THE WEB OF ADDICTION

An Exploration of the Complex Physiological, Psychological, Social and Political Forces Involved in the Development of Addictive Behaviours.

By

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SUMMARY

This study aimed to critically evaluate contemporary theory on the development of addictive behaviours. It acknowledged the complex dynamic relationships between five key variables including; individual, family, society, "stakeholders" and "addictive" substances in developing an interactive model of addiction. The hypothesis suggested that unitary definitions were inadequate, and that addiction was best understood as a complex phenomenon intimately linked to the prevailing social and political climate.

The research employed three complimentary methods of inquiry including; a comprehensive review of relevant literature, a questionnaire administered to a group of adult students (to "reality check" theoretical frameworks) and a semi-structured groupwork session.

The principle findings included; that there was a perceived preoccupation with pathological models of addiction, that addictive behaviours may be seen as functional at several levels of society and that drug and alcohol use were seen to be treated dichotomously in Ireland. It was also suggested that the role of gender issues in substance misuse were poorly understood, that the clear link between social disadvantage and problem use was largely ignored by policy makers and that key stakeholders were seen to create the reality of addiction by defining its parameters, diagnosing it and determining appropriate responses.

The recommendations which emerged from the study were directed at both adult educators and policy makers. It was suggested that adult educators should seek to create a radical social critique on addiction by developing appropriate learning transactions, funding addiction related research, challenging politicians and highlighting the role of social disadvantage and gender issues in addictive behaviour.

Recommendations to policy makers included; that they should fund independent research on the social determinants of addiction as well as recognising, acknowledging and acting on the clear links between social problems and substance misuse. Finally, it was suggested that they should re-evaluate policy measures such as the "war on drugs" which has proved counter productive in other countries.

The study concluded that addiction was a complex phenomenon, the development of which, was best understood at the meeting of physiological, psychological, social and political forces. The metaphor of a web was used to represent this complexity.

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Chapter One
Introduction

"Whatever the drug, and whoever the drug taker, the complexity has to be met rather than denied."

(Drug Scenes, 1987 p. 50)

Background

It is clear from the literature that key factors in the development and maintenance of addictive behaviours remain unclear (Barber, 1995), with no single theoretical framework adequately explaining this complex phenomenon (Orford, 1985). This matter is further complicated by a suggestion that addiction is socially constructed rather than emerging of its own volition (Montonen, 1996).

Any attempt to understand the exact mechanisms involved in the etiology of addictive behaviour reveals a complex web of theoretical frameworks which enjoy varying support across the literature. The key theoretical models reviewed in this study include those that focus on the following:

1. Individual Factors
2. Family Influences
3. Social Influences
4. The Role of Stakeholders
5. The Role of "Addictive" Substances

It may be argued that models that propose addiction as a discrete unitary disorder are retained for their political rather than scientific usefulness (Connolly, 1994). However, it is acknowledged that a number of these individualistic models appear to offer valuable insights

into the etiology of addictive behaviour. They include social learning theory (White et al, 1990) biological models (Fishbein and Pease, 1996) and certain psychological models (Kilgallon, 1990).

Family systems theory suggests that the family exerts a pervasive influence over individual behaviour (Dallos, 1997). Kilgallon (1990) has noted that alcohol use may be seen as functional in certain family circumstances. Systems theory has however, been strongly criticized for replacing individual pathology with the notion family dysfunction, thus failing to generate a broader social and political debate on addiction. Epstein (1993) has noted that such models serve to transform socially challenging behaviour into illness.

Sociological perspectives support the role of culture, gender and social disadvantage in the development of addictive behaviours. It is clear, however, that gender issues have remained largely "invisible" in mainstream research on addiction (Barnes and Maple, 1992). Butler (1991) has noted that despite a clear link between social disadvantage and substance misuse, policy makers have persisted with individualistic responses. This is compounded by Mark's (1996) suggestion that some of these responses may escalate the very problems they propose to solve.

In this context it has been suggested that societies elite's play a key role in constructing the public image of social problems (Montonen, 1996) and subsequent responses. Fishbein and Pease (1996) have noted that many of the stereotypical responses, such as criminal justice interventions serve the needs of politicians, rather than challenging underlying socio-economic problems.

It is clear that some substances may be described as "addictive" (Maisto et al, 1995). However, this must be seen in a social and cultural context. Peele (1995) has argued that societies determine to a large extent the "addictive" potential of various substances, by controlling the social and cultural practices that surround their use.

Overview of the Study

As discussed, Orford (1985) has argued that no single theoretical framework adequately describes the complexities of addictive behaviour. In light of the above analysis this study aims to critically evaluate the main contemporary theories on drug and alcohol dependence, leading to the development of a tentative interactive model. This will acknowledge the complex and dynamic interactions between five key variables - individual, family, society, stakeholders and addictive substances - in the development and maintenance of addictive behaviours.

