

# Dependence and addiction

*by Duncan Vere*

Taking drugs may seem exciting to begin with. It may be seen as a means of rebellion against, or escape from, a person's current circumstances. However, it carries a real risk because anyone can become a powerless passenger when a drug habit becomes the driver.

It's easy to buy drugs from illegal suppliers. However some drugs not only cause serious harm, but also make the user crave future doses.

The need for repeated doses of a drug can occur with drugs prescribed by a doctor, as well as those bought illegally. Such dependence can be benign, as happens with drugs that assist a person with a heart condition, or it can have harmful side-effects. People are said to be addicted when their need to take a drug adversely affects them or their social environments.

The most commonly bought illegal drugs are those that alter a person's mood or perception of the world. So-called 'soft' or 'recreational' drugs like Ecstasy do not lead to dependence, but others like heroin or crack-cocaine rapidly lock people into needing repeated doses.

Even so, recreational drugs do have their dangers. To start with they carry side-effects that can be lethal. On top of this, using recreational drugs can encourage people to start taking addictive drugs. Many people find that once the 'high' experience of a recreational drug has worn off, they are left with a general dissatisfaction within themselves. They then try to relieve this by taking a stronger drug.

The dangers do not just stop at loss of health. People who become addicted find it difficult to maintain jobs, but need to find large sums of money to buy drugs and feed their addiction. Some drug users in the UK spend between £350 and £2,000 per week on a mixture of heroin and crack. Most of the money was raised by shoplifting, burglary, fraud, drug dealing and prostitution.<sup>1</sup>

## The push to try drugs

People start to use illicit drugs for a variety of reasons. Some do it simply to have the experience, and to have a good time. Others want to test their limits. For some there is a need to prove themselves or join in with their friends and peers.

Some start to use drugs to escape from emotional or physical pain. In other situations, drug use is linked to particular pubs or clubs. The combination of social pressure and availability means that going to these places increases a person's chance of starting to use them.

## A historical review

Attitudes to dependence and addiction have changed. For centuries most people drank heavily. Many were addicted to alcohol. Water was unsafe and the 'measure of a man' was how much liquor he could hold. In the 18th and early 19th centuries political leaders were 12-pint men. Clive, Wilberforce, Coleridge and Wordsworth all took opium for part of their lives<sup>2</sup>. Drug dependence, including snuff tobacco, was usual, and babies and children were quietened with opium or gin.

In the later 19th century the social problems caused by excess drinking led to the Temperance Movement. Christian brewers like the Barclay and Buxton families aimed to popularise beer instead of spirits, because it seemed less harmful.

Alcohol intake fell on average to a sixth of previous levels, but today it is rising. One in 25 children aged 11-15 drinks more than the safe limit for adults<sup>3</sup>. One in 25 adult drinkers is thought to be addicted to alcohol<sup>4</sup>.

The trend repeats for tobacco consumption. In 1996, 13% of young

people aged 11-15 regularly smoked cigarettes, and in a reversal of previous figures, more girls than boys now smoke (15% vs 11%)<sup>5</sup>.

Since 1987 there has been a fivefold increase in drug abuse among 12 to 13 year olds and an eightfold increase among 14 to 15 year olds<sup>6</sup>. In addition, around 45 per cent of 16 to 19 year olds admit to having tried illegal drugs at some point in their lives<sup>7</sup>.

Illegal drug use is not confined to young people or those who are already disadvantaged. One study showed that 10 per cent of medical students smoke tobacco, 17 per cent drink excessive alcohol, 37 per cent have used illegal drugs and 9 per cent currently use them<sup>8</sup>.

Among adults, dangerous drinking and drug abuse is rising. In 1989, some 4,000 additional people became addicted to heroin<sup>9</sup>, but by 1992 this had risen to 7,658 new addicts per year<sup>10</sup>. A recent report indicates that there are now 130,000 drug users in England and Wales.<sup>1</sup>

The risks to any drug user are very real. According to the most recent survey by the Office for National Statistics, 'drug related mortality among men in their twenties has increased three-fold over the last ten years'<sup>11</sup>.

