the Obsessive-Compulsive Drinking Scale (OCDS), Alcohol Urge Questionnaire (AUQ), Severity of Alcohol Dependence Questionnaire (SADQ) and the Alcohol Craving Questionnaire (ACQ). Among these models, the Relapse Prevention Model by Marlatt and Gordon has created a significant development in the field of relapse prevention (Marlatt & Gordon, 1985). Central to this model is the detailed classification or ‘taxonomy’ of factors that lead to relapse falling into two categories: Immediate determinants of relapse (high-risk situations, coping, outcome expectancies, the abstinence violation effect) and Covert Antecedents of High-Risk Situations (Lifestyle factors, Urges and Craving).

5. Addiction: Is it a disease or a problem of choice?

Two opposing school of thoughts arise on the nature of addiction. One is—addiction is a disease, which gained prominence in US and second—addiction is a choice, a way of coping with life, which is a dominant thinking in UK and in those with previous addiction experiences. A recent book was released by Heyman (2009) entitled Addiction: A Disorder of Choice. He claims that addiction is not chronic and not a brain disease. Instead, he highlights that addiction is a result of poor decision making and selection of choices. This makes a controversial stand that even though addictive substances create changes in the brain, it does not necessarily follow that this brain alterations causes addiction. Nonetheless, addiction is a term that is under
continuous and rigid research with the aim of understanding its nature more in order to aid in the treatment, management and even in policy making.

6. Responding to Addiction: Prevention, Treatment and Relapse Prevention

6.1 Prevention of Addiction

Several prevention programmes have been conducted and reviewed for the school-aged young people ranging from 12-18 years in Cochrane systematic reviews. Among the prevention programs were mentoring adolescents (Rothwell, Kourrich, & Thomas, 2011), family-based (Foxcroft & Tsirtsvadze, 2011) and school and non-school based prevention programs (Faggiano, Vigna-Taglianti, Versino, Zambon, Borraccino, & Lemma, 2005; Foxcroft & Tsirtsvadze, 2011). In these studies, there is no clear finding as to the efficiency of these prevention programs, although, it was stated that some generic psychosocial and developmental programs (life skills training, unplugged program and the good behavior game) can be effective and should be entertained in policy making and practice. Motivational interviewing and family interventions may be beneficial but evidence is lacking. Furthermore, it was recommended in these studies that cost-effectiveness be addressed in future research.

6.2 Treatment and Relapse Prevention

Addiction is seen as a chronic condition considering the changes in the brain pathways that do not revert in years even when the body is already cleansed from it (O’Brien, 2005). It is comparable to other chronic conditions such as diabetes and hypertension because of its nature involving relapse and remissions. In line with this, the prevention of relapse has been of top importance to the management of substance abuse and behavioral addictions. There had been efforts directed to relapse prevention for different populations and certain addictive disorders. A good number of both quantitative and qualitative studies were published to address this concern. Smoking for instance has been studied for years. There were studies on anti-craving medications for smoking cessation (Croghan et al., 2007); relapse prevention booklets (Simmons et al., 2011); relapse prevention programs involving the components—nicotine replacement therapy, individual counseling sessions, self-help, behavioral interventions and exercise (Ramsay & Hoffmann, 2004); and another study on predictors for smoking relapse which can either be clinical, cognitive and/or motivational factors (Powell, Dawkins, West, Powell, & Pickering, 2010).

Relapse prevention on other substances and among persons with co-occurring disorders such as schizophrenia, bipolar disorder and severe mood disorders were also studied (McGovern, Wrisley, & Drake, 2005) emphasizing the importance of relapse risk and protective factors on the management of the condition. Anti-craving medications for alcohol, nicotine and cocaine were also explored (Kakko, Svanborg, Kreek, & Heilig, 2003; O’Brien, 2005).
Qualitative studies aimed at understanding the experience of relapse include those by (Levy, 2008; Snow & Lu, 2012). In these studies some identified causes of relapse in addiction are depression, non-involvement in the 12-step program, crisis or stress in personal life and craving. Indeed, for individuals with addiction, relapse will always be a danger.