The major hypothesis is threefold;

- That definitions proposing addiction as a discrete unitary disorder are inadequate and incomplete
- That addiction is best understood as a complex phenomenon influenced by physiological, psychological, social and political forces.
- That conceptual frameworks on the development and maintenance of addictive behaviours are intimately linked to prevailing social movements, serving to maintain the

status quo as defined by societies power elite's including politicians, professionals and the middle classes

The research strategy used in this study attempts to validate this hypothesis by testing contemporary literature against the "real life" experiences and perceptions of a group of adult students.

The key questions which emerge from this hypothesis are designed to address the following themes:

- The influence of micro-social (family, peer group) beliefs and attitudes on individual patterns of substance use.
- The influence of macro-social (community, broader society) beliefs and attitudes on individual and societal substance use.
- The functional role of substance use for individuals, families and broader society.
- The role of key stakeholders in the concept of addiction.
- The role of social disadvantage in addictive behaviours.
- The role of gender in addictive behaviours.
- The role of individual (personal characteristics) and substance specific factors in addiction.

The methodology chosen for this study is designed to address these issues and utilizes three complimentary methods in inquiry.

- A comprehensive review of relevant literature.
- A questionnaire administered to research participants (*see Appendix 2*).
- One groupwork session addressing the key issues raised by the questionnaire (*see Appendix 4*).

A brief outline of each chapter is given below.

Chapter Two (Literature Review) provides a background context for the study, through critical evaluation of contemporary theories on addiction. The five key areas thought to influence the development and maintenance of addictive behaviours are examined, including: individual, family and social factors along with the influence of "addictive" substances and key stakeholders.

Chapter Three (Research Methodology) discusses the research methodologies used during the study. They include both quantitative and qualitative measures of the experiences and perceptions of the research group across the five key areas studied. This involves the use of a questionnaire (*see Appendix 2*) followed by a groupwork session.

The group researched in this paper are a group of adult students who participated in the study following completion of a twenty week addiction studies course. They were chosen to represent the views of people (*see Appendix 1 for a Profile of Participants*) normally excluded from academic debate on addiction (i.e. they were neither academics nor addiction specialists). Their perceptions and experiences serve to "reality check" contemporary addiction theory throughout this study.

Chapter Four (Research Findings) outlines the key themes and issues raised by the research conducted in the study. This is presented using the same structure as the literature review (i.e. individual, family and social factors as well as the perceived influence of stakeholders and addictive substances). It is noteworthy that the findings represent the experiences and perceptions of the study group rather than any objective measures.

Chapter Five (Discussion) debates the significant findings from Chapter Four in light of current literature, leading to the proposal of a tentative model of the development and maintenance of addictive behaviours - The Web of Addiction.

The principle findings which emerge from this process are outlined below:

- There is a perceived preoccupation with pathological aspects of addiction. This is seen to be pervasive throughout Irish society, sometimes excluding broader social and political debate.
- Addictive behaviour is seen as functional at several levels of society. This may range from it's role in stress management for the individual to maintenance of homeostasis within the family and assistance in social functioning at societal level.
- Drug and alcohol use are seen to be treated dichotomously in Irish society. This is seen to foster widespread tolerance of alcohol abuse and marginalization of drug use.
- Key stakeholders (such as professionals, politicians and the middle classes) are seen to create the reality of addiction by defining its parameters, diagnosing it and determining appropriate responses.

- The role of gender issues in addiction are seen to be poorly understood, due to a lack of public debate on the matter.
- The role of social disadvantage in problem drug and alcohol use is seen to be largely ignored by Irish policy makers. It is suggested that this leads to a consistent failure to address the social and structural factors pertinent to the development of addiction.
- It is incumbent upon radical critics of contemporary social policy (such as adult educators) to challenge contemporary models which seek to portray addiction as a discrete unitary and apolitical disorder.

Rationale

The desire to challenge contemporary addiction theory is central to my involvement in this project. I have found myself in recent years beginning to challenge my reliance upon traditional pathological models, which fail to address the complex web of social and political forces that contribute to the addiction phenomenon.

This transition initiated by my involvement in Adult and Community Education has been an arduous one into largely uncharted territory. It seems that while adult education has challenged me to engage in this journey, it has little to say about the subject matter of addiction.

Thus the significance of this study is twofold. Firstly, it provides a map for my own pursuit of a more comprehensive understanding of addiction. Secondly, it invites mainstream adult educators to comment on the social and political factors pertinent to addictive behaviour. The relevance of this study to adult education is outlined in the following pages.

