

ADDICTION IS THE PROBLEM, NOT THE DRUGS NOR THE DRUG POLICY

A CLINICAL PERSPECTIVE ON DRUG USE BEHAVIOUR THAT
INFORMS POLICY

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WHY DO *SOME* PEOPLE USE DRUGS

1. Recreation
2. Relaxation
3. Experimentation
4. Celebration
5. Emancipation
6. Deviation
7. Medication
8. Obfuscation
9. Annihilation



WHY ARE SOME PEOPLE DRUG ADDICTS?

Modern science cannot yet provide a universal consensus or unequivocal evidence to answer this question confidently



Models of Understanding Addiction

1. **MORAL MODEL** "Some people just make bad choices and don't know how to behave"
2. **NEURO-BIOLOGICAL MODEL** "addiction is a brain disease. Some people have it, others don't *but you can't catch it*"
3. **SPIRITUAL MODEL** "addiction is a spiritual malady, a person with a sick soul"
4. **PSYCHOLOGICAL MODEL** "addiction is a maladaptive attempt to address a disturbed psyche."
5. **SOCIO-CULTURAL MODEL** "addiction is a function of unfortunate circumstance, a response to an adverse environment"

WHY ARE SOME PEOPLE DRUG ADDICTS?

BIO PSYCHO SOCIAL (SPIRITUAL) DISORDER

a composite model which includes everything but actually means nothing, scientifically

WHO USES DRUGS AND WHAT TO DO ABOUT IT

70%	NON-PROBLEMATIC SUBSTANCE USE (social or recreational use)	Use of substances remains a FREE CHOICE	REQUIRES INFORMATION AND EDUCATION
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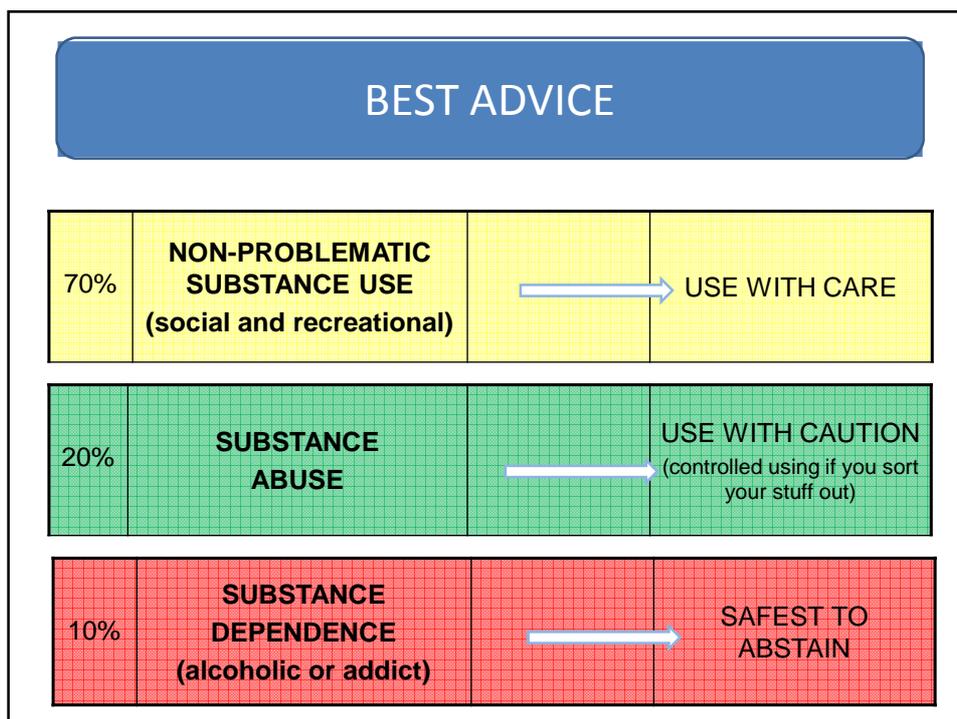
DRUG USE is an activity with INTRINSIC RISK

WHAT ARE THE RISKS?