# Leading to addiction

Initial use and subsequent addiction can have several roots:

- *Having fun*

Pleasure is the most common reason given for dabbling with drugs as they give extreme sensations and break the monotony of life. No-one believes that they will get caught out by getting addicted to them.

- *Low self-worth*

In a world where image is everything it is easy for individuals to become convinced that they can't live up to these ideals. Drugs seem to give an extra boost.

- *Rejection*

Low self-worth can be compounded by rejection. This could be real, as in the case of a child abandoned by his or her parents, or imagined.

- *Peer pressure*

People need to feel as if they fit in with their friends. The resulting peer pressure can be very powerful, and can strongly influence behaviour.

- *Social training*

Children living in homes where smoking or drug taking is considered normal, are more likely to adopt similar habits. The majority of people learn their alcohol habits from their parents.

- *Availability of drugs*

Research by the Scottish Health Education Unit revealed a simple rule: the more readily available a drug, the greater the number of people who become addicted to it<sup>12</sup>. When the street price of a drug falls, its use increases.

- *Brain chemistry*

There is evidence for common biochemical factors in some alcohol and opium dependencies (eg dopaminergic pathways) and alcohol breakdown products (tetrahydroisoquinolines in the brain)<sup>13</sup>.

- *Genetics and gender*

As scientists learn about how genes contribute to our behaviour, some claim that looking for particular genes can identify people who may have an increased risk of becoming addicted to particular drugs<sup>14</sup>. However, there is no indication that anyone is genetically compelled to become addicted.

In addition, whether a person is male or female does not affect their susceptibility to becoming addicted to a particular drug.

All this suggests that the chief cause of addiction is not the drug itself, but social attitudes, pressures and desires that lie within, or play on, the mind of the taker.

- *Behaviour and habit*

The process of taking a drug can become very important to the user.

In some cases you can slowly reduce the amount of heroin that an addict is taking without them suffering the acute 'cold turkey' symptoms. This is because they are continuing the rituals of their habit, even though the dose is decreasing. However, remove their syringe and the symptoms are triggered.

## Commonly used terms

Dependence	A compulsion to take a drug to satisfy a psychological or physical reliance on it.
Addiction	Severe dependence that results in socially damaging patterns of behaviour. People can be addicted to drugs, alcohol, food, shopping, praise, etc.
Tolerance	The need to take more and more of a drug to attain the same physical or mental effect. Tolerance develops over a period of time, as either the liver becomes more efficient at breaking down the drug or the body's tissues become less sensitive to it.
Withdrawal symptoms	A group of distressing mental and physical effects experienced by a person who stops using a drug.

# Characteristics of dependence

A person who has become dependent on a drug may:

- show a progressive craving for a drug
- develop a lifestyle that increasingly focuses on their 'need' for the drug
- become involved in crime to get money
- physically abuse family members
- have withdrawal symptoms when they stop taking the drug
- say 'I want to stop', but in fact continue
- develop a stereotypical pattern of behaviour
- develop tolerance to the drug
- return rapidly to dependence behaviour after a period of abstinence

## Chief social issues

Drugs radically affect the way that people behave towards each other. Consequently there are a number of areas of current debate:

### • Decriminalisation

One issue is whether we should allow people to have free choice, or whether we should regulate, restrict or ban the sale of addictive drugs.

Some people argue that it is hypocritical to allow the sale of alcohol and tobacco, both of which cause massive damage to people's health, but ban other potentially safer drugs. They point to the fact that the total number of deaths caused by misuse of alcohol greatly exceeds the number caused by misuse of drugs<sup>15</sup>, and around 0.9 per cent of smokers die each year of smoking-related diseases, compared to only 0.0002 per cent of Ecstasy users.<sup>16</sup>

Opponents of this view say that if people started to try to market alcohol and tobacco now they would never be allowed. They are only on the market because of the extent to which they are now a part of the fabric of our society and banning

them would be impossible. But that does not stop them being dangerous. Decriminalising drugs would simply place another set of damaging products onto the market.