Relevance to Adult Education

It is argued here that this study should be of as much value to adult educators as it is to practitioners in the addiction arena. It will challenge traditional wisdom, seek to create alternative meaning and offer a radical critique to the Irish addiction debate. It will be utilized in future addiction studies courses which will encourage learners to critically examine current theoretical frameworks, by exposing contemporary models of addictive behaviour to a social constructionist critique. Challenging socially constructed meanings is a central tenet of liberating adult education (See Mezirow 1991, Brookfield 1985). Stephen Brookfield suggests that learners must be helped to:

> *"Realise that the belief systems, value frameworks and behaviour prescriptions informing their conduct are culturally constructed, not divinely ordained"*
>
> (Brookfield 1985 pp. 46-47)

These beliefs and behaviours previously deemed sacrosanct must be examined, through a process of critical reflection (Brookfield, 1985)

This call for a radical critical discourse is consistent with the writings of Mezirow (1996) and Paulo Freire (see Taylor, 1993).

According to Mezirow there are two fundamental reasons for adult education's involvement in fostering democratic social change:

1. To assist learners in negotiating meaning, rather than accepting social reality as defined by others.
2. To assist those who cannot participate fully and freely due to hunger, illness, etc....

This development of critical consciousness, central to Freire's work (see Taylor, 1993), should aim to foster a redefinition of ones social norms and a movement towards collective action.

These noble aspirations have, however it seems, become somewhat detached from mainstream adult education. Mezirow puts it thus:

> *". . . the original vision of adult educators mission as fostering rational participation to effect social change has been abandoned by the mainstream of the field:*
>
> (Mezirow, 1991 pg. 1)

In Mezirow's analysis adult educators know little about how to work with drug addicts, prisoners or those suffering from conditions such as Aids.

While Mezirow's criticism of the American adult education movement is not directly transferable to the Irish situation, the general theme offers some valuable insights. It has been my experience that the vast majority of adult education transactions aimed at the marginalized have little to say about addiction and have less to offer by way of intervention, save a few extra - mural courses, which are generally at the margins of the Irish academic world. I am often surprised by the fact that adult education talks of community development, youth work and allied subjects as if they were detached from problem drug use. It will be clear from this study that marginalization, disadvantage and poverty along with their social consequences are inextricably linked with problem drug use.

While this study is not designed as the adult educators "handbook" to addiction, it is hoped that insights gained, especially through social constructionist critique, will encourage Irish adult educators to commit at least some of their valuable expertise to challenging traditional wisdom which proposes addiction as a discrete unitary disorder. These insights highlighting

the role of power elite's, gender difference and social disadvantage in the development and maintenance of addictive behaviours should be of considerable interest to adult educators. It is hoped that this process will serve the dual purpose of creating critically reflective learners and contributing to a radical social critique on addiction which may ultimately foster social, political and structural changes within society. It is my belief that this is an adult educators role.

Chapter Two will provide a comprehensive review of the relevant literature across the five key areas studied.

Chapter Two
Literature Review

Introduction -

The purpose of this chapter is to provide a background context for the study that follows and to demonstrate the relationship between this and previous work. This will involve a comprehensive and critical review of the relevant literature, taking account of social constructionist inquiry. In general terms this study will suggest that essentialist perspectives which describe addiction as a discrete unitary disorder are inadequate, incomplete and to a large extent politically motivated. It will explore five key areas of influence thought to contribute to the development and maintenance of addictive behaviours including; individual, family and substance related variables along with socio-cultural factors and the influence of stakeholders.

Section I will firstly, offer an overview of social constructionist inquiry to provide a background for the critical approach used. Secondly it will explore the historical development of the addiction phenomenon along with current definitions to provide a broad understanding of the topic being studied.

Section II will explore conceptual frameworks which focus on the individual including; psychological, biological, disease and behavioural models.

Section III will explore the role of the family in the development and maintenance of addictive behaviours. It will take account of systems theory and factors related to socialization and learning.

Section IV will provide a sociological perspective on addiction, focusing on the macro-social factors which influence drug and alcohol use. This will involve a review of the literature on cultural influences, gender issues and socio-economic disadvantage.

Section V will explore the role of "stakeholders" in the development and maintenance of addictive behaviours. It will highlight the preoccupation across health and criminal justice responses with individual and substance related factors.

Section VI will critique the "addictive" substance hypothesis in the development of addiction. It will provide a brief overview of empirical evidence supporting the pharmacological and neuro-behavioural basis of addiction as well as offering a sociological critique.

While each of these topics are explored in individual sections, it is hoped that they will compliment the comprehensive and critical discussion in later chapters. It is also hoped that they will inform a tentative model of the development and maintenance of addictive behaviours to be proposed in Chapter Five.

