The Influence of Social Factors in Drug Addiction – A Mini Review of Work by Miller & Carroll (2006)

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Operational Definitions

A model can be described as 'a coherent representation of key elements of a structure and system and is thus more descriptive than explanatory'.

Substance dependents are viewed as having a behaviour, which they have impaired control over. This behaviour leads to harmful consequences while causing severe medical, psychological and social harm [1]. The impulsive conducts gradually become a harmful pattern of abuse and the dependents find themselves unable to stop the behaviour on their own [2]. Theories can be described as a set of guiding principles, which an activity is based on for practice while being an idea to rationalize action. Theories are employed to guide facts and not so much for reaching goals [3].

Introduction

Many models have tried to define and explain the multifaceted condition of addiction [4]. These models identify what mechanisms and changes assist in prevention and recovery from addiction. This paper looks at addictions from the perspective of the social model. It discusses the integral attributes of the social context, which affect and influence addictions, drawn from work by Miller and Carroll [5].

Theoretical models

Miller and Carroll [5] employ four theoretical perspectives based on the role of social context to describe the intense conditioning and modeling regulating addiction which are laid out below:

Social learning theory dictates that there needs to be a strong bond with the society in order to stay engaged and motivate responsible behaviour. When the social bonds are weak people tend to loose focus and do not follow traditional rules and start leaning towards unhealthy acts such as addiction.

Behavioural economics or behavioural choice theory: The key focus is the alternative, also known as other reinforcements or rewards, which are available in activities besides addiction. Some possible alternatives could be opportunities for education, careers, religious engagements and even physical activities.

Role modeling: Social learning theory posits that adults, who present themselves as role models while being involved in addictions, have a huge effect in reinforcing the behaviour in others. This effect is stronger if there are social reinforcements to the addiction.

Stress and coping theory: Difficult life circumstances can lead to distress, alienation and finally addiction. Individuals who have poor coping skills and inability to manage stressors are at higher risks for engaging in addiction related activities [5].

One of the key reasons for poor attachments in abiding by social standards is "social disorganization or disunion and weak supervision or monitoring of the behaviour. These attributes are clearly observed in families lacking cohesion, school and work environment without vigilance and disorganized neighbourhoods.

Social Model

Substance dependency (addiction) '...represents an emergent property resulting from the interaction of components and may not reside in any singular component part' [5]. Social components influencing addiction include, though not exhaustively, neighbourhood crime, availability of the substance, tolerance and acceptance of drug use and poor support from community and society in battling the problem [6]. The highest rate of drug addiction is clustered in and around cities, apartment hostels and hotel areas while some of the main causes encouraging addiction are drug-motivating environments and easy availability of the substance [7]. Other common factors which play a role in addictive behaviour are poverty, decline in labour skilled jobs, increase in housing and living costs, child abuse and neglect, which leads people to learned helplessness, social anxiety and deviant behaviour [8]. Members of an extended social network have strong influences over each other. Social learning theory explains that '...substance use originates in the substance-specific attitudes and [5] behaviours of the adults and peers who serve as an individual's role model'. On the other hand social support entails acceptance from society, employment stability, close relationships with others and familial support [9]. This paper looks at three crucial areas influencing social and environmental factors in substance dependency:

- Social settings and the environment [5];
- Social norms [5];
- Family influences [4].

Social setting and the environment

People with addictions have the tendency to 'stick to their group' where social learning and modeling take place. Associative learning and the environment are contributing factors to the understanding of substance abuse and addiction. According to classical conditioning theory, stimuli and the environment are possible cue factors in triggering drug use [10]. Addicted people who are exposed to environments and places where they experienced drug use and dependency could be easily triggered through conditioned craving leading to a relapse. Teasdale [11], in his study, revealed that people suffering from addictions, exposed to opiate related pictures appeared

to show more emotional and physical responses to the picture This would mean that an addict who relapses could have been triggered by the environment or settings where he had been actively abusing drugs.

Miller and Carroll [1] discuss two forewarning factors to take into consideration when developing an understanding of addiction based on the environmental model: (1) Early influences in the environment may not determine later dependence or abuse behaviour unless there are environmental changes reinforcing outcomes; (2) The environment and settings that influence a particular outcome should not be accepted as a cause. Though this relationship may not be causal it provides for an understanding of factors that initiate change. This renewed knowledge can thus lead to avoiding the stimuli that elicits the negative behaviour.

Poverty leads to negative influence causing households to experience several crises at the same time, and forcing many to participate in deviant acts like criminal or antisocial activities increasing the compulsion to drug seeking behavior [8]. Societies deprived of basic needs and disarrayed communities are reported to have more drug issues (Advisory Council for Misuse of Drugs (ACMD), but it is also noted that there is limited or no causality supporting this understanding [12].

Social norms

Social settings and surroundings decide when and how the drug is to be used [13] and become the norms defining informal (unspoken rules practiced and accepted by the group) and formal rules and laws overseeing the drug use [14]. In time, these turn into rituals accepted by the group or community as a "norm". On the other hand, the social settings can decide the perception of the behaviour with the substance. In some countries 'drug parties' have been known to be common where people are invited to a party and drugs are freely distributed. Everyone in the party would be expected to abuse the substances. Back alleys and lonely streets where drug transactions take place can turn into dens for addictions. Sights of people injecting themselves with drugs and looking disoriented can be seen as normal because of the environment.

Social learning is observed in many kinds of drug use and other forms of behaviour, leading to the act of abusing drugs. Peer instigation and influence on the other hand, have been known to play an important role in prediction and in the continuous use of substances. [6]. Miller and Carroll [1] explain that social norms and influences affect a person's perceived evaluation of the various circumstances that are desirable and acceptable. Therefore modelling and peer norms can become powerful predictors of treatment outcome. As such, treatment programmes that provide a conducive social network where members regularly check on each other while practicing total abstinence seem to have positive long-term outcomes [5].

Familial influences

Families along with social factors are not stagnant entities [5] but keep evolving and it affects the addicted person's decision to start and continue or discontinue use. Family influences are strong and can even outweigh the impact of school and the community on decision making [15]. A large proportion of the literature identified for social support and relapse is concerned with familial support [16]. Individuals in the family have defined roles within the family hierarchy and are expected to submit to the needs of the family as a unit [17]. It is observed that the influence of the family may sometimes become a protective factor as social stigma; shame and the face phenomenon may prevent families from seeking behavioural health care [17]. Families tend to automatically protect and feel the need to maintain the 'secret' thus encouraging behaviour.

Conclusion

Humans learn by interacting with others and direct learning. Social learning is one of the most common and easiest means of studying through observation. Some of the strongest influences on behaviour modelling come from being associated with people who are important and matter most, the surrounding environment and the social norms forming the community [18].

People tend to have a strong desire to interact with each other and this is one of the core reasons to appreciate the strong social influences on addictions. Some types of addictions even require the help of other people while other addictions serve the purpose of entertainment and interaction with each other. For example how heroin addicts share needles and help each other with the syringe, alcoholics especially during initial stages of alcoholism, tend to consume alcohol in groups, cannabis use is practiced in groups of friends or gambling addictions take place in casinos or places where people are in large groups.

This paper focuses specifically on the social model and its influences on addictions. As evidenced from this paper, further studies on the impact of the social model will help fill the gap especially in the treatment aspects of this multifaceted condition.

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