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Research Paper

Understanding Substance Related Issues: A Psychological Perspective

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ABSTRACT

Substance related issues are reflected as a major public health concern worldwide whether a society views substance use/abuse primarily as a moral or legal problem it definitely creates difficulties for the individual using substance as it ceases many facets of life including family, professional, social, psychological and physical. It is estimated that around 2 million people worldwide consume alcohol out of which one third (76.3 million) are likely to have one or more alcoholic disorder (WHO,2002). In context of India prevalence of substance related disorders especially for alcohol related disorders was reported to be 1.30% in adolescents (10 to 17years) and 17.10% in adults (18 to 75 years) (NDDTC, AIIMS, 2018). Alcohol is attributed to cause about 17% of neuropsychiatric disorders among men in India (Rehm et al, 2009). The purpose of this paper is to explore the theories and models related to the development and prevention of substance related issues. So that a major concern of modern society that is alcoholism, can be understood in a better way and the development of substance related disorders specifically alcohol related disorder can be understood and handled in a better way before this so-called modern behavior (modern lifestyle) develops into a major cause or mortality.

Keywords: *Alcohol Related Disorder, Theories, Models, Prevention*

Being a hazardous pattern causing distress and impairment in all major aspects of life for a year (WHO; 1996), substance abuse has become major global crises. Substance use disorder have become one of the leading factors of increased mortality by causing terminal illness like HIV, TB, Strokes. Alcohol also leads to development of other psychiatric illnesses like alcohol induced delirium (that's a state of confusion), delusions, mood disorders etc. Chronic Alcohol Abuse leads to development of other neurological ailments like Alcoholic dementia, Cerebellar degeneration, Peripheral neuropathy and Central pontine myelinolysis.

In Indian context **NDDTC, AIIMS (2018)** conducted a survey to assess prevalence of substances used, there prevalence in both adolescents and adult population. The prevalence of substances is explained below in tabular form:

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Substance	Children/Adolescents (10-17 years)	Adults (18-75)
Alcohol	1.30 %	17.10

This shows that alcohol is one of the most widely prevalent and excessively used substances.

The original term alcoholism was first introduced by **Magnus Hull (1940).** Alcoholism can be defined as primary long-term disease in which genetic, psychological, environmental factors influencing its development and manifestations **(Morse & Flamin, 1992).**

The American Society and Addiction Medicine in 1992 decided that this disease is often progressive and fatal. It is characterized by continuous/periodic, impaired control over drinking, preoccupation with drug alcohol use, despite negative consequences and distortions in thinking most notably denial. **(Ayman; 2016).**

In quarterly Journal titled "Alcohol Addiction and its Treatment" 24 types of alcoholism were mentioned (**Bowman & Jellink, 1941)**. Inspired by this typology literature 5 types of alcoholism were derived which became center idea of "Disease Concept of Alcohol" book by Jellink **(1940b).**

PURPOSE AND METHOD

This research paper focuses on alcohol related disorder its development and models and theories which can be used in treatment later on. In order to understand models and theories via which treatment programs were derived. Studies were reviewed to see how these models can be applied to provide most patient oriented treatment.

Diagnostic Criteria

In **ICD 11** alcohol dependence is allotted code (6C40)**.** In ICD 11 the criteria of **alcohol dependence** are coded **(6C40.1)** and **Harmful Pattern of Use** is coded **(6C40.1).** In Alcohol Dependence the sub criterion control over use is characterized by Impaired control over alcohol use, often accompanied by a strong desire or craving to use alcohol. The sub-criteria Prioritization explains that Alcohol use becomes an increasing priority in life, taking precedence over other activities, obligations, or health matters. The **physiological features** of harmful use and alcohol dependence include symptoms such as tolerance, withdrawal symptoms, or repeated use of alcohol to prevent or alleviate withdrawal symptoms. The **duration** of alcohol dependence is usually evident over a period of at least 12 months, but the diagnosis may be made if alcohol use is continuous for at least 3 months. The duration for harmful patter of use on other hand becomes evident over a period of at least one month. (**Sanders et al; 2019).**

