



## Social Models of Addiction and Substance Use: A Review

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### Abstract

Addiction is an engagement in repetitive behaviors involving the consumption of a drug that has no survival value and endangers the user unintentionally. With a shift in the lens through which the problem of substance abuse and addiction is viewed, so has the perspective used to examine it. The way the consumer is perceived socially and politically also shaped their treatment options. The current analysis looks at ideas that have changed how we think about substance abuse and addiction over time and how that development may be applied to India to make policy changes more compassionate.

**Keywords:** Addiction; Substance use; Drugs; Addiction theories; Treatment; Policy

### Introduction

Addiction is an engagement in repetitive behaviors of consuming a substance that has no survival value and causes unintended harm to the user. Although it sounds pretty convincing, that is just one way of looking at addiction. The concept of addiction or substance use has enormously refined with the introduction of new lenses. The narrative of this concept has been diverted from the narrative of addiction is just a “brain disease” which was ultimately putting the blame on the individual to a much broader perspective that sheds light on addiction as a phenomenon existing due to the unique interaction of an individual with their psychosocial contexts making it a larger societal issue and not purely an individual one [1-5].

Alfred Lindesmith, a man also known as the father of the sociology of addiction has researched since 1983, describing how drug use can only be understood by making an attempt to understand the wider social lives of the user. But his theories have been outdated since then, though his seminal work served as the groundwork for understanding addiction from a social point of view for forthcoming researchers. Considering addiction as a psychosocial process, theorists argued a normative ambivalence theory, where drug use is a result of a culturally heterogeneous society where the individual using substances like alcohol or tobacco has no universally normative orientation of approval or disapproval. But the issue with this position is that it sees human behavior as a direct result of social norms, something that

would define the very normative behavior in a society. But soon, theorists grew out of such views and began to look closer to home in understanding addiction. Denzin as a symbolic interactionism introduced the role of emotions in the addiction process and talked about the alcoholic self. Accordingly, when an addict experiences craving, then that craving is being experienced by one particular part of the individual’s self that engages in some type of moral evaluation.

Currently, the addiction debate finds itself somewhere or the other on the ‘choice brain disease continuum’ with a wide variety of opinions from a layman to specialized professionals. Although not one stance is enough to explain the addiction or substance use behavior, neither anyone could be discarded completely as they all serve their purpose in understanding a complex phenomenon that plagues every society.

### Literature Review

#### Dislocation theory

Considering addiction or the habit of substance use as just an individual problem, disease or a moral breach hasn’t really led any society much closer to finding a solution to this issue. A growing body of research composed of not just medical experts but also sociologists, social workers, healthcare officials and mental health professionals has shifted its trajectory from a purely biomedical stance and has started to look beyond it.

Just like any other mental illness such as anxiety, competitiveness, loneliness, etc., addiction is also structurally intrinsic to modernity. As it is a subjective experience shared by fellow humans, “dislocation” defies quantitative measurement. Dislocation theory emphasizes addictions of all sorts including addiction to wealth, power, gender food, the internet etc., and not just addiction to drugs and alcohol as adaptations to stresses imposed by modernity [6-10]. By modernity, this theory refers primarily to five globalizing aspects of modernity free market economics, ever advancing technology, individualism, colonialism and scientific epistemology. This theory doesn’t dismiss the individual genetic vulnerabilities, the trauma and the factors in an individual’s environment like over prescription of drugs, dysfunctional families, surrogate advertising, etc. that predisposes him/her to addiction, it just claims that modern society exposes a large number of individuals to these risk factors which have their origin in the larger social, economic and political forces. The onus to change lies more in the hands of society rather than a single individual. The fragmentation of society that began in the early modern era by European countries exacerbates still in both rich and poor nations in the 21<sup>st</sup> century. The current process of fragmentation has major players other than Europe like the United States and major economic players in Asia like China. Modernity has obviously led to a lot of economic and environmental fragmentation, but social fragmentation is also a sad reality that manifests largely in the current scenario. In the name of individualism and efficiency, modernity ruins cultural arts and religious norms of compassion. It wants us unimpeded by the sentimental ties to our families, friends and communities. Legitimate authorities, small societies and people (including the users) who don’t contribute or oppose this ideology are exterminated or strictly marginalized and looked down upon. This fragmentation, in turn, leads to mass dislocation of individuals. Dislocation can be defined in a variety of ways. Existentialists describe feelings of anxiety, dread, absurdity and

