Reasons why people use drugs: exploring the supersensitive model, the bio-psycho-social model and the self medication model

Komala Vencatasawmy
Practice Development Practitioner
Practice Development Unit
Bedfordshire & Luton Mental Health & Social Care Partnership NHS Trust

Literature Review

Introduction
The rising incidence of drugs may be the result of a combination of bio-social and psychological factors. It is stated that people use drugs for various reasons. Some may enjoy themselves, whilst for others it may be an escape from too much pressure (Graham et al 2003). However, using to escape can, in itself, create more problems and hence an even greater need to escape (Hawkings and Gilburt 2004). Rassool (2002) reported that drugs are used to relax, attain euphoria or because drugs have become increasingly available or acceptable. Gafoor & Rassool (1998) concurred that the increased social acceptance of drug use has coincided with the advent of de-institutionalisation and consequent increase in the opportunity for people with mental health problems to acquire illegal substances. Banerjee, Clancy & Crome et al (2002) argued that the reasons are varied, for example, some people who are socially excluded may find a sense of belonging within a community of other drug users. Additionally, Philip and Johnson (2001) showed in their study that drug taking may be an escape from too much stress, boredom and peer pressure, and that people with mental health problems are introduced to drug and alcohol by others who attend mental health services.

According to Muesser et al (1998), individuals with poor social skills tend to be attracted towards other deviant young people who are using psychoactive substances and alcohol and drug use become the norm within this group. On the other hand, further studies have shown that people with severe mental illness are prone to dysphoric experience that makes them also prone to use psychoactive substances (Pristach & Smith 1996). Leishner (1998) reported that these people use substances to mask
bad feelings before the process of addiction supervenes. The reasons for
drug use have been further explored by the following models.

The Super Sensitive Model
According to Muesser et al (1998), individuals who suffer from mental
illness have biological and psychological vulnerabilities, which are caused
by genetic and early environmental events in their life. These individuals
are ‘supersensitive’, as they cannot sustain moderate use over time
without experiencing negative symptoms. Watkins et al (2001) further
support the supersensitive model, as shown in their statement that even a
casual use of alcohol or street drugs may bring on transient psychiatric
problems in drug abusers while they are actively using or have just stopped
it. In a study conducted by Knudsen and Vilmar (1984), it was reported that
the conditions of those patients suffering from schizophrenia were much
aggravated as a result of using drugs, despite being compliant to their
antipsychotic medication. Similarly, it has also been found that among
those with combined severe mental health and drug problems, there was
greater use of emergency services (Salloum, Moss & Daley 1991) and
et al (2001) further suggested that any type of non-prescribed drug in a
person who already has some abnormalities of the brain creates significant
problems.

Lieberman, Kane & Alvir (1987) equally confirmed in their study that
patients with schizophrenia and a substance misuse problem were found
to be highly sensitive to low doses of amphetamine that produce a lesser
response in patients without substance use. Various research supports the
supersensitive model. A study carried out by Drake, Osher & Wallach
(1989) highlighted that various amounts of psychoactive substances have
been found to produce symptoms in clients with severe mental illness.
Menezes et al (1996) concurred by stating that alcohol and drug misuse
may interact with the symptoms of psychotic illness, causing slower
recovery than from a psychotic episode uncomplicated by substance
misuse. Therefore, it could be implied that the supersensitive theory
provides a good explanation as to why individuals with severe mental
illness who use relatively low levels of substance use often experience
negative consequences (Mueser, Drake & Wallach 1998).
The Bio-psycho-social Model
The term ‘Bio-psycho-social Model’ comes from combining the individual factors that contribute to the model: biological, psychological (thoughts, feelings, behaviour), and social (Donovan & Marlatt 1988). The biological dimension refers to brain chemistry problems which may be genetic. The brain chemistry of people with mental illness is fragile, so that even social use of alcohol or drugs can destabilise them and cause psychotic episodes, which could result in unnecessary hospitalisation (Watkin et al 2001).

Rigglewicz and Pepper (1992:12) suggested that psychoactive drugs affect the ego function because ‘a person with mental / emotional / personality disorder has by definition some impairment of ego functions involving one or more of the capacities for judgement, reality testing, impulse control, affect modulation, memory, mastery, competence and so forth’.

Relating to the social aspect of drugs, Gorski et al (1994) referred to factors such as poor social skills, poverty and family dysfunction that may contribute to the aetiology of mental illness, substance abuse and problems that may develop within relationships as a result of abusing drugs. In a study carried out by Philip and Johnson (2001), it was reported that social isolation, boredom, difficulty coping with everyday interactions and lack of meaningful activity all support explanation as possible factors in the development of drug and alcohol problems among those with schizophrenia. The social network and social life were also contributory factors. Furthermore, Mueser et al (1998) supported the view that there are multiple risk factors, which could explain why people with severe mental illness use street drugs. These include: poverty; lack of structured daily activity; living in an environment with high drug availability; and, mixing with other drug users.

Self Medication Model
The self medication hypothesis of addictive disorder was initiated by Khantzian in 1985. He suggested that people with mental illness use a particular substance for the relief of a specific set of symptoms and to counter the negative effects of psychotic medication. The examples given are that opiate, cannabis or alcohol may reduce the agitation and anxiety associated with mental illness, while stimulants (amphetamine, cocaine) may be used as self-medication for depression. Psycho-stimulants may be used to counteract akathisia, which is one of the extra-pyramidal side
effects of antipsychotic medication (Smith & Hucker 1994). However, Solomon et al (1993) argued that this does not take into consideration the role of biological genetic factors and socio-cultural factors that contribute to substance use.

In a study investigated by Addington and Duchak (1997), it was found that in patients with mental illness, such as schizophrenia, the use of street drugs was to relieve dysphoria and anxiety, to alleviate stress and increase pleasure. It was not used for any direct effect on positive symptoms. The subjects interviewed reported that they used drugs to ‘get high’, to deal with depression rather than to medicate symptoms of their illness. Noordy et al (1991) reported similar findings, which showed that the use of drugs improves their social anxiety, tension and apathy and did not help with psychotic symptoms. Furthermore, in self-report studies of patients with dual diagnosis, they rarely report that specific substance use relates to specific symptoms of a particular mental disorder (Dixon et al 1991). On the other hand, Mueser, Yarnold & Bellack (1992) reported that substance use is related to availability and market forces. According to Philip and Johnson (2001), drugs were used for the same reasons given by the general population, for example, recreational use and not as a coping mechanism to relieve symptoms of psychiatric disorder.

Additionally, the findings of a study by Cooper et al ((2007) showed that two fifths of people reported that they did not want to take their prescribed medication or think it necessary. Side effects of prescribed medication was found to be an common reason for not taking prescribed medication. Nevertheless, it has been argued by Mueser et al (1998) that though there is minimal support for self-medication, there is an accumulation of risk factors related to mental illness, including dysphoria that may increase the risk of substance use disorder.

**Conclusion**

The nature of addiction has not been explained adequately by one theory. However, understanding the various reasons why people use drugs is vital in ensuring that the right treatment intervention is provided. This therefore explains the different approaches used to treat addiction.
References
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