

# Section three

## Substance use

This section is designed to give practitioners an introduction to some of the issues and concepts involved in substance misuse. It includes:

- What is a drug?
- The nature of use and misuse
- Why do people misuse?
- Patterns of misuse
- How common is substance misuse?

In the 'In Practice' section on page 33-35 we include details of a range of treatments available from substance misuse services.

In Appendix 1 on page 72 we include a description of the substances that are most commonly misused.

## What is a drug?

Drugs have been described as: 'any substance that, by its chemical nature, alters the structure or functioning of a living being'.

This is obviously a very broad definition that takes in a wide range of everyday socially accepted substances (coffee, tea) right through to illegal class A drugs. Nevertheless, an inclusive description can have some value in helping practitioners understand patterns of use and difficulties of changing or reducing use:

*"We try to get staff to think about their own addictions – how difficult it is to lose weight, to stop drinking so much tea or coffee, give up cigarettes, cut down on social drinking. How ready are they to give up experiences that are pleasurable? It helps them think about the complexity and difficulty of change."*

**Dual diagnosis trainer**

However, of more immediate concern to the practitioner is to understand different patterns of use and when substance use becomes problematic.

## What is the difference between drug use and misuse?

Many of us use legal drugs like caffeine, nicotine, or alcohol without much thought. Their use is socially acceptable and, in some circumstances, encouraged. We may even consume unwise levels or have a temporary dependency without having a long-term dependency problem. It is important to note that some people may also take illegal drugs occasionally without being dependent on them – eg a recreational cocaine user.

The line between use and misuse is a fine one and will vary from individual to individual. However, a useful working definition of use and misuse has been developed by the drugs agency, Drugscope:

**Drug use:** this refers to the taking of a drug, either by swallowing, smoking, injecting or any other way of getting it into the bloodstream. Drug use is used to refer to drug taking that, although it has some risk, is not necessarily wrong or dangerous. The term does not imply that drug taking is wrong and is therefore preferred by many not wishing to value-judge the taking of drugs.

**Drug misuse:** implies use outside medical use and which is harmful or done in a wrong way. It refers to use that is dependent or part of a problematic or harmful behaviour. This is preferable to the older term drug 'abuse' which can imply a moral judgement.

## Why do people misuse substances?

*"I'd just got out of prison. I got straight back on the 'gear' again, 'cos my missus, my kids, my home - everything had gone."*

**Service user**

The reasons why people use will be as varied as the individuals themselves. Some may enjoy the experience, wish to improve their sex life or hope to lose weight. Others who are socially excluded may find a sense of community with other drug users. For some, drug taking may be an escape from too much pressure. For others, it may be that boredom; peer pressure or a lack of opportunity is a trigger. Either way, it can be all too easy to create a vicious circle whereby using to escape problems only creates more problems and hence a greater need to escape.

Some people use to counter the withdrawal effects of other drugs. For example, benzodiazepines after stimulants. Or they may combine drugs to enhance the effect – for example cocaine and ecstasy. Alternatively, people may take illegal drugs to counter the unpleasant side effects of prescribed medication - for example muscle spasms or movement disorders arising from mental health medication.

*"In the environment where I am living, there are so many negative vibes, so many things to get you into trouble, so many things to keep you down and keep you like on a depressive vibe. You have to smoke something to keep you up."*

**Service user**

*"We say to people – you mustn't take your drugs because they're bad for you, they do bad things, they're from bad people. Here are our drugs – they're OK. But we don't really subjectively understand what the experience of taking psychiatric drugs is. Some have terrible side effects."*

**Drug worker**

*“Often the symptoms that the medication is addressing are not those that actually cause the client most distress. For example people can be more concerned about anxiety and mood than about hearing voices. So then they can turn to street drugs to help them deal with social situations or to take away the symptoms of medication.”*

#### Dual diagnosis nurse

The role of adverse life circumstances is also much discussed in relation to both mental health and substance misuse. Not only can deprivation in itself be a trigger but also there is generally greater availability of drugs in deprived areas. The relationships between these factors is complex and beyond the scope of this toolkit to explore in detail.

Workers should however be mindful that, paradoxically, contact with health and social services could also make people more vulnerable. For example, clients discharged from hospital in receipt of benefits may be soft targets for drug dealers. There is also a worrying increase in the availability of illicit drugs in psychiatric wards.

### Patterns of substance use

When considering patterns, the key factor is the amount taken and the effect on the person rather than issues around legality.

The legal status of a drug does not necessarily indicate how harmful it can be. The Government estimates that there are 3.8 million dependent drinkers in England and Wales. This is six times as many as those who are dependent on Class A drugs.

It is also worth noting that ‘harm’ can apply not only to the direct damage to the person but also to the behaviour associated with using. For example, there are known links between both alcohol and drugs and crime.

### Factors affecting use

A number of factors may influence people’s use:

**Environment/culture:** Poor social support, lack of employment or meaningful activity or adverse work environment, peer pressure, family situation.

