GUIDELINES FOR DEBATE

THE DIFFERENCES BETWEEN USE, ABUSE & DEPENDENCY ON DRUGS

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This edition of *Guidelines for Debate* is intended to explain the practical differences between use, abuse and dependency on psychoactive substances. Understanding these differences implies recognizing the various forms of attention and health services required by each type of use. Finally, this *GPD* seeks to observe the social implications of misinterpreting or confusing these terms.

The aim of the series GUIDELINES FOR DEBATE is to influence the formulation, implementation and evaluation of programs and policies through guidelines that foster the debate of ideas from a progressive approach. The collection features a cool exchange of data and theoretical and methodological tools for analysis and action aimed at emerging political generations.

OFF WE GO

The use of drugs in contemporary Mexico is well documented, particularly from the viewpoints of history, medicine, culture, and justice. Through the social-anthropological work of those such as Ricardo Pérez Monfort (1997) and Luis Astorga (1995-1996), we can observe the process by which the use of drugs in particular has become stigmatised within Mexican society. At the same time, this brings us closer to the actual reality of "drugs" as a social phenomenon

However, healthcare responses are usually centred on a psychoanalytical approach, leading to objectives focused on prevention, cure and rehabilitation. In this context it becomes highly important to understand the differences between **USE**, **ABUSE**, and **DEPENDENCY** on psychoactive substances. The implications, after all, have repercussions not only for individual health outcomes, but also for the public policies created to address the drugs phenomenon.

THE DRUG-USE CONTINUUM

The consumption of drugs is a historical constant, being that psychoactive substances have always been in existence and have always been used.[1] Today, according to the UN Office Against Drugs and Crime (UNODC), 3% of the world population are habitual drug-users. Of these, only 12% of people using illicit drugs will eventually develop a dependency or addiction.[2]

In other words, of the 320 million drug-users in the world today, 90% are not problematic users. But what does this mean? What separates a problematic drug user from someone who does not consume in a problematic way? Before entering this interesting debate that encompasses the concepts of use, abuse and dependency, it is important to return to a central idea: *The fact of someone having used a drug does not mean that they are now an* **ADDICT**.

Although there exists a rich variety of reasons for which a person might use drugs,[3] many do so in a sporadic manner, modifying their use in a fluid and dynamic way according to a set of factors that are both individual as well as social. For this reason, it is of vital importance to understand the consumption of drugs as embodying the full spectrum of phases through which consumption may take place: from excess and abuse to total abstinence, passing through harmful use, moderation, and sporadic use.

ON WE GO
KEY CONCEPTS TO DEFINE

USE

We may speak of use when substances are consumed in an isolated case, occasionally and without leading to dependency or associated health problems. This does not discount the possible damage caused by an overdose, or the results of driving an automobile under the effects of a substance. Within the framework of use, the text *La prevención en manos de los y las jovenes* [Prevention in The Hands of The Youth] (MPS/UNODC, 2010) defines the following kinds of consumption:[4]

- **EXPERIMENTAL**: All consumption of psychoactive substances begins at this point. It is when someone tries one or more substances, once or twice, and decides not to do so again.
- **RECREATIVO**: Consumption begins to take place on a more regular basis and in a leisure context with other people, generally friends, among whom there is mutual trust. The objective of this form of consumption is the pursuit of pleasant or relaxing experiences and self-enjoyment. Consumption is not the only activity in their free time. This is, it is neither an "escape" nor a "solution". It is rare for users to lose control, to consume drugs on their own, or to experiment with high-risk drugs or administration methods.
- **HABITUAL**: To arrive here, it is necessary to have passed through some prior stage. There will be a drug of choice (perhaps after having tried many others) and an attraction to the sensation that it produces. The frequency and quantity of use increases. The drug plays an important part in their life and serves a function each time it is used, as a result it is likely to be used repeatedly. Depending on the drug, the person may develop a physical or psychological dependence.

ABUSE

The point at which the use of psychoactive substances could become compulsive depends on the drug, along with the context and lifestyle in which it is taken. It is likely that this "lifestyle" not only involves consumption within a circle of friends, being recognised and accepted by the group, but also leads to consumption alone and in isolation, unaccompanied by other extraneous activities. Here, the reason for consumption is need, and in many cases to avoid feeling physically or psychologically unwell. Life becomes organised around this need.

