

Principles in Relation to Harm Caused by Substance Use and/or Compulsive Behaviour

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Preamble

Given that there is significant contention regarding what constitutes addiction these Principles limit themselves to the health impacts of compulsive use of (i) substances or (ii) behaviours, rather than seeking to achieve agreement on terminology. The intention is that this is a 'plain language' document.

It is important to recognise that some licit and illicit substances that are used for their biological effects (such as stimulants, hallucinogens, erectile dysfunction medications) can cause physical damage. Use by children should be prohibited and for adults there should be full understanding of the risks.

Definitions

Physical dependency to a substance is when there are characteristic physical symptoms that occur when the substance is suddenly discontinued (withdrawal).

Psychological dependency is a dependency of the mind and can lead to psychological withdrawal symptoms. Behaviours that have a psychological dependency can be referred to as compulsive behaviours. When it is referring to a use of a drug it includes use of the drug for the enjoyable/pleasurable effects it produces, separate to taking it to avoid withdrawal symptoms.

Addiction is a chronic pattern of behaviour that is characterised by the repeated use of substances or behaviours despite significant and ongoing harms associated with use, where the harms outweigh the benefits. It is difficult to control or cease the use of the substances or behaviour due to physical or psychological dependence. Addictions generally take a period of time to develop and follow a chronic and relapsing course and therefore require ongoing support and treatment.

In view of the contention regarding understanding of the term 'addiction' and the greater agreement in understanding of the word 'dependency' this paper will use the word dependency rather than addiction. In addition, use of the term dependence focuses on the behaviour whereas addict personifies the 'addiction' as the person.

The AMA recognises that:

Dependency can be seen as part of the human condition. Throughout history different cultures have been dependent on different drugs at different times. Habits are a form of dependency. Not all dependency is problematic, some dependencies such as caffeine are relatively harmless. It is when the negatives of the substance or behaviour outweigh the positives to either the individual and/or society that the dependency can be said to be harmful. Alternatively significant harm can be caused by substances/activities without there being any level of dependence.

There are multiple dependencies – alcohol, smoking, caffeine, drugs (licit [including over the counter preparations such as laxatives] and illicit), food, gambling, shopping/spending, self harm, sex/pornography, internet, work etc. Any drug or behaviour that changes the way one feels by providing pleasure or relief from negative feelings has the potential to form a harmful dependence. Some dependences such as caffeine, smoking and work are socially sanctioned. Others such as shopping and work are activities constructed by the society/economy and those such as eating have become emotionally charged and are then self-perpetuating.

The harms associated with dependency occur along a continuum of intensity. These harms can be financial, social and health costs for individuals and/or, family and community. It is important that the proposed response targets reducing the type of harm that is occurring. Some forms of

harm can be argued as supporting the economic structure such as those which come from work dependency and shopping/spending dependency.

The use of some substances is regulated by legislation, which makes some substances illicit. In turn, this may result in harm from criminal and other undesirable activities associated with the supply and use of those substances.

Dependence can develop through experimentation or be anything that avoids or displaces undesired emotions (such as loneliness, anxiety, fear or anger) and becomes self-perpetuating. The harms of dependence can be a by-product of use/behaviour aimed at reducing the original stress/emotion. Individuals do not start the use/behaviour with the intention of becoming dependent.

Dependence takes place in a socio-environmental context of the individual, community and society. It is primarily a health and social issue. Lack of education, unemployment or underemployment and life stress can increase the risk of use of substances as these are turned to for relief from the current reality.

Some individuals are more susceptible to dependence causing harms than others. The precise mechanism of the process that creates dependence is unclear. The speed and degree to which a person becomes dependent varies with the substance/behaviour, the frequency of use, (with drugs) the means of ingestion and the genetic and psychological make-up of the individual. Individuals can be more susceptible to dependence during times of stress or at life transition points.

The causes of dependence are multifactorial and therefore responses need to be multifaceted. It is not uncommon for individuals to have more than one dependency thereby complicating treatment and rehabilitation.

The AMA:

1. Does not condone drug use for non-medical purposes.
2. Supports a harm reduction approach to all dependences that cause harm to individuals and/or society. For some people abstinence will be an appropriate goal whereas for other people reduction in the use or behaviour is more feasible as a means of reducing harm.
3. Calls for responses to dependence to cover the spectrum of prevention, diagnosis, treatment and rehabilitation. Given that many harmful dependencies are progressive in nature, early detection and early intervention is important. Interventions need to be matched for the severity of a person's dependence.
4. Supports responses to compulsive behaviours that address the underlying causes such as social isolation, marginalisation and exclusion and/or mental health issues.
5. Calls for treatments to be evidenced based and implemented using standard scientific methodology.
6. Calls for the government to focus on those dependencies that cause the greatest harm - no matter how socially unpalatable that might be (eg alcohol).
7. Encourages consideration of a model similar to that for smoking that separates the impact of the dependency between its owner and the family/society where individuals are supported to reduce or cease their harmful dependencies while simultaneously ensuring that the dependency does not impact negatively on others.
8. Believes medical practitioners should be aware of patterns of substance dependency, including polysubstance abuse with or without alcohol. Appropriate information regarding such misuse should be available to patients. Medical practitioners should familiarise

themselves with the signs, symptoms and emergency treatment of users of illicit substances.

9. Believes education on substance dependency related problems should be included in undergraduate and postgraduate training for all health professionals. Medical practitioners should be aware of the potential of certain medicines to lead to dependency and should consider this possibility when prescribing. Patients suffering from harmful dependency should be appropriately treated or referred for expert care. A range of treatment and rehabilitation services for substance users should be readily accessible. The high incidence of substance use related problems in correctional service facilities should be recognised and substance rehabilitation services should be provided within them.
10. Calls for effective and appropriate information and education provided to members of the general public regarding the risks with particular substances and behaviours and how to avoid harmful dependency.
11. Believes young people have specific information and education needs in the area of substances and behaviours. There are school based life skills programs that are evidence based for effectiveness at preventing or reducing substance use. No child should be denied access to such programs.
12. Believes users of illicit substances need information on the adverse psychological and physical outcomes associated with their use. Where appropriate this information should include advice on prevention of disease transmission and how to reduce the probability and severity of complications. Education on the physical, family and social consequences of continuing dependence should be provided to users.
13. Calls for further research into the effects of medications and of illicit substances in relation to a driver's ability to control motor vehicles and in relation to road trauma.
14. Calls for more research into the methods of education about substance misuse and abuse, and into the evaluation of those methods. Current data on the causes, extent and effects of substance misuse and abuse in Australia and steps should be undertaken to acquire the necessary data.

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