Section I - Background - Social Constructionist Perspectives -

It may be argued that current conceptual frameworks of addiction depend more on their political usefulness than on their scientific validity (Connolly, 1994). Connolly arguing from a social constructionist perspective reminds us to challenge the perceived "objective" basis of contemporary wisdom on addictive behaviours. Social constructionist inquiry challenges essentialist perspectives which ascribe individualistic meaning to social events (Banton et al, 1985; Gergen, 1985). It is suggested that people's perceptions of reality are influenced strongly by their participation in social practices, Institutions and other forms of symbolic action. Thus that which is viewed as reasonable by one culture is not always the same as that which is considered reasonable by another culture (Shweder and Miller, 1985). This theory suggests that cultural conceptualizations influence the way in which behavioural events are given causal interpretation. This view is endorsed by Gergen (1985) who argues that "objective" criteria for identifying behaviour are either highly circumscribed by culture or altogether non-existent.

It is also suggested that dominant discourses frequently constrain individual thinking, feeling and action (Willutzuki and Wiesner, 1996). It is argued here that dominant discourses in relation to addiction are perpetuated by societies power elite's, including the middle classes, professionals and politicians. This is seen to be compounded by macro-social discourses maintained by the media. Montonen (1996) has noted that the media can identify and define social problems thus influencing the public perception of who is affected, who is blamed and who is responsible for finding a solution. It may be inferred from this analysis that the media frequently serves as a catalyst for the influence of societies elite's.

This is broadly consistent with Morgan's (1985) argument that social problems are constructed as public issue rather than emerging of their own volition. Morgan implicates three groups in this process. They include societies elite's, the radical critics who challenge their supremacy and a growing number of professionals who become involved in responding to social problems. It is clear from the literature that the groups outlined above have a vested interest in the concept of addiction. Marjatta Montonen defines these as "stakeholders".

> *"A stakeholder is any individual who is or can be affected by a phenomenon . . . also people who's decisions or actions affect phenomena . . . are stakeholders"*
>
> (Montonen, 1996 p 10)

If we view these groups in light of this definition, it is clear that they are both affected by and affect the addiction phenomenon.

Sharpening the focus, this study suggests these power elite's, clearly identified as stakeholders, create privileged conservation's which in turn serve to construct social realities. This assessment is echoed by Davies (1997) and is consistent with Connolly's (1994) argument, noted earlier, that addiction is indeed a political entity. This theme will contribute the proposed definitions of addiction that follow.

Addiction - Seeking a Definition -

Many attempts have been made to arrive at a universally accepted definition of addiction. However, the matter it seems remains unresolved. It has been argued that the use of interchangeable terms across the literature, reflects a deep division among professionals on

such key issues as when does heavy use become abuse or dependence (Barber, 1995). Despite the above confusion, this study will attempt to find a satisfactory definition of addiction, in order to provide a background context for research outlined in the following chapters.

Maisto et al (1995) defines **drug abuse** as:

> *"Any use of drugs that causes physical, psychological, legal or social harm to the individual or the others affected by the drug abusers behaviour."*
>
> (Maisto et al, 1995 p 4)

The Royal College of Psychiatrists suggest that there is a lack of objective criteria for measuring behaviour, with such terminology being culturally mediated.

> *"What one man stigmatises as misuse of a drug someone else may see as innocent use."*
>
> (Drug Scenes, 1987 p 26)

These authors refrain from using the term "abuse" favouring instead the term **misuse**, which is broadly consistent with Maisto's analysis and is said to be characterised by the following criteria:

- Actual or potential harm to the individual.
- Actual or potential harm to other individuals, the community or the public good.

The lack of objective measurement criteria noted above by the College of Psychiatrists is also apparent when one attempts to define the concept of **addiction**. Connolly (1994) has proposed that addiction is best seen as being on a continuum with social use. Barber (1995) concurs with this analysis, rejecting discrete categories in favour of a more inclusive model which avoids arbitrary divisions between pathological and non-pathological use. Barber, focusing on the extreme of this continuum offers a definition of addiction to include

tolerance (increased amount required to give same effect), withdrawal symptoms, subjective compulsion to use and relapse after a period of abstinence.

The Royal College of Psychiatrists noting that the term addiction carries *"trailing implications of evil . . .* : (Drug Scenes, 1987 p 33) favour the term dependence syndrome, which is seen to be best understood at the meeting of physical, psychological and social processes. *Table 2.1* outlines their proposed definition.

Table 2.1 Royal College of Psychiatrists Definition of Drug Dependence.

