

Addiction Therapy-2014

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Helping Clinicians Connect

Understanding Addiction from the Perspective of a Drug Abuser Jasmin Kaur, Psy. D.



Background: Singapore

- * Small country, 716.1 Sq Km
- * Resident population of 3.8 million (2013)
- * Geographical location
- * Strict legal restrictions on drugs
- * Recidivism rates of drug offenders ~ 27-31%

Understanding Drug Abuse

- * Qualitative study ~ 30 drug abusers
- * Drug Initiation & Maintenance Motives
- * Social Factors ~ Drug Cues

Motivation Model of Behaviour

Setting Goals	• Be Healthy	
Finding Appropriate Means	 Exercise twice a week 	
Ignoring Distractions & Negotiating Conflict	 Overcoming sleep and waking up 	
Taking Action	• Going for a run in the morning	

Köpetz, Lejuez, Wiers, Kruglanski, 2013

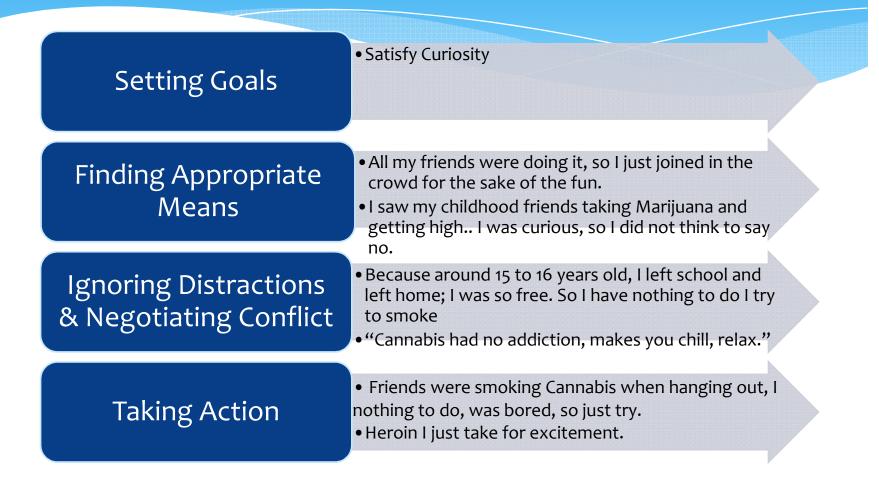
Motivation Model of Behaviour : Drug Initiation

Setting Goals	• Seeking Thrill or Belonging	
Finding Appropriate Means	Drug ExperimentationJoining a sports activity	
Ignoring Distractions & Negotiating Conflict	 Potential Harm or Legal Consequences Overcoming fear of being judged 	
Taking Action	Consume DrugsSign up for taekwondo class	

Motivation Model of Behaviour : Drug Initiation

Setting Goals	 Satisfy Curiosity or Belonging
Finding Appropriate Means	 Drug Experimentation
Ignoring Distractions & Negotiating Conflict	 Potential Harm or Legal Consequences
Taking Action	• Consume Drugs

Motivation Model of Behaviour : Drug Initiation



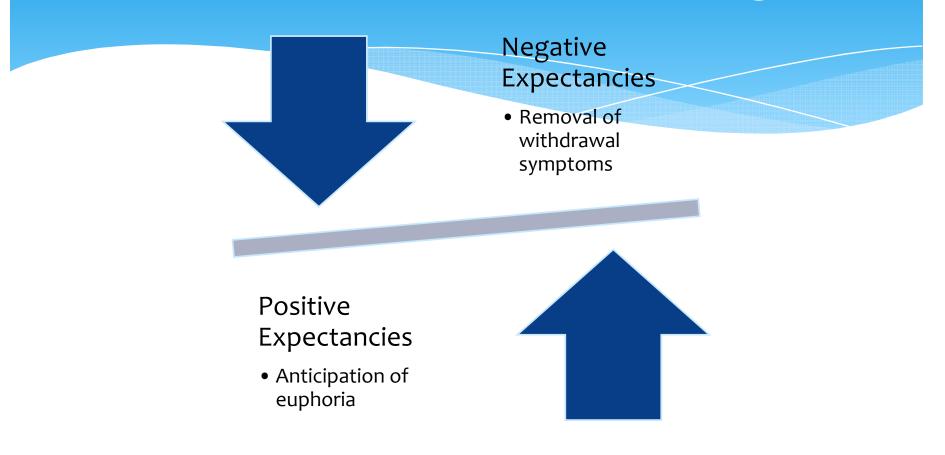
Motivation Model of Behaviour : Drug Maintenance

Setting Goals	Drug Consumption
Finding Appropriate Means	Oral / Intravenous Abuse
Ignoring Distractions & Negotiating Conflict	 Potential Harm or Legal Consequences
Taking Action	 Find drugs at all costs