1. Intoxication per se is risky
2. Dependence-producing potential and toxicity as a pharmacological property of some drugs
3. An illegal activity in some jurisdictions
4. An affiliation to a sub-culture with questionable values

WHO USES DRUGS AND WHAT TO DO ABOUT IT

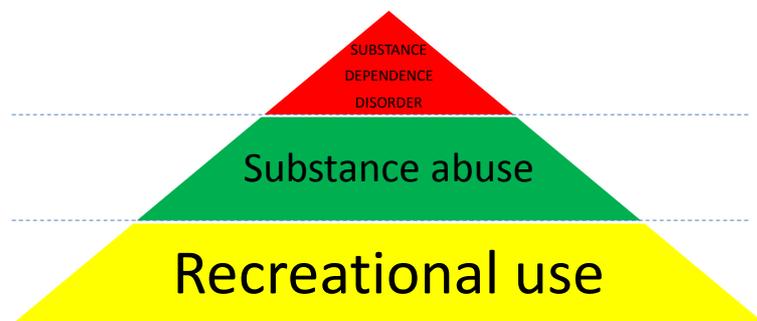
70%	NON-PROBLEMATIC SUBSTANCE USE (social and recreational)	Use of substances remains a FREE CHOICE	REQUIRES INFORMATION AND EDUCATION
20%	SUBSTANCE ABUSE	Use of substances is often a SYMPTOM of another underlying problem	RESPONDS TO AN "APPROPRIATE INTERVENTION"
10%	SUBSTANCE DEPENDENCE (alcoholic or addict)	Use of substances is a DISORDER identified by an impaired control	USUALLY REQUIRES "ADDICTION TREATMENT"



DSM IV versus DSM 5

DSM IV SUBSTANCE DEPENDENCE DISORDER	DSM 5 SUBSTANCE USE DISORDER
<ul style="list-style-type: none"> • a specific abnormality of the brain's reward system producing repetitive use despite negative consequences • A neuro-biological phenomenon • A dichotomous scenario 	<ul style="list-style-type: none"> • a cluster of behavioural and physical symptoms <ul style="list-style-type: none"> – 11 possible symptoms – Mild, moderate or severe • A maladaptive behaviour

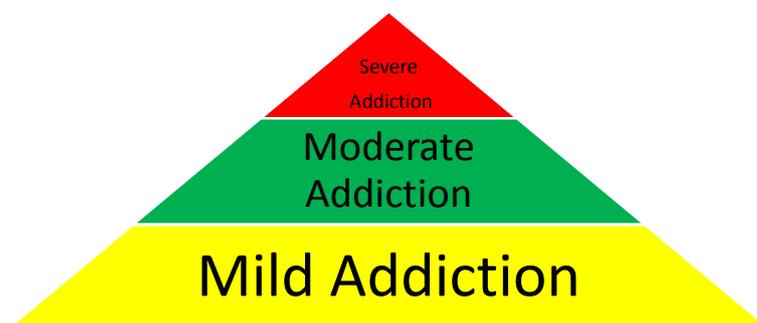
DSM IV - ADDICTION AS A DISEASE



ADDICTIVE DISEASE

A SPECIFIC ABNORMALITY OF THE BRAIN'S
REWARD SYSTEM PRODUCING REPETITIVE USE
DESPITE NEGATIVE CONSEQUENCES

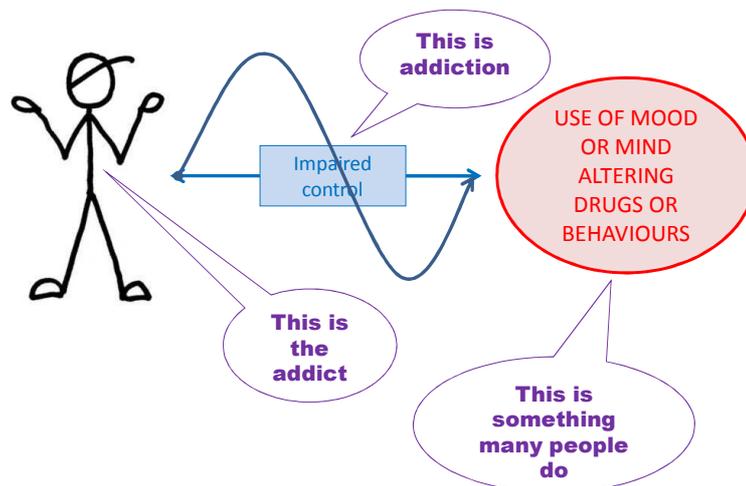
DSM 5 – ADDICTION AS A CONTINUUM OF DISORDERED BEHAVIOUR



ALCOHOL USE DISORDER

- A CLUSTER OF BEHAVIORAL AND PHYSICAL SYMPTOMS
- 11 POSSIBLE SYMPTOMS
- MILD, MODERATE OR SEVERE

ADDICTION describes a particular *RELATIONSHIP* with the use of mood or mind-altering substances or behaviours that is characterised by an **IMPAIRED CONTROL**



What is “impaired control”

What is it not...

- Not a measurable quantity
- Not consistent or always predictable
- Not an absolute term
- It exists in relation to adverse consequence
- Addiction is the repetition of substance use, despite adverse consequences arising from the use



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THE QUESTION IS...

If 10% of the drug using population cause 90% of the problems, how do we:

1. Prevent them
2. Pre-empt them
3. Identify them
4. Treat them