- Subjective awareness or compulsion to use
- Desire to stop in the face of continued use
- Narrowing of drug taking repertoire
- Evidence of tolerance and withdrawal symptoms
- Salience of drug taking behaviour over other important activities
- Rapid re-instatement of the syndrome after a period of abstinence

It appears that this notion of dependence syndrome coined by the world health organisation in the nineteen sixties is favoured by many contemporary commentators (Kilgallon, 1990). However, while academics commenting on this issue favour the dependence syndrome idea, the term "addiction" remains prevalent in practice. This is most notable in the recent development of "addiction" (as opposed to drug dependence) services by the Eastern Health Board – The biggest service provider for addicts in the Irish Republic (Eastern Health Board, 1998). It is argued here however, that the difference between accepted definitions of

addiction and **dependence** may amount to little more than semantics with the above classifications of both concepts amounting to the same thing i.e. tolerance, withdrawal symptoms, compulsion to use, relapse and the prioritisation of substance use over other important activities in the users life. So for the purpose of this study "addiction" and "dependence syndrome" will be taken to have the same meaning.

Despite the widespread acceptance of these modern concepts which place addiction on a continuum with social use, the syndrome idea has been heavily criticised. Heather and Robinson (1985) argue that conflict exists within the syndrome, as controlled use is inconsistent with some of the more pathological features. Barber echoes this analysis:

> *" . . . And clearly there is a logical problem in proposing a pathological syndrome if the condition is also said to be continuous across the population at large."*
>
> (Barber, 1995 p 17)

Barber develops this argument to include a political dimension, suggesting that the dependence syndrome allows traditional disease models of addiction to remain dominant despite their shortcomings. Kilgallon (1990) concurs suggesting that many critics see the dependence syndrome as little more than a disguised reformulation of traditional pathological conceptualizations of addiction. It is suggested here that the political dimension of addiction is best understood by looking to the past!

It is clear from the literature that historical conceptualizations of problem drug and alcohol use have developed dichotomously (see Barber, 1995 and Keaney, 1994). Following prohibition in the United States of America the focus of alcohol problems appears to have moved from the substance to the individual with a new generation of drinkers unwilling to accept that all who drank were at risk of developing addiction. (Barber, 1995). It appears,

however, that during these years the exact opposite occurred in perceptions of problem drug use with drugs, especially illegal ones, being demonised. (Keaney, 1994). If we view these developments from a social constructionist perspective it becomes apparent that both served political ends at the time. The historical development of the concept of alcoholism appears to have served a political function for the drinks industry and general public alike, by locating alcoholism in a vulnerable few and thus removing alcohol as a causal agent in problem drinking (Connolly, 1994). In this analysis the drinks industry thrived while the general public could drink with perceived impunity.

The demonisation of 'illegal' substances on the other hand, along with their working class users can equally be linked to social and political forces at the time (Berridge and Edwards, 1981). In this analysis drug addiction was conceived as a poor peoples problem, in an effort to keep it at a safe distance from societies power elite's. It is instructive to view these developments in light of Morgan's (1985) framework outlined earlier. It could be argued from this perspective that conceptual frameworks of drug and alcohol use were constructed in the interaction between societies elite's, the middle classes, policy makers and various professionals. From a social constructionist perspective this may be seen to have served the political function of maintaining a status quo which re-affirmed their role as the custodians of social order, maintaining their power and privilege, aswell as the above mentioned function of keeping drug misuse at a safe distance from the mainstream of society.

In summary it is suggested here that the notion of addiction falling along a continuum with social use, despite it's shortcomings offers the most inclusive understanding of addiction. The key features of this syndrome include tolerance, withdrawal symptoms, compulsion to

use, relapse and a prioritisation of substance use over other important activities. It is clear, however, that this conceptual framework is inextricably linked to social and political events. In this context, it is suggested that addiction is a socially constructed, albeit a medically validated phenomenon.

Section II - Conceptual Frameworks Which Focus on Individual Factors -

A review of the literature focusing on individualistic conceptualizations of addiction highlights the following theories:

- Psychological Theories
- Biological Theories
- Disease Models
- Learned Behaviour

A brief review of each of these theories is provided below.

- **Psychological Theories -**

  Psychological Theories are seen to focus on three broad categories:

  (i) Personality Theory, **(ii)** Psychoanalytical Perspectives, **(iii)** Psychiatric Perspectives

(i) The search for the elusive addictive personality has it seems been unsuccessful, with many authors suggesting that there is no unique personality type which is pervasive among addicts (Fishbein and Pease, 1996, Cox, 1988). The role of childhood history of anti-social personality (Fishbein and Pease, 1996) along with adolescent anti-social behaviour (Jessor and Jessor, 1977) have however been

identified as causal agents in the development of addiction. Cox (1988) and Kilgallon (1990) concur with this analysis suggesting that personality may be a significant contributing factor to the etiology of addictive behaviours.

It is clear from this literature that while personality may be an important variable in understanding addiction, no unique addictive personality is seen to prevail. It is interesting, however, that this theory remains pervasive despite a dearth of scientific evidence to support it. Cox (1988) has noted that despite consistent failure to identify unique personality characteristics, the administration of personality tests to addicts has continued unabated. It may be argued from a social constructionist perspective that this persistence, is political serving to prevent a broad sociological debate and thus negating the need to challenge the structures and institutions maintained by societies elite's.

