

## WORKSHEET: Models of Addiction Activity

Activity: Understanding Assessment

Purpose: Participants will examine their understanding of the models of addiction

Time: 10-15 min

Jim, age 16, seems to be even moodier than normal lately. He isn't eating much in the evening and complains that he has a stomach ache or isn't hungry. You remember when he was so picky about his looks and clothing, but notice that he isn't showering often and is wearing dirty clothing to school. The worst part is that he no longer wants to talk about his day or his life like he used to do in the evenings. Instead, he snaps if you ask him questions or yells that you need to stay out of his business. You are so worried and wonder if his grades, like his home life, are suffering. You believe he might be using drugs, because he's smelled odd a few times and yesterday, you found what looked like marijuana in his pant pockets. You desperately think back to what has been going on in his world as you search for clues to his possible drug use.

The statements below agree with one of the models of addiction and show what you might say to yourself if you held particular beliefs about addiction. Please match the following models to the statements: Disease Model, Moral Model, Nature Model, Psychological Model, or Sociological Model

\_Soc\_\_\_\_\_ Jim is using because he's around those kids at school. I just know that they convinced him that Pot (or whatever that was) is okay to use. I'm going to get him away from that group at all costs.

\_Psy\_\_\_\_\_ Jim seems so lonely this year. I'm thinking that he's depressed since his girlfriend moved out of state. Perhaps it might be a good idea to take him to a counselor or to our pastor for a talk.

\_Moral\_\_\_\_\_ I've told Jim multiple times about my rules in this house. Finding that marijuana, or at least what I thought was marijuana, was the last straw. I'm going to ground him and then we're going to talk to that school counselor.

\_Nature\_\_\_\_\_ I know that all teens want to experiment. Heck, even I did that when I was in school and I turned out okay. It's probably just a phase. I shouldn't worry so much. After all, what's a bit of Pot.

\_Disease\_\_\_\_\_ I know that drug and alcohol addiction run in our family, but I'm not sure that Jim knows this. He needs to understand about my dad's use and how Dad never could kick the habit – even when he tried. Dad used to say that alcohol made him feel “normal.” I think I'll talk with Jim about what is going on in his life and see if I can get him into a teen group to help him figure this out.

The statements below agree with one of the models of addiction and show what Jim might say to himself if he held particular beliefs about addiction. Please match the following models to the statements: Disease Model, Moral Model, Nature Model, Psychological Model, or Sociological Model

\_\_Moral\_\_ I know that I made that choice to use and I should be able to just stop. I've tried to stop over and over again. I'm so ashamed of myself. The others all say that they can drop it anytime, but I can't. I can't tell my parents; they would hate me for being a bad son.

\_\_Nature\_\_ It's my right to do what I want with my own body and no one can tell me anything different. It's normal to want to de-stress after a hard day at school, and this makes me feel so good. So, what is the issue! It's just like Pot and everyone knows that it's basically harmless.

\_\_Disease\_\_ Jenny told me not to start using drugs. She said that it would change the way I think and make it hard to remember stuff for the tests. She was right and I tried to stop after I failed the last test. The problem was that all I could think about after stopping was when and where I could get some more. I sure wish I'd never seen the stuff.

\_\_Psy\_\_ I'm so depressed lately and the Spice seems to help. I think of it as my medication... my way of coping with this awful high school life.

\_\_Soc\_\_ I live in a community where drug use is just what everyone does. I'm not on the "hard" stuff, so I think I'm doing pretty good. I'll stop when I get into college and out of this place.

