

DRUG MISUSE; DRUG ABUSE

USING A DRUG IN WAYS...

- For which it was not intended
- That will lead to short- or long-term harm to the user or others
- That result in the user no longer being responsible for or in control of his or her thoughts, feelings or behavior

DSM-IV CRITERIA FOR DRUG ABUSE

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

1. *Recurrent* substance use resulting in failure to fulfill major role obligations at work, school, or home.
2. *Recurrent* substance use in situations in which it is physically hazardous.
3. *Recurrent* substance-related legal problems.
4. *Continued* substance use despite having persistent or recurrent social or interpersonal problems caused by the effects of the substance.

DSM-IV CRITERIA FOR SUBSTANCE DEPENDENCE

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

- Tolerance, as defined by either of the following:
 1. A need for markedly *increased amounts* of the substance to achieve intoxication or desired effect
 2. Markedly *diminished effect* with continued use of the same amount of the substance
- Withdrawal, as manifested by either of the following:
 1. The characteristic withdrawal syndrome for the substance
 2. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
- The substance is often taken in larger amounts or over a longer period than was intended
- There is a persistent desire or unsuccessful efforts to cut down or control substance use
- A great deal of time is spent in activities necessary to obtain the substance
- Important *social, occupational, or recreational activities* are given up or reduced because of substance use
- 1. The substance use is *continued despite knowledge* of having a persistent or recurrent physical or psychological problem **that is likely to have been *caused or exacerbated* by the substance.**

Continued, compulsive use in spite of an awareness of negative consequences

5 THEORIES OF ADDICTION:

- MEDICAL MODEL
- PSYCHODYNAMIC MODEL
- SOCIAL MODEL
- MORAL MODEL
- BIO-PSYCHO-SOCIAL MODEL

Medical Model:

- **Addiction as a “brain disease”**
- **Neurotransmitter imbalance**
- **Disease Model:**
 - **Agent: drug**
 - **Vector: dealers**
 - **Host: addict**
- **Need to “stamp out” the disease by eliminating drugs**
- **Drug antagonist medications: Welbutrin; naltrexone; antabuse**
- **NIDA**

Psychodynamic Model:

- Drug abusers are “self-medicating”
- Drug abuse is a symptom of underlying psychological problems
- Drug use is a maladaptive psychological coping strategy
- Drug abusers need to resolve internal conflict, and when they do, drug use will be unnecessary

Social Model:

- **Drug use is a learned behavior**
- **People use drugs because drug use is modeled by others**
- **Peer pressure**
- **Environmental effects lead to drug use (advertising, etc.)**
- **Drug use is a maladaptive relationship negotiation strategy**

Moral Model (criminal justice model):

- Addicts are “weak” and can overcome a compulsion to use with willpower
- Drug abusers choose to use drugs
- Drug abusers are anti-social and should be punished
- Drugs are evil

Bio-psycho-social Model:

- **All the above are true, to greater or lesser degrees**
- **Each person's drug use is a result of some aspects of some or all the other models**
- **Treatment and recovery require addressing the body, mind, social environment, and spiritual needs of an individual (including nutrition, employment, family issues, psychological issues, etc.**
- **Developmental approach to recovery.**
- **Maslow's Hierarchy of Needs**