On other hand DSM V subdivided 10 classes excluding caffeine into 4 criterions named Impaired Control, Social Impairment, Risky Use and Pharmacological Criteria. In **Impaired Control (Criteria 1-4)** the following characteristics are presented: Persistent desire or unsuccessful efforts to cut down or control alcohol use, a great deal of time is spent in activities to obtain, use, or recover from alcohol, a great deal of time is spent in activities to obtain, use, or recover from alcohol, alcohol is often taken in larger amounts or over a longer period than intended. The second sub division is **Social Impairment (Criteria 5-7)** which includes: Continued use despite persistent or recurrent social/interpersonal problems caused by alcohol, important activities are given up or reduced because of alcohol use, recurrent alcohol use resulting in failure to fulfill major role obligations at work, school, or

home. The third sub division is **Risky Use (Criteria 8-9)** includes: Continued use despite physical or psychological problems likely caused or worsened by alcohol, recurrent alcohol use in physically hazardous situations. The final subdivision comprises of **pharmacological** aspects concerned with development of tolerance and dependence **(Criteria 10-11)** Tolerance (need for increased amounts or diminished effect, withdrawal (symptoms or alcohol taken to relieve/avoid withdrawal). **(DSM V, 18 may 2022)**

EPIDEMIOLOGY

The overall prevalence of data collected from pool showed overall presence of alcohol was 12.4% (AUDIT ≥8; 95% CI: 8.8 to 17.1%) in which the magnitude of hazardous and harmful alcohol use (8.6%; 95% CI: 5.7 to 12.8%; AUDIT 8-19) was significantly higher than dependent alcohol use (2.3%; 95% CI: 1.1 to 4.8%; AUDIT ≥ 20). The pooled prevalence using the non-AUDIT tool was 14.2(95%; CI: 6-30%). The findings further reveal that about one in twelve of the population of India have AUDs, and there is a gross variation in the patterns of alcohol use across the country. The high prevalence of AUDs suggests developing a national policy to benefit alcohol use, justifying regional variations. **(Joseph et al, 11th April 2022)**

Percentage consumption of alcohol in India, the state wise survey conducted by (**IIPS & ICF; 2021)** is represented in tabular form:

State/Union Territory	Percentage
Chhattisgarh	35.6 %
Andhra Pradesh	34.5%
Tripura	34.7% (13.7% drink regularly)
Punjab	28.5% (6% drinks regularly)
Goa	6.2%
Arunachal Pradesh	28%
West Bengal	1.4 crore
Karnataka	11%
Kerela	19.9%
Rajasthan	2.1%
Meghalaya	3%
Uttar Pradesh	14%

This explains the solid need of exploring theories and models that helps in recognizing alcohol use disorders and planning treatment methods.

THEORIES OF ALCOHOL RELATED DISORDERS:

Let us go through models and theories which will help in understanding root causes and reasons behind developing dependence or indulging in this life-threatening addiction.

- **Psychodynamic Perspective:** This perspective explains addiction as an "oral fixation". Addiction is a way of adaptation though its self-destructive. **(Rado, 1933).** Addiction is considered as defect in ego functions by ego psychologists in 1970's. Freud was first psychoanalyst who discussed about addiction in his writings. In his paper titled "From Civilization and its discontents **(1929),** addiction is a way of achieving happiness while avoiding pain. The main idea around which ideas of psychoanalysts revolved around dysfunctional ego and problems in gratification of desires.

- **Behavioral Perspective:** They focus on behavior that's observable. Skinner was first behavioral psychologist who suggested that addiction is flaw caused by society as it failed to educate people how to behave and learn alternate behaviors due to lack of reinforcement. The second type of conditioning is operant conditioning which states that behaviors aren't reflexive but are deliberate. The behavior is learned by reinforcement and punishment. Reinforcement increases occurrence of particular behavior whereas punishment decreases its occurrence. **(Thombs, 2006).**
- **Cognitive perspective:** It's a medium which connects our emotional states and thoughts which holds our beliefs, schemas, automatic thoughts. Social learning theory also known as social cognitive theory is most influential theory of this field. **Bandura's (1986).** On the contrary, social cognitive theorists found that a person can learn a behaviour just by observation which is called vicarious learning (**Bandura,1961).**
- **The Trans-theoretical Model of Change (TTM):** This model goes beyond "the relativism of eclecticism through a commitment to creating a higher order theory of psychotherapy that, in Werner's terms, appreciates the unity *and* the complexity of the enterprise". That's the reason why this theory is called the "trans-theoretical model of change". This theory has three core dimensions: Processes, Stages and Levels of change. **(Prochaska and Norcross (2003)**
- **Personality theories**: The general consensus of personality studies is that there is no one personality type that can be measured as being necessary and sufficient for the development of alcoholism and the range of personality types of alcoholics is not different from that found in the general.
- **Excuse Theory**: When people drink, they attribute some of their behaviour to the effect of drinking, especially if they might otherwise be blamed or criticized for misconduct while drinking. Being under the influence of some drugs such as alcohol is widely accepted by others as social excuse (**MacAndrew & Edgorton, 1969).**

MODELS OF ALCOHOL RELATED DIOSRDERS:

- **COM-B Model:** it suggests that alcohol use results from a mix of internal capacity (example: self-control), external opportunity (example: social excess), and motivation (relief from stress) **(Michie et al, 2011).**
- **Disease Model of Alcoholism** irking medical treatment and lifelong abstinence. Popularized by alcoholics anon**:** The disease model frame alcoholism as chronic progressive illness, often require anonymous (AA) and Elvin Jellink, it promotes idea of alcohol dependence isn't a moral falling but a medical condition. **(Jellink, 1960)**

NIMHANS Bangalore developed two models which can be applied in treatment of Alcohol Use Disorder.