## WORKSHEET Core 1, Slides 9-11: Knowledge Check: Use Misuse, or Use Disorder

**Purpose** – To assess understanding about the differences between substance use, misuse, and use disorders.

**Total Time** – 10 minutes

**Read the following questions and choose the term that best describes the person's behavior.**

1. A 16-year old teenager has a bad cold with a soupy-sounding cough. Lucy, her best friend, feels sorry for her and gives her a dose of prescription cough medicine with codeine. The medicine helps a lot and her coughing subsides.
  - a. Substance use
  - b. **Substance misuse**
  - c. Substance use disorder
2. An 18-year old takes a prescription antidepressant for treatment of depression. As directed by his doctor, the 18-year old takes this medication once a day.
  - a. **Substance use**
  - b. Substance misuse
  - c. Substance use disorder
3. A 17-year old teenager smokes a blunt each night and e-vapes at least two dabs of budder each day. He decided to stop using and experienced irritability, anxiety, depression, sweatiness, and headache about a week later.
  - a. Substance use
  - b. Substance misuse
  - c. **Substance use disorder**
4. A teenager gets into a major car accident after a night of using N-Bomb with his friends. His car was totaled, but fortunately, no one was seriously hurt.
  - a. Substance use
  - b. **Substance misuse**
  - c. Substance use disorder
5. The doctor prescribed a muscle relaxant for Toby after a soccer injury that severely strained his neck and left shoulder. Toby takes the medicine as prescribed twice a day and says that it makes him sleepy. Today, while driving to school, Toby was stopped for failure to render right of way to a teen in a crosswalk. After talking to Toby, the police told him to step out of his car. Toby admitted that he'd taken a muscle relaxant, but insisted that it was prescribed. He was arrested anyway and charged with DUI.
  - a. Substance use
  - b. **Substance misuse**
  - c. Substance use disorder

## **INFORMATION SHEET:**

### **HOW WE DEFINE SUBSTANCE USE, MISUSE, AND DEPENDENCE**

#### **Substance Use**

Substance use is the consumption of low and/or infrequent doses of alcohol and other drugs such that damaging consequences may be rare or minor. Substance use might include an occasional glass of wine or beer with dinner, or the legal use of prescription medication as directed by a doctor to relieve pain or to treat a behavioral health disorder.

#### **Substance Misuse**

Substance misuse is the use of a substance for a purpose not consistent with legal or medical guidelines. This term often describes the use of a prescription drug in a way that varies from the medical direction, such as taking more than the prescribed amount of a drug or using someone else's prescribed drug for medical or recreational use.

#### **Substance-Related Addictive Disorders**

American Psychiatric Association. (2013). Substance-Related and Addictive Disorders in the *Diagnostic and statistical manual of mental disorders*: (5th ed.). pp. 481-589.

#### **Substance Use Disorder**

Per the American Psychiatric Association's Diagnostic and Statistical Manual, 5th Edition (DSM-5), substance-related disorders cover "10 separate classes of drugs: alcohol; caffeine; cannabis; hallucinogens...; inhalants; opioids; sedatives, hypnotics, and anxiolytics; stimulants...; tobacco; and other...substances (p. 481). Substance-related disorders are further classified into Substance-Induced Disorders and Substance Use Disorders. Substance-induced disorders include reversible substance-specific symptoms of "intoxication, withdrawal, and other substance/medication-induced mental disorders" (p. 485). Gambling Disorder is an addictive disorder also included in the DSM-5, because gambling behaviors activate the brain's reward centers in similar fashion as substance of abuse.

Substance use disorder is "a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems" (American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 5th Ed., 2013, p. 483). Characteristics of substance use disorders include a pattern of behaviors fitting into one of four criteria groups: impaired control, social impairment, risky use, and pharmacological criteria. Specific criteria include (pp. 483-484):

### **Criterion 1: Impaired Control**

1. The individual may take the substance in larger amounts or over a longer period than was originally intended.
2. The individual may express a persistent desire to cut down or regulate substance use and may report multiple unsuccessful efforts to decrease or discontinue use
3. The individual may spend a great deal of time obtaining the substance, using the substance, or recovering from its effects
4. Craving is manifested by an intense desire or urge for the drug that may occur at any time, but is more likely when in an environment where the drug previously was obtained or used.

