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PART 1

Addiction and Society
We now live in an ‘addictive society’; that is, most of us are exposed to a range of addictive behaviours that have an impact on individuals, families, and communities. Addiction is a universal phenomenon that extends across socio-economic, cultural, religious and ethnic boundaries. Not only have we

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### Reflective activity 1.1

Much of our understanding of addiction and addictive behaviours is tied up in belief systems. This reflective activity focuses on the myths of addiction.

Before reading the chapter, state whether you think each statement is fact or fiction, and why.

<table>
<thead>
<tr>
<th>Statements</th>
<th>True</th>
<th>False</th>
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<tbody>
<tr>
<td>Addiction is a disease.</td>
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<td>Addiction cannot be treated.</td>
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<td>Addicts have a personality flaw.</td>
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<tr>
<td>Addiction to drugs can damage brain cells.</td>
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<tr>
<td>Anyone who uses drugs or alcohol or the Internet too much or too often will become addicted.</td>
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<tr>
<td>Alcohol and drugs cause addiction.</td>
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<tr>
<td>Addicts who continue with their addictive activities after treatment are hopeless.</td>
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<tr>
<td>Addicts need to reach rock bottom before they can accept help.</td>
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<tr>
<td>It is possible to overdose on LSD or cannabis.</td>
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<tr>
<td>It is not possible to overdose on caffeine.</td>
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<tr>
<td>You can overdose on alcohol.</td>
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<tr>
<td>Addiction to the Internet is not a problem.</td>
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<tr>
<td>Treatment for addictive behaviours does not work.</td>
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<tr>
<td>There is a high rate of relapse among addicts in treatment.</td>
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<tr>
<td>Addiction is treated by cognitive behavioural therapy, so it must be a behavioural problem.</td>
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all been exposed to an addictive society but we have also been trained into an addictive process. This addictive process is not a normal state for the human organism as it is something that we have learned (Schaeff, 1989). Our constant exposure to, and the accessibility of, both addictive substances and addictive activities have created new social and cultural norms that have influenced and made people more susceptible to addictions. In a way, these addictive behaviours have enabled us to escape from reality and from the stress and strains of developed societies.

In contemporary society, the range of addictive behaviours include both pharmacological and non-pharmacological addictions or activities leading to excessive behavioural patterns. Addictive behaviour may be defined as any behavioural activity, substance, object or thing that has taken control of a individual's lifestyle that is causing harm to the individual and family. Individuals who have problems with excessive behaviours such as eating, drinking, drug use, gambling and sexuality present similar descriptions of the phenomenology of their disorders (Cummings et al., 1980; Orford, 1985; Marks, 1990; Ghodse, 2010). The argument for raising the profile of addictive behaviours is challenging in the light of the fact that addiction is more likely to be the norm rather than the exception among the population. Given the extent and nature of the normalization of addictive behaviours in our society, only a minority of those addicted to pharmacological substances and activities are likely to come into contact with specialist agencies. Most of them will invariably have first come into contact with primary care services, medical and psychiatric services, social services and voluntary agencies and the criminal justice system. The need for the management and treatment of those with addictive behaviours is no longer confined to the specialist services.

Health and social care professionals may be reluctant to respond appropriately due to a lack of adequate preparation and negative attitudes towards those who have addictive problems. Various attitudinal studies have shown that many health and social care professionals have negative views towards substance misusers and are reluctant to work with them. Negative attitudes have been identified among general practitioners (Roche, Guary and Saunders, 1991); psychiatrists (Tantam et al., 1993) and nurses (Rasool, 1998a; Selleck and Redding, 1998). However, the attitudes of nurses towards substance misusers may be changing. The findings of a study by Rasool (2006, 2007) showed that undergraduate nursing students generally held positive attitudes towards those with a pharmacological addiction. There is also evidence to suggest that substance abusers are reluctant to utilize health services for drug-related or other health problems due to the negative attitudes and behaviour of staff (McLaughlin et al., 2000).

Studies support the idea that the development of a more positive and non-judgmental attitude, confidence and skills in identifying and working with
Introduction

substance misuse and related problems, may be partly related to the provision of education and training (Rassool, 2009). It is clear that unless health and social care education addresses the attitudes that underpin the stigmatization of addicted patients, and supports the acquisition of the necessary skills and knowledge, a significant proportion of patients will be denied appropriate response and intervention.