Various treatment strategies have been employed to prevent relapse. Therapies range from Western pharmacotherapy to Eastern Traditional Chinese Medicine (TCM) approach to drug addiction. Pharmacological interventions are directed to address withdrawal and intoxication signs and symptoms as well as to control craving. Behavioral strategies include Motivational Interviewing (for those who are not ready to change yet), Cognitive Behavioral Therapy or CBT and family therapy sessions (Merlo & Gold, 2008). The twelve-step program is associated with the support group Alcoholics Anonymous whereby members are taught to develop self-efficacy in maintaining sobriety through regular and active involvement in meetings and through the integration of spirituality in relapse prevention (Nowinski, Baker, & Carroll, 2003). The public sector also contributes to the control of addiction relapse through community rules and regulations such as smoking bans and controlled purchasing of psychoactive drugs. TCM has a unique and economical approach to addiction treatment. Eastern philosophy on relapse prevention includes acupuncture, acupressure, Qi-gong and the use of herbs (Min et al., 2007). In Thailand, rehabilitation centers offer a holistic way of dealing with relapse. Therapies include a unique blend of western and eastern treatment modalities. Alongside CBT is the 12 Steps program, Exercise Therapy, Mindfulness Meditation, (The Cabin, Chiangmai), Elephant therapy (Infinite Possibilities), taking SAJJA or the sacred vow (Thamkrabok Monastery) excursions and massages (DARA, Thailand) (Addiction Helper, 2012). In the Philippines, many treatment centers offer a spirituality-based therapy for addiction (New Beginnings), establishment of a Therapeutic Community (Self-Enhancement for Life Foundation), and Social and Work therapies (House of Hope) (Drug Rehab Philippines, 2015).

Cochrane systematic reviews on interventions for addiction include studies on psychosocial approaches to reduce alcohol consumption in drug users (Klimas et al., 2012) for 18 years old and above with no conclusive findings on the effectiveness of various approaches. Alcoholics Anonymous and the 12-step program for alcohol dependence (Ferri, Amato, & Davoli, 2006) recommended that more efficacy studies on this field be conducted. Motivational Interviewing/ Motivational Enhancement Therapy (Smedslund et al., 2011) showed that these can decrease extent of substance use compared to no intervention; however, the evidences were mostly of poor quality. A meta-analysis on the efficiency of CBT on addiction and substance use disorders (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012) showed that CBT is effective for cannabis dependence specifically for multi-sessions against single sessions or other
brief interventions with a lower drop-out rate compared to other conditions (Dutra et al., 2008). On the other hand, the effect size of CBT was not as good as other psychosocial interventions.

7. Implications of the findings and areas for further research

Whether addiction is a disease or a disorder of choice, there is a need to review the existing treatment regimens for addiction. Viewing from the healthcare lens, for instance, how far have we gotten to when it comes to assessment, diagnosis, planning, intervention and evaluation of this phenomenon? Very little data can be gathered about causes and predictors of addiction and so much research focused on relapse prevention and treatment of substance related disorders. Many studies have supported that addiction is a ‘chronic relapsing brain disease’; thus, it is a condition whereby teaching how to live by it in addition to curing it is essential. Equally important as to its treatment is a refocus on the promotion of health, prevention of addiction and rehabilitation of individuals with addictive disorders and their families.

The best treatment we have on board so far other than medications is Cognitive-Behavioral Therapy. It is an intensive and structured remedy ranging from six weeks to six months whereby clients are equipped with coping skills to be utilized when facing real life triggers. Since not all clients are able to effectively utilize the strategies, relapse occurs.

CBT also demands training and in most Asian countries, it is not the treatment of choice considering the training needed, the financial demands and accessibility/availability for the people. Not all persons with addictions seek treatment and from those who seek treatment less than half finds help—such is the 2011 report by SAMHSA where only 11.2 percent of 23.5 million people received treatment(Substance Abuse and Mental Health Services Administration (SAMHSA), 2011). What happens to the big group of people with addictions who cannot avail this treatment especially because of financial reasons? According to the 2002 SAMHSA report, the average cost of addiction treatment can range from $ 1433 (outpatient rate) to $ 3840 per person (residential rate). In some private treatment centers, a month of intensive therapy may cost as much as 10,000 US $. Evidently, the cost is not affordable for many people and their families. This is a challenge for society—to make the therapies available, accessible and affordable for the people. The destructive consequences of addiction call us to welcome local therapies and to put focus on preventing addiction. A possible direction is to explore new rising therapies in Asia such as mindfulness meditation, massage, aromatherapy, and herbal medications. Another is to entertain the least trodden concepts on addiction and love; addiction and spirituality; and addiction and family/society.
8. Conclusion and Recommendations

Clarifying perceptions toward addiction, assessment of knowledge and skills can be areas of attention. Studies can be directed on the promotive, preventive, curative and rehabilitative aspects of addiction with emphasis on clarifying various healthcare professional roles which include, but not limited to, conducting more researches on the causes and predictors of addiction, on the feasibility of both Western-based and local therapies in the region, and or introduce an intensive educational program alongside existing therapies which can be made available to all people from different economic groups, social status, culture, religion, geographical location and age group (Lucia Rotenberg et al., 2008). Moreover, addiction can be compared with other physiological illnesses like diabetes. In diabetes, we have health promotion and prevention projects, we educate clients; we address both the acute and chronic aspects of the condition. Considering the nature of addiction, a similar approach would be appropriate whereby nurses can take well-defined and active roles. Addiction is a relatively new field. Defining and clarifying the term remain to be under rigid study. Nurses’ role on addiction is a field rarely explored despite the enormous need for attention and action from all healthcare areas. Addiction needs more researches and intervention studies across geographical regions, levels of care and specific groups.

References


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