nothingness in people who live in pointless bourgeois society. Evolutionary biologists conceptualize dislocation as the failure to satisfy the innate social needs of the human species in modern times. Bruce Alexander, the mind behind this ingenious theory, describes dislocation in psychological terms, as the lack of attachment, belonging, identity, meaning and purpose [11-13].

## Discussion

In short, dislocation is the psychological consequences that follow societal fragmentation, as they manifest themselves in people's everyday lives. Just like dislocation succeeds societal fragmentation, the rise in addiction, in turn, follows the process of mass dislocation. This has been recorded in several clinical, theological, historical and anthropological documentations as early as the time of Plato and St. Augustine who explored the issue of addiction at length in their commentaries.

Addiction helps dislocated people as a partial substitute for the lack of attachment, belonging, identity, meaning and purpose and precludes depression, anxiety and hopelessness at least, in the short run. For instance, when a person whose culture has been destroyed by modernity faces a lack of identity, lack of purpose, emptiness and a host of other negative emotions; addiction provides them a sense of purpose while procuring the substance and a sense of belongingness when they interact with other individuals who use a substance. The painful and empty nature of their existence causes such a severe dislocation in these individuals that they center their lives on addictive pursuits. Addictions are not only adaptive to the functioning of the individual, but they are also quintessential in the sustenance of the modern economy which thrives on people who overwork, over shop, over consume and are addicted to the internet. Though addictions can be adaptive for the short term, they eventually lead to more fragmentation in society. This last step completes the vicious cycle which explains the surge in addiction in modern times.

According to this theory, addiction is structurally built into modernity and to overcome the rising tide of addiction, the double edged sword of modernity needs to be targeted first. As this theory doesn't view addiction as a crime, this model advocates for the harm reduction approach to combat addiction which has saved many lives in countries like Portugal, Canada and some Scandinavian countries. These measures will be beneficial in the countries and among the individuals who can't afford or have access to healthcare services.

According to this model, beneficial treatment can come from doctors, psychologists and specialized addiction counselors, but it can also come from social workers, members of the clergy, members of self-help groups, friends and relatives which can be equally effective sometimes. It places emphasis on the value of compassion, wisdom and social support. This implies that community engagement and social activities can go a long way in curbing the addiction problem. This has been shown in Iceland where a community intervention funded and promoted family involvement, community sports activities, etc. reduced the use of alcohol and drugs. To help people find an alternative to a harmful addiction, it is important to have a clear idea of the function that their addictions serve them. Beyond function, it is important to understand the meanings that people's addictions have for them. Letting the patients know and attending to them through this stance which emphasizes mass dislocation faced by many people during different phases in their lives, instills a sense of empowerment in the addicted clients who become hopeful that they can change their adaptive mechanisms to deal with the widespread societal fragmentation.

## Social drift perspective

As a caregiver, it is essential for the emotional development of the infant that the primary caregiver (usually the mother) soothes them in times of distress, otherwise, the infant is less likely to develop internal regulatory capacities of the affect that would make them vulnerable to tune out of their social surroundings and look for external sources like drugs to soothe their emotional pain and negative affect in late life. It is common as well as scientific knowledge that drug use prevails amongst socially disadvantaged groups like minorities, individuals coming from lower socioeconomic status or bad neighborhoods and marginalized and oppressed communities. Looking from a social drift perspective, substance users or addicts are unable to gain educational or economic security due to their continued drug use. Therefore, the systemic social injustice not only condemns a person who is labeled as an "addict" to a destiny of a stigmatized life of socio economic disadvantages but also predisposes them socially and neurobiological to this path.

