**Australian Government Department of Health**

**Models that help us understand AOD use in society**

Throughout history people have tried to understand the concept of drug use and why some people become dependent or addicted to certain drugs and why some don't. Many theories have been developed over time that provide us with explanations of drug use. Some of these theories have been developed into models which is a way of defining a problem or situation so that it can be more easily understood.  
  
The following models have been most influential in developing drug policies and drug treatment historically and are still used in Australia. These models influence the way people work with young people and other individuals who have drug problems. You may be able to relate to some models better than others and identify models that underpin your agency's approach to drug use.

**Moral model**

During the eighteenth and early nineteenth centuries addiction was viewed as a sin. Drug-dependent people were considered morally weak, and addiction was seen as a fault of one's character. Under the influence of this model, users were punished with whippings, public beatings, stocks, fines, and public ridicule being relatively common. (In some British towns people were made to walk around wearing nothing but beer barrels.) Spiritual direction was also a common treatment. Jail sentences were another form of punishment and at the turn of the century many more drug users were put in mental hospitals as the jails became full.

**Disease model**

The disease model assumes that the origins of addiction lie within the individual him/herself. This model adopts a medical viewpoint and suggests that addiction is a disease or an illness that a person has. It believes that:

* Addiction does not exist on a continuum – it is either present or it isn't.
* Addicted people cannot control their intake of a given substance. Once they consume some of the substance (such as one drink of alcohol) they are powerless to stop themselves having any more and are overtaken by almost irresistible cravings when they cannot have it.
* The disease of addiction is irreversible. It cannot be cured and can only be treated by lifelong abstinence.

Alcoholics Anonymous (AA) is based on the disease model. Given the popularity of disease models, it is worth examining their advantages and disadvantages in greater detail.  
  
**Advantages** of disease models include:

* drug use becomes a health issue and not just a legal issue
* allows 'addicted' people to understand their behaviour
* offers a treatment approach (abstinence) that works for some people
* removes some of the shame often felt by people affected by addiction.

**Disadvantages** of disease models include:

* removes responsibility from the user
* offers only one course of treatment (abstinence) which is not suitable for all people, particularly young people
* not supported by a large amount of evidence.

**Psycho-dynamic model**

This theory originated with Sigmund Freud and is still used today as a way of treating people with drug problems. The basic philosophy behind the psycho-dynamic model is that we can link problems to our childhood and how we cope (or don't cope) as adults. In other words, drug use or misuse may be an unconscious response to some of the difficulties individuals may have experienced in childhood. This philosophy forms the basis of many counselling approaches which aim to gain insight into an individual's unconscious motivations and try to enhance their self-image.

**Social learning model**

Prior to the 1970s, substance dependence was understood purely in terms of a physical reliance on a substance and the experiencing of withdrawal symptoms in its absence. Russell (1976) introduced the idea that dependence is not only chemical but also behavioural and social in nature. It is based more on the user's thoughts about the substance, and what it is like to be 'under the influence' of the drug itself.  
  
The key points of the social learning model can be summarised in the following way:

* Anyone who engages in an activity that they find pleasurable is at risk of developing dependence on that activity.
* Dependence is a learned behaviour that results from conditioning, modelling and thinking about the substance.
* Dependence on an activity/drug or person exists in degrees. The greater the dependence then the greater the negative feelings experienced in the absence of the activity.
* Dependence is a normal facet of human behaviour. It only becomes a problem when the individual experiences a number of negative consequences as a result of their behaviour, but continues to do it anyway.
* A sense of compulsion, of wanting to engage in a behaviour (such as drug use), but knowing that one really shouldn't, is the hallmark of addictive behaviour. People talk about a sense of having handed over control to the drug/person/object.
* In wanting to do something very much but knowing that one shouldn't, behaviour becomes erratic. 'Bingeing', ambivalence, secrecy, unreliability, rationalisations and vows of abstention are common.
* Addictive behaviours are only terminated when the individual makes the decision that the costs of continued use are vastly greater than the benefits.

**Socio-cultural model**

This model has become popular in the last 15 years. Unlike other models it focuses on society as whole and not just on individuals. This model is based on the idea that the type of society in which people live has an impact on their drug use. In particular, this model makes links between inequality and drug use. It suggests that people who belong to groups who are culturally and socially disadvantaged are more likely to experience substance abuse problems. It also recognises that society labels users of certain substances as deviant, thereby creating further problems.  
  
Because this model links substance abuse to the conditions of the wider society, the solution to 'drug problems' revolves around changing the social environment, rather than treating individuals. This involves developing ways to address poverty, poor housing and discrimination.

**Public health model**

In Australia this approach was launched at the National Drug Summit of 1985. The summit resulted in the National Campaign Against Drug Abuse and later the National Drug Strategy 1992– 1997 and 1998–2003. This model continues to guide treatment and prevention programs in Australia. It is an integrated approach and identifies three key factors and the relationships between them.

1. **The agent** – characteristics and effects of the drug itself
2. **The host** – characteristics of the individual or group of users
3. **The environment** – the context of the drug use.

This approach is reflected in the **Interaction model.**  
  
This model is based on the philosophy of **harm minimisation**. This means that we accept that drug use is a reality within our society and that trying to stamp it out is an unreachable goal. The goal therefore is to reduce the harms brought about by certain types of drug use through the following range of intervention approaches.

* **Primary prevention** - The aim is to ensure the problem does not occur in the first place. This may be achieved through:
  + community development
  + drug education
  + media-based strategies
* **Secondary prevention** - The problem is identified in its early stages and intervention is applied to stop further progress of possible problematic drug use.
* **Tertiary prevention** - This is when the problem is considered serious and may be affecting the individual's health, finances, relationships and/or legally. Treatment may include counselling, hospitalisation etc.
* Moral Model
* Psychodynamic Model
* Disease Model
* Social Learning Model
* Public Health Model
* Socio-cultural Model

**Summary**

Throughout history various models of drug use have been developed:

* **Moral Model** - Views addiction as a sin or a moral weakness
* **Psychodynamic Model** - Asserts childhood traumas are associated with how we cope or do not cope as adults
* **Disease Model** - Argues that the origins of addiction lie in the individual him/herself
* **Social Learning Model** - Suggests that dependence behaviours are learned, exist on a continuum and consist of a number of behavioural and cognitive (thought) processes
* **Public Health Model** - Drug use seen as the interaction between the drug, the individual and the environment
* **Socio-cultural Model** - Argues that substance abuse should be examined in a wider social context and can be linked to inequality

<http://www.health.gov.au/internet/publications/publishing.nsf/Content/drugtreat-pubs-front5-wk-toc~drugtreat-pubs-front5-wk-secb~drugtreat-pubs-front5-wk-secb-3~drugtreat-pubs-front5-wk-secb-3-4>

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