**Mood:** can fluctuate from optimism to low self-worth and despondency.

**Plasticity:** this means variability in the effects of a drug. For example, heroin has low plasticity so that effects will be broadly similar for everyone. In contrast, LSD has high plasticity because its effects are very variable.

## Types of use

It will be helpful for practitioners to know some of the terms used by substance misuse services to describe different patterns of drug use: These are not rigid definitions and use can be problematic at any stage.

**Experimental use** can be seen as a normal developmental pattern. For example, it could apply to a school pupil inhaling solvents for the first time with friends. Other examples could include an ecstasy user who tried the drug once about 6 months ago and wants to try it again, or a person who has grown up with no drugs or alcohol but gets drunk with friends to see how it feels.

The numbers of those experimenting are steadily increasing and the age of first time use is decreasing. However, experimental use tends to be random and is usually sociable. It is important to note that it does not necessarily lead to dependency - the “slippery slope” theory is not borne out by research.

**Recreational use** differs from experimentation, in that it is both regular and controlled and can also be stopped at any time. It applies to both legal and illegal substances and is usually a sociable experience. Examples could include a person who smokes cocaine every other month with their partner or someone who drinks alcohol at the weekend who doesn’t consider this to be problematic.

**Polydrug use.** This is use of more than one drug by the same individual, either in a drug “cocktail” or one after the other.

**Dependent use** describes a compulsion to continue taking a drug in order to feel good or avoid feeling bad. This term is preferable to “**addiction**” which has negative connotations.

Dependence is often described as either physical or psychological. Psychological dependence is central to the definition of drug dependence. Physical dependence is a common and often important, but not a necessary, element of drug dependence.

**Psychological dependence** usually includes a strong desire to take a drug even in the knowledge it is harmful, or in spite of negative consequences. In severe cases intense craving and prominent drug-seeking behaviours are present.

**Physical dependency** is characterised by the need to take a substance to avoid physical discomfort or withdrawal symptoms. This results from repeated, heavy use of drugs like heroin, tranquillisers and alcohol. This can change the body chemistry so that, without a repeat dose, a person suffers physical withdrawal symptoms – such as “the shakes” and flu-like effects. For some drugs physical withdrawals can play a much greater part in continuing to reinforce the dependence. For example, heroin has a much more prominent physical dependence syndrome than drugs such as cannabis, or even cocaine.

Usually both the psychological and physical dependence on drugs are due to direct biological effects of the drug on the brain and nervous system. Common effects of most drugs that cause psychological dependence are direct or indirect changes in the brain reward and pleasure pathways. Physical withdrawals tend to be due to more specific nervous system changes related to the particular drug involved.

It is important to recognise that a range of individual biological, psychological and social factors can strongly influence development of drug dependence. The importance of these factors varies from person to person, and for some may be of greater importance than the simple biological drug effects in maintaining dependence or in contributing to relapse.

Other kinds of “behavioural addictions” are referred to such as work, gambling or sex addictions. The mechanisms involved are also complex and not fully understood. However, a range of individual biological, psychological and social factors are also involved including evidence of effects in brain reward pathways too.

**Binge** – describes a pattern which involves episodic use of a substance in large amounts over a condensed period of time (which may be a period of hours, days or weeks), followed by little or no use. Often the period between binges becomes shorter and substance use becomes heavier and more problematic. Possible examples of binge using might include: a drinker who once a month consumes large amounts of alcohol all weekend and who may have physical complaints, such as liver damage or alcohol poisoning. Or, a crack cocaine user who spends large amounts of money, perhaps on the day the benefits cheque comes through, and then doesn't use for some time.

**Harmful use.** This term should follow the ICD10 definition that 'there must be clear evidence that substance use was responsible for or substantially contributed to physical or psychological harm.' It is interchangeable with problematic use.

Examples include a drinker who consumes large quantities of alcohol every day. She develops a tolerance to alcohol and then needs larger quantities to feel intoxicated. She has regular binges of very heavy use that affect her job and relationships. She knows that her drinking is a problem but is ambivalent about getting help.

**Chaotic use:** This is often polydrug use, combined with other significant health issues eg HIV and liver damage, and mental health problems. It can be described as excessive use of substances over a prolonged period of time, with the user finding it very difficult to live without the substance or experiencing problems stopping or regulating use. Such individuals may not appear to care or be aware of the dangers of their use

Note, when working towards change, it is important that these definitions are identified and accepted by the user.

## How common is substance misuse?

Estimates vary widely. The '*Updated Drugs Strategy*' refers to 250,000 Class A drug users with the most severe problems. However, other research conducted by York University indicated a range of 280,000-500,000 people in the UK. According to the '*Alcohol Harm Reduction Strategy for England*', 1.8 million adults currently drink at very heavy levels. It is important to realise that the number of people in treatment does not reflect the much larger number of people who are dependent.

### Key findings from the British Crime Survey 2001/2

- Of all 16-59 year olds, 12% had taken an illicit drug and 3% had used a Class A drug in the last year. This equates to around four million users of any illicit drug and around one million Class A drug users in the last year
- Cannabis is the most frequently used drug, with around 3 million of 16-59 year olds having used it in the last year