## Social network theories

Social network theories take into account the group processes that involve social connections that are reinforcing addictive behavior. The main argument of this viewpoint is that in social groups, social behaviors are followed like norms in spite of individual preferences. Social network theory states that "the rate of the transition into and out of addiction on the part of individuals within a group or population is a function of the social connections between individuals who are and are not promoters of addiction or non addiction and the nature of those connections". Researchers have determined that addictive behaviors occur at multiple levels in clusters. These clusters range from families and sub-cultures, to local area groups and inevitably whole populations. Researchers under this theory have also identified that changes in the prevalence rate of addictive behaviors appear to have patterns that are comparable to infectious disease contagion.

## Diffusion theory

It was born out of Gabriel tarde's laws of imitation and applied diffusion to addiction as an acceptance of the idea or practice of taking substance by individuals or groups are linked to specific channels of communication, to a social structure and to a given system of values or culture. Such diffusion is seen as either planned, that is, natural and spontaneous or planned by some agencies or superior authorities. For instance, coca-cola as a beverage took its roots in every household of the American family through mass media. Researchers have tried to incorporate the planned diffusion as an intervention to seek behavior change in the target populations prone to drug use. In a school based intervention to promote cessation and prevention of cigarette smoking using peer nomination techniques to identify influential students. Another networking goal, like banning smoking in indoor public spaces, generally stimulates the development of counter networks with a different goal, like, as dedicated smoking rooms with hi tech ventilation.

Recent studies have shown that smartphone addictions aren't simply addictions to gadgets but stem from the unique desires of the social being's constant desire for human connection. Grabbing others' attention, developing a social identity on social media sites and feeling the dopaminergic rush of the likes on one's post, feeds the desire for the approval of others and to be loved in a community. Thus addiction does not arise out of a vacuum but is nourished under unique

circumstances that cut across different intersectional ties of the socio-cultural context that the person belongs.

### Actor Network Theory (ANT)

ANT explains the mechanism by which individuals come together to create networks that tend to act as agents of their own intelligence. It suggests that the process starts with the identification of an issue that needs to be addressed and the identification of the related actors. Then the primary actor needs to convince others of their positions and the community as a whole needs to rally allies. This model was used to explain the production of tobacco control activities. As with many of these models, it might seem very common sense, but it may help to provide a basis for understanding these social processes.

### Cultural differences

Drugs have been a part of some cultures. It has been found to be part of some rituals. Arunachal Pradesh is a state that includes different tribes. Socio-demographic variables have been found to influence addiction. Some tribes are producers of certain addictive drugs. A study has found that alcoholism was higher among Hindu and Indigenous religious followers belonging to Tangsa and Tutsa tribes. Alcoholism was found to be low in Christians among the Tangsa tribe and Buddhists of Khamti and Singpho tribes. Limited social interaction and traditional influence are said to be the reason for women having less rate of drug use compared to men. In order to tackle the concern of rising alcohol addiction in tribal regions of Wayanad, Kerala, the tribal development department had set up tribal youth clubs. The initiative was found to be a success that helped to control alcoholism to a certain limit.

### Trans generational trauma

Trauma that is spread across generations due to the virtue of unique socio-contextual factors could also augment the likelihood of a person moving towards using substances. In an attachment-based study of intergenerational trauma transmission, it was found that disruptive attachment can increase the vulnerability for SUDs on the one hand, but can be an expression of underlying trauma on the other, hence serving as a covert mechanism by which trauma can be transmitted across generations. Trauma basically makes a person susceptible to engaging in acts that they normally wouldn't do. They carry the pain and the suffering along with themselves and pass it on to their children, making them the next 'carriers' and can impact generations of families.