*Would this encourage more people to try them and get addicted?*

### • Licensing laws

Social policy in the UK restricts the sale of many products including tobacco and alcohol. This is done to protect the user and others who choose not to use them.

*Is it possible to balance liberties and restraint?*

### • Manufacturers' profits

Many drugs come originally from parts of the world that are experiencing severe economic hardships. Sales of drugs are a vital component of their economy.

*How could people be encouraged to stop producing drugs?*

### • Advertising

New laws are restricting the advertising of alcohol and tobacco.

However, while it is not strictly conventional advertising, tobacco, alcohol and other drugs are frequently used in popular films.

*Can this lead to a dangerously relaxed attitude to these products?*

## Biblical issues

The Bible is comfortable with the idea of using chemicals for both pleasure and medicine (Ps 104:15; 1 Tim 5:23; Titus 2:3). However anything that could cause physical damage is prohibited (1 Cor 6:19-20; Proverbs 23:29-35).

The problem with becoming dependent on drugs is that they cause a loss of self-control. People should not be brought under the control of anything except their own reason and God's Spirit (Eph 5:18; 1 Cor 6:10-12). Dependence is a form of mental slavery.

It is good to care for ourselves and for others. This is part of the stewardship of people's lives. It includes avoiding mental and social wounding and involves building one another up in love (Rom 14:19-20; 1 Thess 5:11).

Certain aspects of behaviour that often accompany drug dependence damage spiritual growth. These include drunkenness, promiscuity, harmful relationships and crime.

Within the Bible, the family is a central focus of personal and community life (Ps 68:6; Jer 31:10). However, family cohesion is severely disrupted by drug dependence<sup>3</sup>. Where families break down society breaks down (Deut 29:18-29). Drug dependence is so destructive because it can tear families apart.

# Kicking an addictive habit

To kick any addiction a person may need many things including:

- a willingness/desire to change
- an admission that he or she is an addict
- psychological help to overcome hurts
- a displacing power of a stronger affection - this could be the fear of the consequences of addiction, a new personal relationship, religious faith, a hobby or even a pet
- short-term pharmacological help

## • Self harm

Taking drugs involves risk and young people enjoy taking risks. This is fuelled partly by their tendency to believe that they are in some way immortal, that they personally will avoid addiction even if other people might succumb.

Along with dependence on the compound, drug taking can lead to mental and physical injury such as liver damage, bronchitis and diseases such as HIV-AIDS.

*Should people have the freedom to damage themselves if they choose?*

## • Education

Saying 'no' to something is never as good as offering a positive alternative.

*How can people be encouraged to seek alternatives?*

## • Social cost

Addiction leads to illness, accidents, unemployment, family breakdown, child neglect and violence.

*Can the cost be quantified?*

# Searching for freedom

Our age is one in which personal choice is held in high esteem. We

don't like to be told what we can or cannot do. Telling people not to take drugs is often seen as authoritarian.

However, the Christian view is that it is damaging to become a slave to anything, and addiction to drugs is a form of slavery. Intriguingly, it is today's demand for freedom of choice that can lead to addiction.

People are designed to have a relationship with their creator God. We are intended to depend on him and relate to him. Christians testify that in contrast to the restrictions imposed by addiction to drugs, dependence on God is the route to real freedom.

Helping people regain their freedom by breaking addictive habits is never easy and treatment programmes are expensive. There is plenty of evidence that long-term treatment and rehabilitation offers the best hope. For every £1 spent on treatment there is a £3 saving associated with reduced crime.<sup>17</sup>

While some people find that they can control their addictive habits, many more find that total abstinence is the only way to rebuild their lives.

We need to provide help that matches individual needs, and that develops as the person makes progress along the path leading away from addiction. Any help offered should aim to increase the person's ability to make decisions, restore his or her ability to work and to reinstate personal and family relationships.

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