

Drug choices... and the loss of choice

Professor David Clark looks at the choices that provoke a relationship with drugs or alcohol – and how these choices change as dependency takes hold.

In his recent book *Matters of Substance*, Griffith Edwards talked about drug choices. What he means by 'drug choice', is the decision to use a particular drug, or mix of drugs, within a defined pattern of amount (dose) or regularity. The concept also includes the decision to quit, as well as the decision not to start taking drugs.

There is no one single reason why people use drugs. It is also important to realise that the reasons for starting to take a drug are very different from the reasons for continuing.

Griffith Edwards points out that a variety of factors can contribute to the initiation and early use of drugs.

The drug is physically available. The most basic fact affecting an adolescent's drug choice is whether the drug is in their immediate environment. Drugs that are readily available (eg alcohol) are much more likely to be used than those for which the person has to search.

The drug is psychologically available. Although a drug might be physically available, it might not be psychologically available because of religious, social or family influences that 'prohibit' use. These factors may impact more significantly on choice than legal prohibition.

Choice and temperament. Whilst there is no unique personality type that guarantees drug taking, young people who are natural risk takers are more likely to overcome legal and moral restraints and take drugs than are conformists. Young people often try drugs because of curiosity – some people have a need to satisfy their curiosity more than others.

Liking the drug effect. People choose to use a drug because they like what it does to them. They may feel the drug-induced experience to be pleasurable, or they may find that the drug helps them deal with negative feelings such as anxiety and depression. Once a person has taken a drug, the drug experience creates

cognitive expectancies which become another factor that influences subsequent drug taking.

Personal image and peer-group approval.

A common reason for initial use of drugs is a desire to conform to the expectations of others, especially of a peer group. Choices are often made on the basis of a need to enhance one's personal image, for example to be seen as cool.

Some people try an illicit drug once or twice and then make the choice to not try again. Others will continue to use a specific drug, or maybe more than one, on a recreational basis. In their seminal work *Illegal Leisure*, Howard Parker and colleagues emphasised that a young person's decision to use a particular drug involves assessing the balance between risk and possible costs, against personal enjoyment from taking this drug. Time moves on... and as Griffith Edwards points out, 'some years along the individual's drug pathway, their self-image, ambitions, relationships, responsibilities, friendship networks have changed, and within that nexus of change their drug-use choices will have consolidated, escalated or dropped off'.

The vast majority of people who use illicit drugs, or alcohol, do so without any problems. However, a significant minority do experience problems that eventually impact negatively on their physical and mental health and their social circumstances. This harm can arise from the direct negative effects of drugs (eg long-term alcohol use causes liver damage), indirect effects arising from repeated withdrawal symptoms (eg depression from long-term cocaine use), and the negative effects arising from the lifestyle associated with illegal, street drugs (eg contaminants in heroin, hepatitis C from sharing needles). Long-term drug or alcohol use can lead to dependence or addiction. In simple terms, dependence can be seen as an impairment of a person's ability or power to choose. The drug becomes more important to the person than other aspects of their life, which the majority of us would consider as



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essential. Dependence drives forward heavy and persistent drug use, ultimately increasing the likelihood of self-harm.

'In one word, trapped. I knew I had the ball and chain from that day onwards... I could see no light at the end of the tunnel whatsoever. It had got me, I was being sucked down every day further and further.'

Self-control is impaired and the user persists in using the substance even when they know the dangers and even when their rational self tells them to stop. Just think of the smoker ignoring the potential (in the long-term future) lung cancer. Responsiveness to external controls can also be weakened. Drive to take the drug will negate the controls normally exerted by factors such as good manners, what the family expects, and the expectations and sanctions of society. And it will increase harm to the individual – and to their family and other loved ones.

Drug choices are lost... the drug now does the controlling. I'm reminded of the Chinese proverb, 'Man takes drink, drink takes drink, drink takes man'.

References

1. Griffith Edwards (2004) *Matters of Substance: Drugs and why everyone's a user*. Penguin: Allen Lane, UK.
2. Howard Parker, Judith Aldridge and Fiona Measham (1998) *Illegal Leisure: The normalisation of adolescent recreational drug use*. Routledge, UK