The need for health and social care professionals to develop their knowledge and clinical expertise in relation to addictive behaviours is beyond dispute. However, education and training in dealing with addictive behaviours has been largely patchy and limited; and has lagged behind the growth in service provision (Rassool, 2009). Despite the few ‘centres of excellence’ that have provided undergraduate and postgraduate courses in addictive behaviours, the overall emphasis among various levels of training remains disproportionately low compared with other chronic medical disorders (Isaacson et al., 2000; Prochaska et al., 2006). Rassool and Rawaf’s (2008a) study aims to evaluate the impact of an educational programme on alcohol and drug knowledge acquisition, changes in attitude and intervention confidence skills of undergraduate nursing students. The study provides some evidence that a short intensive educational programme on alcohol and drugs can be effective in improving educational outcomes. In addition, the findings of another study (Rassool and Rawaf, 2008b), showed an improvement in the level of intervention confidence skills of undergraduate nursing students. A summary of the research studies on the educational programme showed that the duration of the educational programme ranged from two hours to five weeks. Most studies showed that educational interventions were influential in knowledge acquisition, attitude changes in the area of treatment optimism and in improving nurses’ confidence skills (Rassool, 2009). There is evidence to suggest that the development of a more positive and non-judgmental attitude along with confidence and skills in identifying and working with substance misuse and related problems, may be partly related to the provision of education and training (Rassool, 2009).

The integration of addictive behaviour components in the undergraduate and postgraduate health care sciences curriculum should not be ad hoc but based upon systematic planning. The content of addictive behaviour components should be based on the local needs of the population and should be service-driven. For those developing training in educational programmes relating to addiction at a local level for continuing professional development, a training needs analysis is of paramount importance and should be part of a coherent strategy. The targeted audience for training should, in effect, be all those who come in contact with service users, including generic and specialist staff, in both hospital and community settings.
The principles of good practice in education and training and the design and delivery of training require the setting of clear aims, learning outcomes, content, teaching methodologies and evaluation (Rassool, 2009). The challenge for educators and trainers in professional education is to move away from a traditional method of course development by adopting a framework based on the learning/occupational needs and curriculum model (Rassool, 2009).

Addiction is not the sole property of one particular discipline. It is everybody’s business.

In fact, these are all potential definitions of a drug. There are various essential elements of what constitutes a drug (food or chocolate is considered a drug) as the concept is heavily influenced by the socio-cultural context and purpose of its use. The therapeutic use of a drug means a pharmacological preparation used in the prevention, diagnosis and treatment of an abnormal or pathological condition whereas the non-therapeutic use of drugs commonly refers to the use of illegal or socially disapproved substances (Rassool, 1998b). A drug, in the broadest sense, is a chemical substance that has an effect on bodily systems and behaviour.

**Reflective activity 1.2**

For this activity, you will be required to consider your own addictive behaviour. Are you addicted to a substance or activity? The substance could be your own use of tea, coffee, chocolate, alcohol or drugs. An addictive activity might include exercise, dieting, internet addiction or gambling. In order to understand the nature and reasons behind the addictive behaviour you will need first to understand your own ‘addiction’.

**Tasks to do**

1. List your addictions/dependencies
   - (a) Substances
   - (b) Activities
   - (c) People/Things

2. (a) What are the reasons why you think you may be addicted?
   - (b) Why do you need them?
   - (c) What do they do for you?

3. (a) How would you feel if you had to give up your preferred choice of dependence?
   - (b) Would it be easy or difficult?
   - (c) Would you have physical or psychological withdrawal symptoms or both?
Introduction

This includes a wide range of prescribed drugs, illegal and socially accepted substances. However, a drug can be either therapeutic or non-therapeutic or both.

**Substance use and misuse**

Substance use is referred to as the ingestion of a substance that is used for therapeutic purposes or as prescribed by medical practitioners. The term ‘substance misuse’ may be seen as the use of a drug in a socially unacceptable way that is harmful or hazardous to the individual or others (Royal College of Psychiatrists and Royal College of Physicians, 2000). Substance misuse is the result of a psychoactive substance being consumed in a way that it was not intended for

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**Reflective activity 1.3**

**What is a drug?**

By ticking Yes or No, state what you think is/are the definition(s) of a drug:

<table>
<thead>
<tr>
<th>Definitions</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>A substance other than food intended to affect the structure or function of the body.</td>
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<td>A substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease.</td>
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<tr>
<td>A substance used as a medication or in the preparation of medication.</td>
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<tr>
<td>A substance recognized in an official pharmacopoeia or formulary.</td>
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<tr>
<td>A substance intended for use as a component of a medicine but not a device or a component, part or accessory of a device.</td>
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<tr>
<td>A substance used in dyeing or chemical operations.</td>
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<tr>
<td>A commodity that is not saleable or for which there is no demand.</td>
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<tr>
<td>Something, often an illegal substance, that causes addiction, habituation or a marked change in consciousness.</td>
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<tr>
<td>Any substance or chemical that alters the structure or functioning of a living being.</td>
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<tr>
<td>A psychoactive substance that affects the central nervous system and alters mood, perception and behaviour.</td>
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and which causes physical, social and psychological harm. It may take the form of physical or psychological dependence or be part of a wider spectrum of problematic or harmful behaviour. The generic term ‘substance misuse’ is often used to denote the misuse of alcohol or drugs. The World Health Organization recommends the use of the following terms:

- Unsanctioned use: A drug that is not approved by society.
- Hazardous use: A drug leading to harm or dysfunction.
- Dysfunctional use: A drug leading to impaired psychological or social functioning.
- Harmful use: A drug that is known to have caused tissue damage or psychiatric disorders.