(ii) Personality traits of addicts also figure strongly in psychoanalytical formulations of addiction. It is suggested here that a comprehensive review of this perspective would be redundant in view of it's poor support across the literature. Psychoanalysts have focused on the role of personality sub-systems in the etiology of addiction. In this analysis the ego (reality principle) mediates between the ID (primitive desires and urges) and the super ego (moral component of personality) in an effort to maintain the health and well being of the individual (Thombs, 1994). Addiction may be seen to result from the ego being overwhelmed in this process, culminating in the development of defense mechanisms such as denial which allow unhealthy substance use to continue (Herbert, 1988).

As has been noted, this perspective has not been validated by scientific research (Thombs, 1994, Herbert, 1988). It is suggested here that it is more likely to be an historical artifact of traditional essentialist perspectives on addiction than the basis of a credible theory. It may, like the addictive personality hypothesis, be seen to have a political value.

(iii) Psychiatric perspectives represent the final category within the psychological domain. The role of psychiatric disorders in addictive behaviour has been well supported by work of Fishbein and Pease (1996). Their proposal is consistent with that of Roundsaville (1991) who suggests that anxiety disorder and depression may precede the onset of alcoholism, by encouraging sufferers to self medicate with alcohol. This perspective suggests that anxiety disorder is an etiological factor rather than a consequence of use. Such a hypothesis is challenged by the Medical Research Council (1994) who argue that addiction and psychiatric disorders may simply co-exist without any causal relationship. The work of Cox (1988) presents yet another challenge to the role of anxiety disorders in addiction by refuting the self-medication argument. Cox argues that drinking may increase rather than moderate anxiety and stress. In his analysis alcohol does not have effective anxiolytic (anxiety reducing) properties.

In summary, while causal pathways are difficult to identify and despite conflicting evidence, this perspective appears to have considerable support across the literature. The support offered by eminent authors such as Fisbein and Pease (1996) and

Roundsaville (1991), suggests that the role of psychiatric disorders in addiction is worth further exploration by the research community.

- **Biological Theories -**

Biological theories frequently dominating the pages of current scientific journals, propose a genetic basis for addiction. Fishbein and Pease (1996), while acknowledging that the evidence is clearer for alcoholism than other addictions provide a most convincing argument for the genetic basis of addiction. They suggest that alcoholism is *"thought to be more the result of genetic predisposition than environment"* (Fishbein and Pease, 1996 p. 84). Cadoret (1990) concurs, suggesting that scientific evidence for this perspective has increased considerably over the years.

The Medical Research Council (1994) also in agreement on the scientific validity of this theory highlight the abundance of research on alcoholism relative to the dearth of evidence on a genetic basis for drug addiction. Searls (1990) and Cook (1990) make another instructive contribution, suggesting that the evidence of genetic transmission is clearer for males, with little conclusive evidence of similar genetic pathways in female alcoholism.

It is argued here that the lack of scientific support for a genetic basis of drug addiction may have a political motive. It is tempting to speculate that both a genetic basis of alcoholism and a lack of support for hereditary transmission of drug addiction may serve to maintain status quo by supporting the use of alcohol among the general population (for its social and economic benefits) and demonising drugs along with their working

class users. This analysis would suggest that demonisation of drug use serves to locate evil and deviance in a small group of marginalized individuals. This is consistent with Davies (1997) argument that labeling may have more to do with social expediency than with scientific validity.

It is further argued that the preoccupation with transmission in males (Searls, 1990; Cook, 1990) along with a paucity of such research among females (Collins, 1990) is significant in political terms. This matter will be fully explored in section IV of this review which will address gender issues in addiction.

The broad support for genetic formulations across mainstream scientific inquiry is challenged by a number of radical critics of traditional pathological models. Peele (1986) provides a comprehensive critique of biological models, concluding that evidence to support them is inconclusive. Vaillant (1983) offers a similar analysis suggesting that the presence of controlled use among some addicts is incompatible with the notion of a pathological disease of excess. It may be argued from a social constructionist perspective that the broad acceptance of biological theories like the syndrome noted earlier, is related to a persistence of traditional medical models of addiction. Searls (1990) concurs with this view suggesting that biomedical formulations, by relying on traditional models fail to adequately address the dynamic relationship between people and their environments.

In summary it is clear from the literature that with the exception of a few radical critics, biological models of addiction are well supported by scientific research. Exposing these

perspectives to a social constructionist critique challenges the objective basis of this knowledge, highlighting the social and political functions of unitary models.

