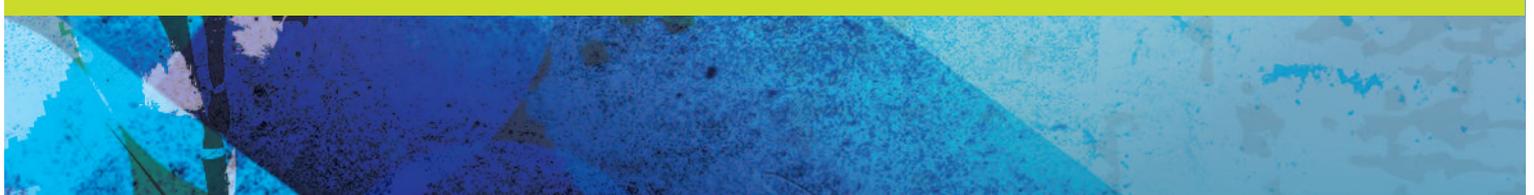


THE NATURE & PHASES OF DRUG USE



The Nature & Phases of Drug Use

The Nature of Drug Use

In understanding drug use, it is useful to consider the following three key factors.

These are:

- **Personality**
- **The type of drug taken**
- **The context of drug use**

These factors are connected and cannot be separated. They influence the reasons for using a drug and the effects it can have. Also, there are different levels of drug use with different effects, risks and consequences. Not all drug use will lead to drug dependency, however, it is important to consider the three factors when looking at person's level and type of drug use. Drug use is not the same as drug abuse.

Phases of Drug Use

Non-User

A non-user is someone who has never used drugs or someone who has used in the past but is drug free/abstinent for a long period of time.

Experimental User

The experimental user is someone who tries drugs out of curiosity or because others in their social circle are experimenting. For many, once the curiosity is satisfied, they are no longer interested in taking drugs. A small percentage of users may continue to use drugs on a more regular basis. The main risk in the experimental phase is lack of knowledge around the drug being taken and its possible effects.

Recreational User

The recreational user is someone who takes drugs for enjoyment and leisure purposes, as part of their social lives or to alleviate symptoms such as shyness during social occasions. Recreational drug use can be sporadic (for example, attending an occasional concert) or more regular. Most people who take drugs recreationally view it as a standard activity in their social circle.

Dependent Drug Use

A dependent user is someone who relies on drugs to function. Dependence can be experienced both physically and psychologically. It can involve cravings, withdrawal symptoms, needing to use regularly as a means to cope with everyday living. Dependent drug use often causes emotional, psychological and social problems.

These four phases represent a broad outline of drug use. It is possible to move in a linear fashion through the four phases. It is also possible to remain at one phase without progressing to another phase. Another possibility is that a person can jump from one phase to another, examples include, experimental use to dependent use or recreational use to non-use.



For further information, visit

http://www.drugs.ie/drugs_info/about_drugs/the_nature_and_stages_of_drug_use/

What is Dependency/ Addiction?

It is important to note that not everyone who uses drugs or drinks alcohol is addicted. Even when people use alcohol or drugs in a way that causes other people difficulty, this does not always mean that they are addicted.

In recent years, there has been much debate and discussion in relation to alcohol and drug use and the language used to describe this behaviour. Some people are in favour of describing different types of use in the following way:

Drug use - where someone is using a drug (including alcohol) but not experiencing negative impact.

Problematic use - where someone is using in a way that is having a negative impact on them and/or those around him/her.

Dependence - where someone is using to an extent that they experience either physical and/or emotional discomfort if they do not or cannot get their next dose.

One definition describes addiction as “*a persistent, compulsive dependence on a behaviour or substance*” (Gale Encyclopaedia of Medicine, 2008, The Gale Group). There are many theories of addiction with much research taking place and a host of books and articles published on the subject.

Models of Addiction

Addiction can be regarded as a complex condition. There is no consensus regarding the causes or treatment of addiction. There are many theories as to the cause of addiction and why

some people are more susceptible to developing an addiction than others. This section describes some of the more well-known theories. Theories trying to explain addiction are commonly referred to as “Models of Addiction”.

The Moral Model

Historically the moral model of addiction viewed addiction as a chosen behaviour. It viewed people who engaged in heavy drinking or drug use as morally deficient. Engaging in this behaviour was viewed as evidence that the individual is “sinful”. Punishment was viewed as an appropriate measure to make people stop their sinful behaviour.

The Disease Model

In 1956, the American Medical Association classified addiction as a treatable disease. This way of viewing addiction was quite different from the Moral Model. Advocates for the disease model describe addiction as a primary disease caused by biological, personality and spiritual dysfunction. The condition can become chronic and can only be treated, not cured. Abstinence and sobriety maintenance is the overall treatment goal. Alcoholics Anonymous (AA) and other 12-step programmes employ this model.

The Genetic Model

Some theorists suggest that genetic inheritance plays an important role in the susceptibility to developing an addiction. Genes together with environmental factors can either increase or decrease the likelihood of inheriting addictive disorders. The heritability of addictive disorders has been estimated at around 30–50 % (Brewer and Potenza, 2008)

The Social Learning Model

This theory has a grounding in behaviourism and puts forward the idea that people's behaviour is learned through interaction with the environment and through observing other people's behaviours. Substance use is therefore seen as something which is learnt and as such can be "unlearned". Various outcomes of treatment are viewed as acceptable within this way of understanding addiction; from harm reduction (reducing use, safer use, etc.) to total abstinence.

The Bio-psychosocial Model

Within this model, addiction is viewed as a complex behaviour with several components to it;

Biological- physical and genetic factors

Psychological- mood, personality, and behavioural factors

Social- family, culture, and socioeconomic factors

Understanding Change

Change can be viewed as an ongoing process rather than a single event, therefore the process of change for a dependent user happens over time. The “Wheel of Change” is one model that

is very popular and highlights the stages in the process of change (Prochaska and DiClemente, 2002).



1. Pre-Contemplation

At this stage the user is unaware that there is a problem or that change is necessary, (even if others are).

2. Contemplation

The user now begins to consider their situation and develops more awareness of the need to change. They continue their drug use at this stage.

3. Preparation

A decision is now made by the user to change their substance using behaviour and he/she prepares to do so.

4. Action

Practical steps are now taken to bring about a change to their substance using behaviour. He/she may decide to reduce their use or to give up completely.

5. Maintenance

Maintenance means a change has been achieved in their substance using behaviour. He/she may have either stopped using drugs or alcohol, or have moved to a more controlled, less harmful way of using. The maintenance of changed behaviour can be difficult.

6. Lapse and Relapse

There is a subtle difference between “lapse” and “relapse”. A lapse is a temporary return to old substance using behaviour where the user returns quickly to the Cycle of Change. A relapse, on the other hand, is a full return to old substance using behaviour and a total break from the Cycle of Change. The whole process would need to begin again.

It is worth noting at this point that while lapse and relapse can and do occur, it is not always inevitable that this will happen. Further information is available on:

www.psychcentral.com/lib/stages-of-change

Refer to Information on Support Services section or www.supportme.ie for details on supports available