- **Behavioral Model:** The basic idea of behavioral model centers around learning theories. The behavioral model states that addictive behavior like other is learned and hence can be unlearned. The behavioral model provides multidimensional treatment at physical, psychological and social levels. The programs which apply behavioral model as treatment medium focuses on the causal and maintaining factors that lead to development of disorder **(Prasad Rao & Mishra; NIMHANS; 1994)**
- **Medical Model:** This model focuses on detoxification process by admitting patients in deaddiction centers. Counselling is one of the important aspects of treatment provided to admitted patients in de-addiction centers **(Murthy & Janakiramaiah; 1996).**

- **Transtheoretical Model of change:** This model was developed by **Prochaska & Declemente 1997.** It was initially used in study assessing its application in cessation of smoking habits on their own. The results indicated that difference between the two groups that is therapy changers and self-changers wasn't types of therapy but process of change and motivation behind it. The model comprises of 10 process each of them are applied differently in 5 stages. The processes are as follows: Consciousness Raising, Self Liberation, Self Re-evaluation, Environmental Re-evaluation, Counter-Conditioning, stimulus control, Reinforcement Management, Dramatic relief and Helping Relationships. **(Prochaska & Declemente; 1982)**

PSYCHOSOCIAL MODELS

- **Cognitive-behavioral Model:** The core idea behind this model talks about how alcohol use is learned behavior which gets further rewarded by its reinforcement. The key concepts highlighted by this model are persons Maladaptive thoughts, poor coping skills, behavioural reinforcement. The treatment bases covered by this model includes CBT, coping skills training, relapse prevention.
- **Social Learning Model:** The core idea behind this model talks about how Drinking is learned through observing others and social reinforcement. The key concepts highlighted by this model are Modelling, peer influence, reinforcement of behaviours. The treatment bases covered by this model includes Social skills training, changing social networks, behavioural modelling.
- **Psychodynamic Model:** The core idea behind this model talks about how Alcohol use arises from unconscious conflicts and unresolved trauma. The key concepts highlighted by this model are patient's Defence mechanisms, childhood experiences, emotional pain. The treatment bases covered by this model includes: Insight-oriented therapy, addressing root psychological issues.
- **Family Systems:** The core idea behind this model talks about how Alcohol use is shaped by and affects family roles and interactions. The key concepts highlighted by this model how patient enables co-dependency, assumes dysfunctional roles (e.g., scapegoat, caretaker). The treatment bases covered by this model includes: Family therapy, restructuring family roles, communication improvement.
- **Sociocultural:** The core idea behind this model talks about how Alcohol use adhere to Cultural norms and how social context influence drinking behaviours The key concepts highlighted by this model are people's Cultural attitudes, community norms, socioeconomic status. The treatment bases covered by this model includes: Community-based approaches, culturally sensitive counselling.
- **Transtheoretical (Stages of Change):** This model explains that Addiction is a process of change through sequential stages. The 6 stages that this model explains as a cycle includes following: Precontemplation, Contemplation, Preparation, action, maintenance, relapse. The treatment bases covered by this model includes: Stage matched interventions, motivational interviewing, support through transitions.
- **Communications Models:** Communication models of alcohol use disorders (AUDs) help explain how messages about alcohol use are formed, interpreted, and acted upon by individuals and groups. These models incorporate psychological, social, and cultural dimensions to understand how communication affects the onset, maintenance, and treatment of alcohol use disorders. The key communication models relevant to AUDs include the Health Belief Model, the Theory of Planned Behaviour, the Transtheoretical Model, and Social Cognitive Theory, among others.

- **Health Belief Model (HBM)**: This model is one of the primary theories developed exclusively for health related behaviours (**Sharma & Romans; 2012).** The health model comprises of 6 main constructs.