- **Disease Models**

The disease model has frequently been associated with biological models because of its reliance upon an inherent disease as the basis of addictive behaviour. In this analysis addicts possess a distinct condition which renders them incapable of drinking moderately (Thombs, 1994). This study argues that the disease model is the most vulnerable of addiction theories to a social constructionist critique. The notion of addiction forming a discrete category as described in this model is widely rejected across the literature (Heather and Robinson, 1985; Drug Scenes, 1987; Connolly, 1994). Despite this dismissal the disease model appears to remain persistent. Keaney (1994) offers an explanation for this persistence.

> *"It might be said that dependence, and social attitudes to that dependence have a dynamic and symbiotic relationship."*
> (Keaney, 1994 p. 1)

It is suggested here that while a simple conspiracy theory would be inadequate in explaining this tenacity, it is reasonable to assume that discrete categorisations of addiction may be seen as functional at several levels of society. Hester and Miller (1995) provide a convincing rationale for widespread acceptance of this theory. They suggest that dispositional disease models absolve addicts of blame for their behaviour, as well as validating medical intervention in problem drinking.

It has been suggested that the overall contribution of this model to the addiction debate has been negative. Orford (1985) describes this accurately and succinctly suggesting that it has served to retard contemporary understanding of addiction by, de-emphasizing population drinking patterns, exaggerating the role of medical intervention and neglecting psychological and social mechanisms.

In summary, the literature shows that the disease model of addiction is rejected by contemporary scientific research. This study argues that it is retained for its social and political value, rather than its scientific validity.

- **Learned Behaviour**

It is suggested here that two distinct but related schools of inquiry flourish within the behavioural tradition. They include:

(i) Behavioural theory **(ii)** Social learning theory

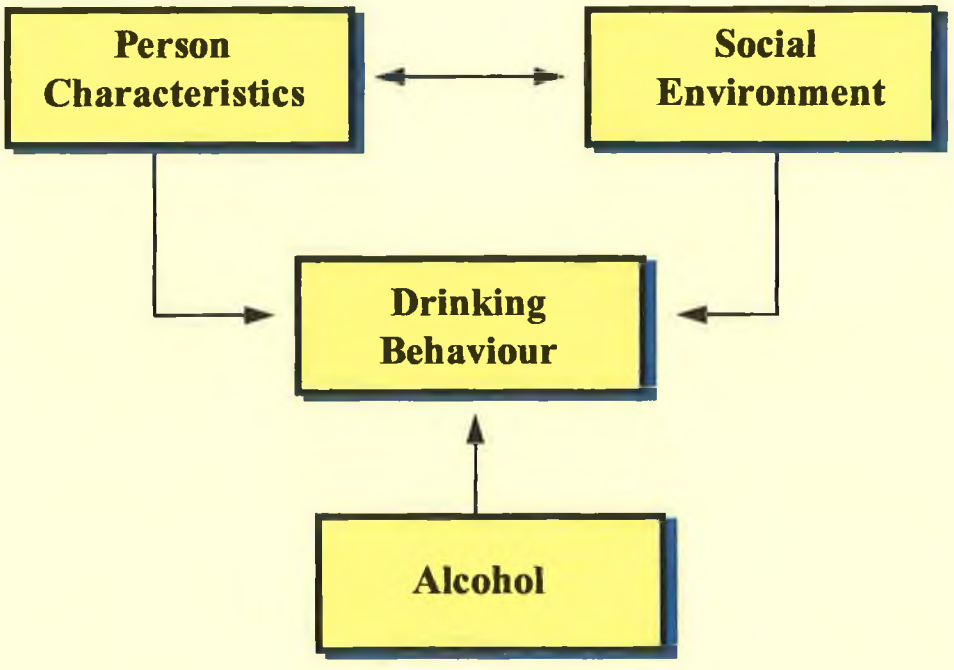
(i) Behavioural theory subscribes to the basic tenet that all behaviour is learned through a process of reinforcement (Collins, 1990). The main behavioural models of addiction are based on the theoretical infrastructure of associative conditioning (Medical Research Council, 1994). These processes described by Thombs (1994) involve pavovlian conditioning which is controlled by environmental stimuli as well as operant conditioning which is maintained by events which occur after the behaviour or reinforcers. The two main reinforcers in substance use are thought to be the pleasant effects of euphoria along with the negative effects of withdrawal symptoms. Tober (1989) concurs that reinforcers play a central role in addiction.

Maisto et al (1995) have suggested that the ability of substances to relieve withdrawal symptoms is one of the most powerful motivators for use.

While behavioural theory on addiction enjoys broad acceptance across the literature (Tober, 1989; Thombs, 1994; Collins, 1990), it has been criticised by a number of authors. Sherman et al (1988) argue for example that traditional behaviourism is based on an essentialist dogma that conjures a passive relationship between individuals and their environment.