Motivation Model of Behaviour : Drug Maintenance

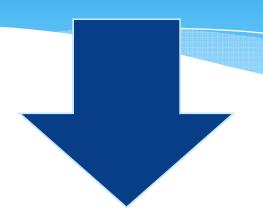


Motivations for Continued Drug Use



Leventhal & Schmitz, 2006; Oei & Morawska, 2004

Motivations for Continued Drug Use



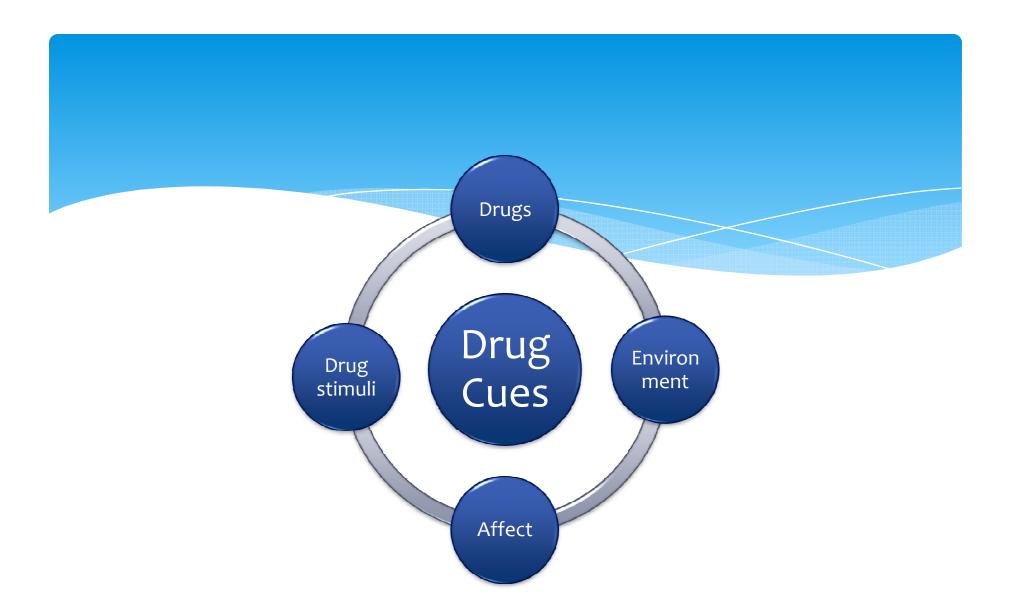
Negative Expectancies

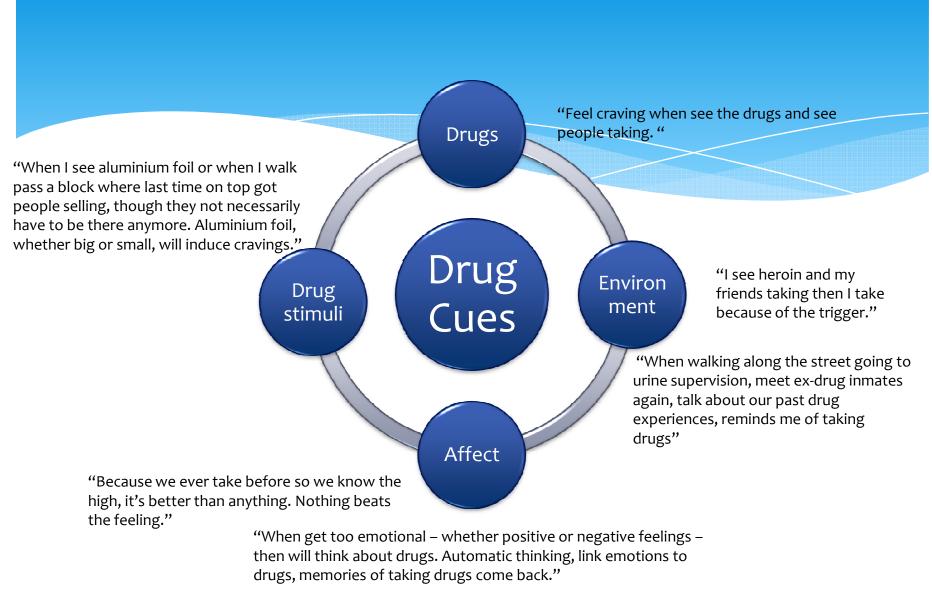
- Continued to smoke (heroin) because cannot take the withdrawal – body aches, vomiting, diarrhoea, running nose). Take not because of the craving but because of withdrawal (from heroin).
- Another reason I go back to Heroin is because of the "sakit" (pain/withdrawals). If I didn't get this thing I will have the pain.

Positive Expectancies

- Yes. I like the euphoria effect. [It's] like joy like that, because we all drug addicts have the feeling and the mind that you cannot think of anything [other than drugs] – if I don't do drug I don't know what to do. And if got money also doesn't know what to do with the money, [so] then have money then just take drug. If no drug, the emptiness cannot match (nothing can match the effects given by drugs).
- I use Ecstasy twice a week because I just want to, it's just for a moment of euphoria, like very happy.







Regulation

- * Extrinsic vs. Intrinsic
- * Self-regulation
 - * Essential
 - * Resource-intensive
 - * Easily drained when cognitively overloaded

'Wanting' vs. 'Liking'

- * No need for liking when abuser wants a drug
- Dislike of negative consequences but unable to stop drug use

I have lost my job, friends, girlfriend and freedom. After first DRC already like this. I continue because I really cannot control. It is very hard to say if it is worth it because when you take drugs, you will think that this stuff is stupid but when you are taking drugs, you won't feel that it is stupid.

What has helped?

- * Remove Drug Cues
- * Seek Alternative Actions
- * Reduce Cognitive Load

How Clinicians Can Connect?

- * Effective coping & self-regulation strategies
- For new abusers addressing underlying motivation of drug use and find alternatives to satisfy these motivations
- For long-term abusers, seeking alternatives to drug cue activations

Acknowledgements

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The views expressed in this presentation are the author's only and do not necessarily represent any official view of the Singapore Prison Service or the Ministry of Home Affairs, Singapore.



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