A. **Perceived Susceptibility:** Refers to subjective perception of assessing possibility of acquiring illness.
B. **Perceived Severity:** Person's subjective perception of extent of illness. When person considers state or illness as severe they consider both medical and social implications of indulging in that harmful behaviour.
C. **Perceived Benefits:** When effective options/actions are available it reduces risk of illness.
D. **Perceived Barriers:** They refer to obstacles that hinders person's compliance of execution of recommended health action.
E. **Cues To Action:** The provided cues can be stimulated via environment or internal factors like body state. This dimension was added in the model in 1970's.
F. **Self-Efficacy:** It refers to person's belief in one's own ability to perform given task effectively. This dimension was added by **Rosenstock, Stretcher & Becker; 1980.**

For example, someone may not seek treatment for AUD if they believe the health consequences are minor or if they feel the treatment process is too difficult or stigmatizing. Communication strategies based on this model focus on increasing perceived risks and highlighting the benefits of sobriety, while also addressing perceived barriers through reassurance and accessible resources.

- **Theory of Planned Behaviour (TPB)**

It is one of the primary models built exclusively for predicting heath related behaviour such as alcohol consumption. It was developed by (**AZEN; 1991).** According to this model the main source of maintenance of particular behaviour is person's intention to perform that particular behaviour. The three variables identified in inducing intention is **Attitude:** that refers to subjective perception of negative/positive effects of performing behaviour, **Subjective Norms**: refers to individuals perception whether behaviour is approved or not by society, **Perceived Behavioural Control:** refers to individuals control over behaviour in face of internal/external barriers towards behaviour. Perceived Behavioural Control is combination of both Self-Efficacy and Perceived control. PBC can become predictor of behaviour if it actually has impact over behavioral performance **(AZEN;2002).**

Communication messages grounded in TPB aim to change attitudes (e.g., portraying heavy drinking as harmful), shift norms (e.g., showing that moderate or no drinking is socially acceptable), and boost confidence in one's ability to reduce or stop drinking. For instance, media campaigns that feature relatable role models who successfully quit drinking help reshape norms and encourage behavioural change.

- **Social Cognitive Theory (SCT):** Social Cognitive Theory was used to understand psyche behind indulging in drinking behaviour. This model identifies 4 major social cognitive factors: a) Positive Outcome Fantasies, b) Negative Outcome Expectancies, c) Social Influence, d) Self-Efficacy. **(Bandura, 1997).** The expectancies were then divide on basis of time: short term negative effects (example: decreased motor coordination), long term negative effects, for example: liver cirrhosis **(Leigh, 1989).** Effective communication using SCT might involve showing negative outcomes of drinking, promoting positive role models who abstain or drink moderately, and offering skills training to enhance self-efficacy.

- **Linear Model:** This model is based on information theory. It was derived from previous mathematical theories, which aimed majorly at transmitting message without distortions. **(Shannon, 1949).** The initial aim of information theory was to separate noise from signals carrying information. Later on philosophical aspects of this theory was developed into model of communication. He described 7 elements of communication: The Information Source which transmits message in form of speech/image or sound. The Transmitter changes message into signal which then via channel is transmitted from source to receiver. Who then reverse transmits signals into message which reaches the destination that is the targeted audience **(Weaver, 1949).** This model can be applied to alcoholism by launching public health campaigns, where information is shared to enhance audience's knowledge.
- **Berlo's SMCR Model:** This model was developed by Berlo (1960). It has its bases in previous models like Shannon and weavers model. Communication according to this model is divided into 5 segments.
    1. **Source:** It is beginning of communication, and is based on source's knowledge, attitude, environment and communication skills.
    2. **Message:** It is physical product of source.
    3. **Channel:** The chain via which information is transferred from source to receiver.
    4. **Receiver:** The last is receiver for which message is intended. After decoding message, they are required to send feedback following same chain of process via same channel.

This model can be applied to alcoholism by Tailoring messages for specific audiences (e.g., teens, at-risk adults) for prevention.

- **Lasswell's Model:** According to this model the process of communication can be explained well by answering questions about who is the source, what he says and via which channel, to whom its sent and with what effect. This model focus on function communication process plays in society. According to this model three major of its functions are: observing environment, correlation of components within society and transferring of cultural values to next generation. The message flow is for multicultural society with multiple audiences. (**Laswell, 1948).** This model can be a helpful treatment method for alcoholism by designing persuasive health communication strategies and evaluating campaign effectiveness.
- **Helical Model:** This model focuses on concept of time where continuation of communication process and relational interactions plat important role. The past experiences and behaviours shapes communication process. Then the next level is achieved in which more information is received. (**Dance, 1967).** This model can be applied in alcoholism by building programs for Long-term addiction recovery communication by ensuring gradual behaviour change with help of dialogue.
- **Schramm's Model:** This model is circular as communication according to this model has circular nature. It is not a traditional model it is dynamic in nature and shows situational changes. It shows that receiver and sender are same person. It shows how redundancy is essential part of communication process. This model can be applied to alcoholism by building trust and rapport in therapy or peer recovery settings. (**Schramm & Osgood, 1954).**