Equally, there exists a **PROBLEMATIC USE OR PROBLEMATIC CONSUMPTION** which is defined by its health impacts (visible symptoms, chronic illnesses) and the appearance of negative social symptoms (deterioration, isolation, problematic behaviours). This is also characterised by the use of one or more drugs in situations where doing so could lead to danger: loss of reaction speed and reflexes, difficulties or incapability in fulfilling work, academic, or family responsibilities.

In this sense, substance abuse is considered to exist when a pattern is observed to produce disorders or significant physical problems from a clinical perspective and/or when three or more of the characteristics detailed below are present at any time, within a twelve-month period:

CHARACTERISTIC	DETAILS
TOLERANCE	Tolerance is defined as: a) The need to consume a noticeably greater quantity of a substance in order to achieve intoxication or other desired effects, or b) Markedly reduced effects during the continued use of the same quantity of a substance.

CHARACTERISTIC	DETAILS
WITHDRAWAL	Symptoms of suppression or malaise caused by the lack of the substance on which an individual is dependent. In this phase, the user may or may not resort to an alternative substance in order to counteract the negative symptoms of coming off the drug affecting them.
HIGH CONSUMPTION	Consumption of a substance in higher quantities or for greater periods of time than was initially practiced.
PERSISTENT DESIRE	Existence of a persistent desire, or futility of efforts to reduce or control the use of the substance.
MISSPENT TIME	Increased amount of time employed in activities related to the obtaining the substance (eg. visiting several doctors or diving large distances), its consumption (eg. chain smoking) or achieving the desired effect.
ABANDONMENT OF ACTIVITIES	Abandonment or reduction of important social, occupational or recreational activities as a result of substance use.
CONTINUED CONSUMPTION	Continued use of a substance despite recognition of a persistent or recurring problem, be it physical or psychological, that in all probability has been caused or exacerbated by the substance (eg. habitual consumption of cocaine despite the knowledge that it causes depression, or the continued consumption of alcoholic beverages despite knowing that it will exacerbate an ulcer).

DEPENDENCE

Dependence can arise abruptly or progressively, according to the nature of substance(s) being used. *Dependence is present when it is not possible to stop consumption without the occurrence of unpleasant physical and/or psychological symptoms*. Everyday life is increasingly defined by the use of the substance and there appears a vicious cycle of **OBTAIN-CONSUME-OBTAIN**. The desire to consume becomes irresistible; the dependent person senses a loss of control, followed by a strong anxiety when the effect begins to subside that will only be alleviated by further consumption.

There are two kinds of dependence: physical and psychological. Physical dependence implies a permanent change in the functioning of the body and the brain leading to a tolerance for the substance, so that the body requires an increasingly higher dosage in order to obtain the desired effects. When consumption ceases, the body responds with symptoms of withdrawal.

However, not all substances lead to physical dependence. Instead, psychological dependence may occur when being deprived of the substance leads to malaise, distress, irritability and depression, so that the affected seeks to consume on a permanent basis in order to avoid these symptoms. It is said that "they cannot live" without consuming, and all that this entails.

All psychoactive substances with the exception of psilocybin mushrooms[5] and other related hallucinogens such as mescaline and lysergic acid cause this kind of dependence. On the contrary, only some drugs cause a physical dependence.

From a medical perspective, a syndrome of withdrawal with physiological dependence will be diagnosed if tests demonstrate the existence of either tolerance or withdrawal.

DIFFERENCES BETWEEN ABUSE AND DEPENDENCE

Although the three categories of use are constantly confused in the debate around drugs, it must be specified that their implications and requirements are very distinct. In this sense, abuse implies a closer relationship with the substance with reference to quantity and frequency of use. Abuse can lead to compulsive behaviours that in turn generate dependence, for example taking more than the indicated dosage in order to relieve a pain. On the other hand, dependence occurs when there exists a mental or physiological need to consume a particular substance.

IMPLICATIONS OF THE CONCEPTS FOR SOCIETAL RESPONSE

As you may have noticed, the definitions outlined above are consistently based more on physical behaviours than on physiological or neurobiological studies. The medical perspective on the definition of abuse or dependence has become known as the "pharmacology of the ways of doing". This concept is governed above all by the constant imperatives of tolerance and withdrawal, and supposes the necessity of psychiatric or psychological control in order to achieve abstinence.

