

Essay question health may 2003

- (a) distinguish between substance use and substance misuse (6 marks)
- (b) Select one addictive behaviour and identify and evaluate two treatment strategies for substance misuse (14 marks)

(a) Substance use and substance misuse have been an important part of health psychology. It is important to differentiate between these two terms. Substance use is defined as taking a substance e.g. drug in such a manner that sought-for-effects are attained with minimal hazard. Whereas, substance misuse is taking a substance to such an extent that it greatly increases the danger/impairs ability to function adequately or cope with their circumstances. Substance misuse may have negative health consequences long term in terms of e.g. dependence/addiction. One addictive behaviour in health psychology is alcoholism that can be treated using different treatment strategies. Two of them are AA and Biological treatment. It has been shown that biological treatment is more efficient in the treatment of substance misuse e.g. alcohol as opposed to AA treatment which is not empirically founded.

Substance use is defined as taking a substance e.g. drug-alcohol in such a manner that sought-for-effects are attained with minimal hazard. If an adult consumes a martini before dinner is an example of substance use. It has been argued that substance use is statistically normal. Alcohol use is positively/negatively reinforcing. 'One martini' may not be a problem but 'binge drinking' may be as this was shown in an empirical study by Kuschel et al. (2004) on substance use/misuse at the Solomon Islands.

In his empirical study, Kuschel et al. (2004) used interviews and questionnaires with young people in the Solomon Islands (a collectivist society) where substance use is a part of cultural pattern i.e. binge drinking is a group activity, a social event, so it is not an individual problem. People drink because they look forward to and enjoy social interaction. Drinking is apparently not 'problem drinking', i.e. getting drunk in order to reduce internal tensions due to economic, physical, psychological or social problems. Among people in the Solomon Island, there is an ignorance of alcohol and drug related health problems like hypertension, and other psychological diseases. Findings like these indicate that health issues must be addressed in context of the culture/group, not the individual and that they must have a choice.

Substance misuse, on the other hand is a maladaptive pattern of substance manifested by recurrent and significant adverse consequences related to the repeated use of substances such as alcohol. The recurrent use of substance, alcohol has resulted in the failure to fulfil major role obligations at work, school or home and persistent social or personal problems (DSM-IV). Substance misuse may have long term negative consequences e.g. alcohol dependence that results in tolerance and withdrawal and loss of control in women e.g. Foetal Alcohol Syndrome (FAS) with irreversible effects

(b) One addictive behaviour in health psychology is alcohol. Treatment strategies for substance e.g. alcohol misuse are related to the ideas of aetiology: (1) alcoholism is pathological linked to the medical model, AA. AA, the most popular treatment approach of alcoholism in the US, involves the 12 steps involving people to give in to a higher power, labelling and leaving control to somebody else. Hence there is no free will here. An evaluation of this is that it is not really a treatment; it works best for people who attend regularly to meetings and get involved in the organisation. A

criticism of this approach is that members are encouraged to stay in AA for life: one an alcoholic, always an alcoholic and accused of having cult-like qualities. The methodological consequences for the AA approach are that it has no scientific outcome test with randomised controlled trials and outcome measures and is not supported scientifically. But it widely used and Henny (1998) has found that in UK the 12 steps approach has a 70% success rate. Miller (1995) based on a review of treatments concluded that 'most efficient if people choose treatments themselves'. This is in line with the self-efficacy beliefs i.e. if we think that that we are able to engage in a treatment of our own choice, and then we are more likely to put effort into carrying that treatment out. This approach is also related to humanistic approaches such as client-centred therapy.

Another treatment strategy for substance misuse is 'peer education' including CBST Motivation to change lifestyle that suggests that treatment should be based on personal responsibility, real choice (this is contradictory to the AA approach as there is no free will) and the facilitator/therapist should have empathy and be warm and supportive. Peer education has been used as a treatment to prevent FAS (drinking in pregnant women) by reducing alcohol misuse (Carr 2002) in Canada. Carr, 2002 used the methodology of qualitative research in a natural setting using a client-centred approach with facilitator and non-structured interviews and reflective logs.

Peer education is efficient as a treatment because of self-efficacy, personal choice and peers are more likely to understand the problem i.e. feel empathy and bridge to health services. In FAS, it is especially important to reduce alcohol use because physiological and psychological health of babies is in danger. For the treatment of FAS to be successful, the mothers have to seek support and CBST. However, traditional health campaigns are not efficient because they are based on fear and threats and do not regard the social factors.

Although AA treatment approach the most frequently used there is no empirical support of efficiency. People may become abstainers but also dependent on AA group (cult like). Randomised clinical trials have supported that strategies involving motivation to change lifestyle is more efficient because based on personal choice and 'empathy' in therapist (like in the Rogerian approach to treatment) and CBST (i.e. learning coping skills based on clients own healthy resources). Such an approach is 'peer education' which has proved efficient both in prevention of substance use and equally in reduction of substance use/abuse. In collectivist cultures like the Solomon Islands where binge drinking is seen as important part of social life, massive health problems related to physiological and psychological health must include treatment strategies that are rooted in the local culture so 'peer education' could be an efficient strategy here whereas an AA strategy is too Western in its understanding of alcoholism as pathological and therefore not likely to succeed.