**Tolerance**

Tolerance refers to the way the body usually adapts to the repeated presence of a substance. Higher quantities or doses of the psychoactive substance are required to reproduce the desired or similar behavioural effects. The drug must be taken on a regular basis and in adequate quantities for tolerance to occur. For example, amphetamines can produce considerable tolerance and strong psychological dependence with little or no physical dependence, and cocaine can produce psychological dependence without tolerance or physical dependence. Tolerance may develop rapidly in the case of LSD or slowly in the case of alcohol or opiates.

**Psychological dependence**

Psychological dependence can be described as a compulsion or a craving to continue to take the substance because of the need for stimulation, or because it relieves anxiety or depression. Psychological dependence is recognized as the most widespread and the most important form of dependence. This kind of dependence is not only attributed to the use of psychoactive drugs but also to food, sex, gambling, relationships or physical activities.

**Physical dependence**

Physical dependence is characterized by the need to take a psychoactive substance to avoid physical disturbances or withdrawal symptoms following cessation of use. The withdrawal symptoms depend on the type or category of drugs. For example, for nicotine, the physiological withdrawal symptoms may be relatively slight. In other dependence-inducing psychoactive substances such as opiates
and depressants, the withdrawal experience can range from mild to severe. The withdrawal from alcohol for instance can cause hallucinations or epileptic fits and may be life-threatening. Physical withdrawal syndromes are not, however, the essence of dependence. It is possible to have dependence without withdrawal and withdrawal without dependence (Royal College of Psychiatrists, 1987).

**The dependence syndrome**

The original framework of the dependence syndrome referred specifically to alcohol dependence but this has been expanded to include other psychoactive substances. The dependence syndrome, derived from the disease, biological and behavioural models, has provided a common language for academics and clinicians to talk about the same phenomena. According to Edwards and Gross (1976), there are seven components of the syndrome:

- Increased tolerance to the drug.
- Repeated withdrawal symptoms.
- Compulsion to use the drug (a psychological state known as craving).
- Salience of drug-seeking behaviour (obtaining and using the drug becomes more important in the person’s life).
- Relief or avoidance of withdrawal symptoms (the regular use of the drug to relieve withdrawal symptoms).
- Narrowing of the repertoire of drug taking (pattern of drinking may become an everyday activity).
- Rapid reinstatement after abstinence.

**Aims and structure of the book**

This book offers a basic understanding of addiction behaviour for health and social care professionals. The theme of the book, which is interwoven in all the chapters, is the multi-professional nature of the work with those with addictive

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**Reflective activity 1.4**

Reflect on what you have read and test your understanding:

- What is substance use and misuse?
- What is meant by tolerance?
- What is meant by physical and psychological dependence?
- List the criteria for the dependence syndrome.
problems. The content includes a rich array of addictions and encompasses both the current theory and research which is of interest to students, and an awareness of the practice implications for professionals. This concise volume on addictive behaviours acts as an excellent resource for those who are unfamiliar with the addiction field and goes into detail about the addictive behaviours, their effects, and the assessment and intervention strategies available. The book is a synthesis of the body of knowledge, research and clinical practice within the framework of dealing with addictive behaviours.

The aims of the book are to: provide knowledge and understanding of addiction in contemporary society; provide a framework of skills-oriented approaches to assist students and practitioners in dealing with addiction; provide accessible literature on clinical issues and practice, interventions, management, education and evidence-based practice; and, encourage practitioners to reflect critically on what they have read and to consider the implications for practice.

In addition, it aims to provide a framework for health and social care professionals in dealing with difficult contemporary issues in working with those with special needs and diversity. It is of relevance to students in medicine, nursing, psychology, social work and the criminal justice system and those attending postgraduate courses in addiction and mental health studies. It is also intended as a valuable resource for generic and other specialist health care professionals who are unfamiliar with this area of work and are likely to encounter individuals with addictive behaviours as part of their daily clinical practice.

The book is presented in three parts. Part One provides an introduction to addiction behaviours by focusing on the themes of addiction and society and the perspectives and theories of addiction. Part Two presents pharmacological and non-pharmacological addictions covering the areas of alcohol, opiates, psychostimulants, cannabis, hallucinogens, synthetic drugs, eating disorders, gambling, and internet and sexual addiction. The chapters also focus on the explanation of the addictive substance or activity, indicators of signs and symptoms, the adverse consequences and assessment and intervention strategies. Part Three examines addiction in the context of dual diagnosis, harm reduction, issues and interventions relating to special needs and diversity and service provision.

The book is practice-oriented and each chapter contains reflective activities related to the theme of the chapter. In addition, relevant chapters are supplemented by case studies.

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