Hence it can be concluded communication models of alcohol use disorders provide structured ways to understand and influence behaviour. They guide the creation of interventions and public health campaigns by addressing the psychological and social factors

that contribute to alcohol use and misuse. These models highlight the importance of targeted, stage-appropriate, and culturally sensitive communication in preventing and treating AUDs

TREATMENT FOR ALCOHOL USE DISORDERS:

Alcoholism as mentioned above has been a long-time term used for alcohol use disorders of which we have discussed origin, levels of severity and diagnosis and what its chronic use can do to both psychological and physical heath of an individual and also impacts community because of increased criminal activities for procuring alcohol, legal implication faced by individual because of fights he indulges in due to lowered inhibition caused by acute intoxication from alcohol.

Alcohol also leads to development of other psychiatric illnesses like alcohol induced delirium (that's a state of confusion), delusions, mood disorders etc.

Hence it becomes imperative to provide wholistic treatment which not only helps individual but for people who live around him like family, his work colleagues, his neighbors.

Treatment for Alcohol Addiction or Alcohol Use Disorders typically involves a combination of Behavioral Therapies, Medications, Support Group and in some cases inpatient treatment. These treatment modalities are explained in brief below:

1. Detoxification Alcohol Detoxification

- **Supervised Medical Detox:** The first step for severe alcohol patients is to manage their withdrawal symptoms successfully and safely.
- **Medication During Detox:** Often done in in-patient stings medications like Benzodiazepines may be used.

2. Medications: These include FDA approved medicines like: **Disulfiram** (Cause unpleasant effects when alcohol is consumed), **Naltrexone**: It reduces urges and craving to consume alcohol, **Acamprosate:** help in stabilizing brain's chemistry

3. Behavioral and Psychological Therapies:

A. **Cognitive Behavioral Therapies:** Helps in changing drinking related thoughts, patterns and behavior
B. **Motivational Enhancement Therapies:** It strengthens person by motivating then to change. This helps by moving internal resources of motivation in individual to being about changes in drinking behavior.
C. **Contingency Management:** Helps by giving rewards for sobriety.
D. **12 Step Facilitation Therapy:** Encourages patient to take counselling and join groups like Alcohol Anonymous to learn via experiences shared by other in their route to recovery.

4. Support Group: It promotes long term recovery
5. Inpatient Treatment
6. Outpatient Programs
7. Dual Diagnosis: Includes disorders induced or secondary to Alcohol Use Disorder
8. Life style and Relapse Prevention therapy: It includes techniques like HALT.

CONCLUSION

Being a hazardous pattern causing distress and impairment in all major aspects of life for a year (WHO; 1996), substance abuse has become major global crises. Substance use disorder

have become one of the leading factors of increased mortality by causing terminal illness like HIV, TB, Strokes. This can be assessed by seeing prevalence of various substances in survey conducted by **(WHO, 2002)**, the data revealed that 2 billion people worldwide consumes and 0ne third of which are likely to have alcohol related problems. In Indian context **NDDTC, AIIMS (2018)** conducted a survey to assess prevalence of substances used, there prevalence in both adolescents and adult population. It was seen in prevalence rates that alcohol prevalence percent was highest among other substances indicating it being one of the most commonly used substance by both adult and adolescent population.

The original term alcoholism was first introduced by **Magnus Hull (1940).** Alcoholism can be defined as primary long-term disease in which genetic, psychological, environmental factors influencing its development and manifestations.

Alcohol also leads to development of other psychiatric illnesses like alcohol induced delirium (that's a state of confusion), delusions, mood disorders etc. Chronic Alcohol Abuse leads to development of other neurological ailments like Alcoholic dementia, Cerebellar degeneration, Peripheral neuropathy and Central pontine myelinolysis.

Psychotherapy can help to strengthen people's motivation and to improve their problem-solving skills, stress reduction skills, and coping skills. Lastly these theories of alcohol abuse can be utilized to identify and contextualize trends in major treatment approaches for the people of alcohol abuse and also provide possible future psychosocial directions for research in that specific area. Treatment for Alcohol Addiction or Alcohol Use Disorders typically involves a combination of **Behavioural Therapies**: Cognitive Behavioural Therapies, Motivational Enhancement Therapies, Contingency Management, 12 Step Facilitation Therapy, **Medications**: Disulfiram, Naltrexone, Acamprosate, **Support Group** and in some cases **inpatient treatment.**

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