### Case example

The city of Vancouver has four pillars for its struggles to fight addiction. The four pillars are harm reduction, prevention, treatment, and enforcement. Several treatment methods include love, medicine, behavioral management, alcoholics anonymous, motivational interviewing, meditation, harm reduction, etc. Although these pillars are working, they could not solve the evil of addiction.

As part of the construction of the city, several aborigines are taken away from their territories. Many cultural practices are outlawed by the government. Some children are taken away from their parents. Children are forced to speak languages other than their native language. Aborigines have faced displacement more than other communities there. Along with aborigines, Asian and native

communities faced dislocation. There was a four-pillars approach that included treatment, prevention, harm reduction and enforcement, for dealing with addiction and the program got a lot of funds from governments. The harm reduction approach is a major focus in Vancouver. There was continuous monitoring for health concerns, particularly hepatitis, AIDS etc. There were a lot of experiments going on. In the 2000's, there was a rise in addicts following harm reduction measures and methadone maintenance programs. These programs were not enough to tackle the crisis of addiction. Along with this, there were a lot of problems including high rates of property crime conducted by people with addiction and higher rates of hepatitis and AIDS among street addicts. The four pillars approach could only have a limited impact on controlling addiction. From the whole history of Vancouver, what we could understand was that it was not the past of the individual, but the history of the community that contributed to the addiction.

### New propositions through social lens

**Importance of physical presence/connection:** The social lens of addiction suggests that connection can combat addiction. However, in the past six years, the world has become more connected than ever before due to the internet. If the idea that connection would decrease addiction had been entirely accurate, then the literature should have reflected lowered addiction rates in the past year. However, instead, addiction rates have exponentially soared in the world. Many kinds of research also indicated a positive correlation between internet usage and substance use. Greek researchers at the Aristotle University of Thessaloniki interviewed over 1,200 students between the ages of 14 and 19 on their use of the internet and drugs. They found that as excessive usage of the Internet increased, so did drug misuse. Multiple researchers have found that excessive internet use leads to stress, anxiety, depression and other comorbid disorders in India.

Hence, the social lens introduced the concept of connectedness through physical presence. Here addiction is seen as a byproduct of a lack of bonding among individuals. Oxytocin, a hormone released through physical bonding and bonding, is essential for stress and well-being. When people struggle to bond with each other, their mental and physical health is negatively affected and they can try to connect with everything they can find, including drugs. Perhaps the biggest challenge is not dependence on a substance, but rather the alienation and isolation of our culture, making people vulnerable to addiction.

**Debunked the idea once an addict, always an addict:** One of the prominent beliefs propagated through other addiction models were that "once an addict, always an addict." The social lens of addiction identified that this belief was not entirely true. Almost half of the US troops experimented with morphine and heroin during the Vietnam War and about 20% became addicted. However, 95% of them avoided using it when they returned home to their families. Just 2% of the patients had gone to therapy. Just 5% and 12% of veterans relapsed in the first ten months and the first three years, respectively. This recovery rate was in contrast to Leshner's hypothesis and debunked the common idea that "once an addict, always an addict". Social lens theories have contributed to the realization that addiction may be the product of social isolation.

**Widen the horizon of social identity and addiction:** Social lens exposed the discipline of substance use to the linkage of social identity and its link to addiction. The social lens proposed that individuals expand the horizon of social identification through substances such as heroin, cocaine and tobacco (which generate overwhelming activity in

the EOS and dopaminergic pathways). These substances are incredibly appealing and 'addictive' to individuals who have been regularly subjected to emotional distress, tension and other socio relational hardships. The lens also proposed that the addictive use of illegal drugs, tobacco and alcohol appears to be concentrated among socially vulnerable groups socio economically disadvantaged families socially marginalized ethnic minorities and mentally ill individuals. Hence, negatives within the social environment such as stigma, social marginalization, lack of work opportunities, lack of stable relationships and financial burdens create an overall climate in which some life choices are narrowed or less attractive in the light of more immediate gratification choices, such as substance usage. It is their socio relational environments and the systemic social inequality that forms these environments that predispose individuals to addiction and these predispositions are also seen in the neurobiology of these individuals.