However, in order to comprehensively respond to the drugs phenomenon a multidisciplinary approach is required. The socio-cultural paradigm, for example, contributes a third definition of dependence that transcends both the user and the substance itself: context.

In this sense, psychologist Stanislav Grof coined the terms "set" and "setting". **SET** refers to an individual's interior situation at any given moment. That is to say, one should pay attention to how the person is in terms of their interpersonal relations, their responsibilities, their family commitments, etc. On the other hand, **SETTING** refers to all the elements of the physical surroundings in which the consumption of drugs takes place.[6]

MANIFESTATIONS OF REPRESSION: STIGMA AND CRIMINALIZATION

As is readily observed, the Western conception of drug users as undesirable, without purpose, and possible to eradicate has come to define our approach to confronting the phenomenon. On one hand, this has led us to define prohibitionist policies in order to control demand and reduce the supply or drugs, all "unintended consequences" included. On the other, treatments for addiction neglect to take account of the diverse reasons for drug use, along with the real necessity of intervening to control those classified as "unwell" through psychology and psychiatry.

It is in this context that the use and abuse of drugs is stigmatised and criminalised, obscuring any form of division between both concepts and obstructing the diffusion of timely and evidence-based information in both cases. This in turn is transferred to the communications media through the medium of so-called "cultural images".

CULTURAL IMAGES refer to societal representations and understandings of the use of a psychoactive substance or of the person that consumes it.

In this way, what is considered a grave social problem becomes enveloped in semantic practices leading to the stigma and labelling of those that use drugs.

As we have now seen, it is very important to distinguish between the types of and reasons for consumption in order to identify the kinds of strategies or policy directions to form regarding drugs consumption. By following each concept separately we are able to understand that not all consumption of drugs necessarily causes harm, and that experimental or recreational consumption are not only possible but in fact the commonest forms of use. In the case of these kinds of consumption along with the habitual it is possible to apply risk reduction strategies for example, to avoid that they lead to other problematic forms of consumption. At the same time, harm reduction strategies are required for those with compulsive, problematic or dependent consumption habits.[7]

It is important to take account of the fact that people move from one form of use to another in different ways, that not all people who come to habitually use drugs end up in problematic use, and that at having arrived at this point it is not impossible to return. In other words, drug use cannot be measured on a unidirectional scale. On the contrary, the consumption of psychoactive substances is always **FLUID**, **FLEXIBLE**, and **DYNAMIC**.

1. Barra, Aram (2010) Perspectivas progresistas, Después de la guerra pérdida ¿qué? El debate de la legalización de las drogas en México. Friedrich Ebert Stiftung
2. UNODC / WHO (2008). Principles of Drug Dependence Treatment. Online: www.unodc.org/documents/drug-treatment/UNODC-WHO-Principles-of-Drug-Dependence-Treatment-March08.pdf
3. Barra, Aram (2010) Perspectivas progesistas, Después de la guerra perdida ¿qué? El debate de la legalización de las drogas en México.
4. United Nations Office on Drugs and Crime (UNODC) and the Ministry of Social Protection of the Republic of Colombia. Online: www.descentralizadrogas.gov.co/portals/0/La%20prevencion%20en%20manos%20de%20los%20jovenes.pdf
5. On this point, Antonio Escohotado says that some drugs are visionary, or "of peace"; that they have the effect of taking the user on a "psychic trip" as with mushrooms, and "in the majority have safety margins so high that there is no lethal dose known for humans in the scientific literature, and in the majority lack any tolerance effect [...] some can be consumed throughout the entire life without increasing quantities, and others will not produce even the smallest psychic effect without a break of several days between consumptions, even with unusual doses. Neither do they produce anything akin to a physical dependence" (Escohotado, 2010:159)
6. González, Brun. Documento De Trabajo: Recomendaciones de Reducción de Daños para el uso de psiquedélicos. Espolea, 2013. Online: www.espolea.org/uploads/8/7/2/7/8727772/ddt-recomreduxpsiquedelicos.pdf
7. Pérez Domínguez, Martha Erika. De las drogas como mal social a la reducción del riesgo del daño. Aportes teóricos para una reorientación de las políticas públicas en torno al consumo de drogas ilícitas. Universidad Michoacana de San Nicolás de Hidalgo, División de Estudios de Posgrado.

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