### **Criterion 2: Social Impairment**

5. Recurrent substance use may result in a failure to fulfill major role obligations at work, school or home.
6. The individual may continue substance use despite having persistent or recurrent social or interpersonal problems, caused or exacerbated by the effects of the substance.
7. Important social, occupational, or recreational activities may be given up or reduced because of substance use.

### **Criterion 3: Risky Use**

8. Recurrent substance use in situations in which it is physically hazardous
9. The individual may continue use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

### **Criterion 4: Pharmacological Criteria**

10. Tolerance by requiring a markedly increased dose of the substance to achieve the desired effect or markedly reduced effect when the usual dose is consumed.
11. Withdrawal occurs when the blood or tissue concentration of a substance declines in an individual who had maintained prolonged heavy use of the substance.

Substance Use Disorder is classified by a **range of severity** based on the number of diagnostic criteria endorsed. Mild Substance Use Disorder means that the individual meets two to three of the symptoms. Moderate Substance Use Disorder means that four to five symptoms have been endorsed. Finally, Severe Substance Use Disorder means that the individual displays six or more of the diagnostic symptoms.

## INFORMATION SHEET: MODELS OF ADDICTION

### **Moral Model**

#### Etiology:

The association of morality, or right versus wrong, with substance use behaviors and disorders has been in existence for centuries and stems from our belief that humans have self-determination and free will (Mosher & Atkins, 2007; Schaler, 2000). This model suggests that drug use, gambling, looking at porn, or other potentially addictive behaviors are voluntary, hedonistic actions that we choose because they feel good. The underlying etiology of dependence includes a lack of morality, character, strength, or will power over the substance or behavior, and a consequence of our personal choice to use psychoactive substances. Ultimately, we alone are responsible for our actions.

#### Idioms indicative of a moral model:

- Just say no
- Loss of control
- Drug of choice
- Addictive personality
- Pull up your bootstraps and...

#### Recovery & Relapse:

Beliefs that substance use dependence is a moral issue comes at the price of stigma, shame, and a rejection of new scientific information about how addiction hijacks our brain. This model is associated with greater support for punishment, including incarceration. When successful sobriety is the hallmark of our personal effort to “make good choices” or “do the right thing,” those with substance dependence may be stigmatized and shame may accompany relapse.

### **Nature Model**

#### Etiology:

Andrew Weil (1972), commonly associated with the 1960s drug revolution and hippie counter culture, postulated that humans possess an innate and universal drive to alter their consciousness. Support for this assertion can be drawn from the use of psychoactive substances around the world and risk-taking, consciousness-altering activities such as skydiving, speeding, bungee jumping, children spinning, and extreme sports. As such, use of psychoactive substances and other “addictive” behaviors are practical solutions to a normal drive to feel an endorphin rush.

#### These statements could indicate a belief in the nature model:

- It can't be that bad if everyone's doing it
- I tried it when I was a teen and I turned out just fine
- Taking risks is a normal part of growing up
- XX substance should be legalized
- I have the right to do what I want with my own body
- Just cut down

#### Recovery & Relapse:

The Nature Model supports personal independence and choice, while rejecting the need for recovery or abstinence from the problematic drug or behavior. Instead, the individual might be encouraged to “just cut down” or to manage use (e.g., not using when intending to drive). This harm reduction approach reduces the harm associated with use rather than insisting upon abstinence and sobriety.

### **Psychological Model**

Etiology:

The Psychological Model examines the issue of use, misuse, abuse, and use disorders from a “micro-level” perspective “within the context of social learning, reinforcement, dysfunctional coping mechanisms, and personality” characteristics (Broadus, 2012, p. 31). This model considers causal factors stemming from within the individual. These might include emotional factors (e.g., low self-esteem), mental health issues (e.g., depression, anxiety, body perception issues), maladaptive beliefs (e.g., use will make me feel better), or personality characteristics (e.g., low resilience, tendency toward risk-taking, or difficulty regulating emotions). Substance use also may result from a lack of education or skills to effectively cope with personal issues. Initially, the substance use or addictive behavior “high” may reinforce the coping mechanism.