**Criminalization and addiction:** The social lens also acted as a critique of the choice and moral model of addiction. This lens highlighted that an individual might continue to use a substance. Researchers with the social lens effectively pointed out that a person is, therefore, more likely to opt for a life of heroin use knowing that it is illegal, stigmatized and potentially life threatening if there are no desirable alternatives. Hence, highlights how the criminalization of individuals who use substances is not a practical approach. It highlighted that the social environment could restrict or widen the range of choices made available or attractive to individuals. Hence, it proposed that choice models in the context of addiction need to be seen as being 'socio relational' in nature.

### Interventions through the social lens of addiction

Interventions should emphasize social issues involved in the individual's recovery as they have substantial implications on the person's relapse and well being. These interventions may address issues such as how to avoid or minimize contact with high-risk people, places or events; resolve relationship problems; develop new friendships; develop a recovery network of sober friends and supportive people; resist social pressures to use substances; improve communication or assertiveness skills; ask for help and support from others; engage in substance free social activities; engage in mutual support programs; and/or make amends to those harmed by one's SUD.

### Policy implications: Indian context

Not to identify drug users as criminals, but as individuals who are struggling with mental illness and need treatment and social justice instead of cruel incarceration.

- Have a more robust recognition of the social contexts of an addict's decision-making. For example, it would not be believed that addicted drug addicts might simply make a reasonable decision to leave in the treatment environment. Instead, physicians may take a more critical look at the individual's social environment, significant relationships (or lack thereof) and potential solutions that may be a viable alternative to drug use.
- In preventive policies, more attention must be paid to the social factors that cause and maintain the substance's usage. This will include, for example, fostering healthy family relationships and helping to improve parents' ability to take care of their children. In

India, the awareness program related to substance use needs to be run parallelly with policies focusing on maternal and child care.

- Policies also need to concentrate on providing more flattering alternatives to substance use, such as jobs or enhancing people's ability to cope with emotional distress, stress and other dysphoria rather than just focusing on abstinence. It will also result in a fairer approach that pays attention to the needs of economically vulnerable groups.

Reduce the burden on public hospitals and build capacity within the community to help itself launch programs of creating gatekeepers and informants to highlight and delay substance use.

### Conclusion

Addiction amongst individuals can occur in socially unrecognized forms such as illegal drug use or in more popular socially tolerated forms such as addictions to work, exercise or chocolate. The rat park research was monumental in changing how addiction is perceived among the masses. In dislocation theory, rat choices in rat park may seek gratification from discovery, play, mating or drug use and may continue to prefer others over drug use. The startling resemblance between rat park and the privileged, relatively stress free lives of non addict individuals, as well as the typical laboratory cages and the grim, deprived neighborhoods in which many drug addicts reside.

The environmentally enriched 'Rat Park' equivalent will be a recreational environment with positive recreational interactions, stimulating life prospects, financial security and strong support networks for those most in need.

The theory of the social lens helps the intervention not only to correctly understand the relief of the substance but also to understand and fully account for why such incentives are sought in the first place. The story of Vancouver made it clear that just treatment, prevention, harm reduction and punishment are not adequate to fight against addiction. Addiction is conceptualized as a socio relational disease, *i.e.* socio-relational factors are important in the etiology of addiction. Therefore, treatments also emphasize the social problems involved in the rehabilitation of the person, since they have a direct effect on the relapse and well being of the person. In the Indian context, given the transitional process of society from a collectivist to an individual society, community intervention plans can still be applied through this lens to reduce the pressure on the health sector and ensure that the use of substances is delayed.

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