Recovery & Relapse:

Belief in the Psychological Model is associated with greater compassion toward individuals with substance use disorder and a greater focus on treatment rather than punishment. This belief asserts that recovery is possible IF the underlying psychological issue is addressed.

### **Sociological Model**

Etiology:

The Sociological Model stems from efforts in the 1980s and beyond to find explanations for the increasing problem of drug-related crime and substance use (Broadus, 2012). This model examines causal factors that are external to the individual, yet impact behavior. Such factors include economic strain (e.g., poverty, homelessness, etc.), social conflict (e.g., terrorism, war, crime, family/social relationships, etc.), and social/cultural norms that promote or normalize use (e.g., pro-use communities, peer pressure, college expectations, etc.).

Recovery & Relapse:

Similar to the Psychological Model, the Sociological Model is associated with greater compassion and the belief in treatment rather than punishment. This model also asserts that reduction in addictive behavior and recovery are possible AFTER the external issues are addressed or the individual is given the skills to deal with those issues.

## **Disease/Genetic Model**

### **Etiology:**

The Disease/Genetic Model reflects current advances in science that addiction is a “chronic, relapsing brain disease characterized by compulsive drug seeking and use, despite harmful consequences” (NIDA: The Science of Drug Abuse, 2016). This model asserts that substance use results in changes within the brain, which impair our decision-making and motivation processes. Substance dependence is chronic, progressive, and may lead to permanent damage or death. Vulnerability toward dependence is inherited, but excessive substance use or addictive behaviors can result in dependence even when there is no familial history of substance use issues. Substance use also may be triggered or exacerbated by existing neurobiological factors such as chronically low dopamine levels. In these cases, individuals indicate that use makes them “feel normal.”

A core purpose of the Disease/Genetic model of addiction is to help us understand the individual with the disease of substance or process dependence. Through understanding, we can increase compassion and tolerance toward those with the disease of addiction and reduce the stigma associated with this disease. Ultimately, understanding the science behind this disease may help us to address and break the cycle of addiction.

### **Recovery & Relapse:**

The Disease/Genetic Model equates substance use disorder to other chronic medical issues (e.g., Hypertension, Diabetes, Asthma, etc.). Similar to these other medical issues, the person may be “in recovery” or the disease is “successfully managed,” but there is no cure. Once an individual has a substance use disorder, they will always be vulnerable to relapse and a reoccurrence of the dependence. As with many other chronic diseases, changing one’s behavior is very difficult. Just think about trying to change your diet or quick smoking. Relapse is part of the process of learning how to live a healthier life. For those with substance use or gambling disorders, any use of the substance or exposure to gambling may trigger a relapse – even years after the person has maintained sobriety. For this reason, this model asserts that abstinence is essential.

## **Biopsychosocial Model**

### **Etiology:**

Addiction therapists have noted that no one belief model covers all of the risk factors leading to substance use, misuse, or addiction – and no one set of risk factors (e.g., just the psychological causal factors) may prove to be strong enough or large enough to result in substance use, misuse, or dependence. It could be that substance-related disorders result from an interaction between the biological, psychological, and sociological factors. The biopsychosocial model of beliefs about addiction offers a solution by bringing the biological, psychological, and sociological risks under one umbrella. The downside of this model is that it does not encompass those beliefs included in the Nature or Moral model – and as we’ve seen, these beliefs can be important to choices regarding use and treatment of those with dependence.

### Recovery & Relapse:

This model view substance use and process disorders as complex disease encompassing our biological vulnerability, genetics, psychological trauma, emotional issues, and negative thinking, and sociological issues such as SES, culture, and education. The recovery process must address these complexities through prevention AND treatment, and must be flexible enough to meet people where they are in their disease. In addition, we must consider gender, age, ethnicity, cultural values, and sexual orientation as we develop our prevention and treatment programs.