(ii) Social learning theory frequently described as a cognitive behavioural approach (Collins, 1990) addresses some of the above criticisms. Bandura (1977) proposes that the concept of reciprocal determinism where people and their environments are reciprocal determinants of each other, is the central tenet of social learning theory. Wilson (1988) concurs that the interactions between people and their environments are central determinants of behaviour. White et al (1990) have added alcohol to this model, suggesting that substance specific characteristics (pharmacological effects along with perceived effects) offer another key variable in the process of addiction. The role of substances will be examined in detail later in this review. *Figure 2.1* illustrates this interactive model.

Figure 2.1 Interactive Model of Addiction Adapted from White, Bates and Johnson (1990).



This interactive model is further developed by Barber (1995) who proposes that addiction occurs along a continuum with social use. Connolly (1994) concurs with this analysis, which is broadly consistent with the dependence syndrome described earlier.

While social learning theory broadens the behavioural perspective, embracing broader social contexts, it has been argued that it remains at its core a cognitive behavioural approach (Connolly, 1994). It is suggested that this is most evident in social learning based therapeutic interventions such as aversion therapy and skills based training which focus heavily on the individual (Wilson, 1988). It may be argued that these interventions fail to address broader social and political issues.

In summary, it is clear that elements of the behavioural tradition, especially social learning theory challenge traditional individualistic models of addiction by proposing that personal characteristics and environmental factors must be taken into account. It is argued here that social learning theory, despite its limitations, offers valuable insights into the interactive nature of the addiction phenomenon.

Section III - The Role of the Family

A review of the literature pertinent to the role of the family in addictive behaviours reveals two broad categories of inquiry:

(i) Systems theory **(ii)** Socialization and learning theories

(i) Systems theory - suggests that the nature of relationship must be seen in context (Capra 1997). While it offers many complex and insightful viewpoints, it has been suggested that in essence it espouses a straightforward emphasis on wholeness and patterns of interaction among constituent elements of the system (Pearlman, 1988). Steinglass (1982) points out that adherents to the family systems approach subscribe to some of the following ideas:

- The Family is viewed as an organisational unit, in which individuals interact in a reciprocally deterministic manner.
- Families established and maintain equilibrium.
- Family interaction and communication may establish and reinforce behaviour.
- Family interaction occurs within certain boundaries.

Morgan (1985) concurs with the above proposals, suggesting that family functioning is best understood by taking account of the family unit as well as the individual parts.

This review will focus on a number core issues within the family systems framework, with emphasis on their role in addictive behaviour. They include homeostasis, coalitions, circular causality, boundaries, family constructs and family ritual.

It has been suggested that great energy is expended in an effort to maintain balance and compensate for charge within the family system (McHale, 1995). In this context the system maintains a fine balance between the needs of the organisational unit and the individual members. Kilgallon (1990) proposes that these homeostatic mechanisms may influence and be influenced by drinking and drug taking behaviour. She notes that 'symptomatic" behaviour may play a key role in establishing and maintaining family balance.

Haley and Minuchin in the Nineteen Seventies have noted that children's symptoms may serve to distract attention from more serious family problems (Haley, 1976; Minuchin, 1974). They suggest that this process involves triangulation or "pulling in" of a third person to resolve conflict between a couple. It has been further suggested that following several repetitions, these behaviours become "programmed" into family functioning. Barnes (1990) referring to these as "counter normative" coalitions concurs that they serve to distract attention from more serious problems.

The effects of these triadic relationships is described variously across the literature with Dallos (1991) viewing them as the fundamental building blocks of family life and Bowen (1976) proposing that they lead to "chronic functional impairment" in children. It may be argued from a systemic perspective that these "symptomatic" roles are mutually beneficial. Dallos (1997) has noted this possibility suggesting that the "symptom" carrier may collude with the triadic dramas because of the attention gained in the process.

This reciprocity is further reflected in the systemic concept of circular causality which Belvins describes as follows:

> *"Families are regulated by a circular feedback system that is similar to the workings of a household thermostat."*
>
> (Blevins, 1998 p. 24)

In Morgans (1985) view this leads to families anticipating each others responses and building these anticipations into their own actions. This perspective, unique among theories on addiction, suggests that addictive behaviours may be exacerbated by family interaction, which in turn are influenced by the addiction. It is suggested here that this is the anti-thesis of traditional pathological models which propose addiction as a unitary disorder.

The literature shows that such family interaction occurs within boundaries, which distinguish the elements within the system from other elements in the environment (Steinglass, 1982). Steinglass points out that addicted families tend to maintain boundaries which are rigid, leading to functioning in the sphere of isolation. Kilgallon

(1990) concurs that boundary flexibility plays a role in the etiology of addiction. However, she suggests that disengaged (boundaries which are too permeable) may also predispose to addictive behaviours.

The pervasive influence of family systems is further reflected in the role of family constructs in individual behaviour. According to Dallos (1997) these belief systems manage family life in a way that allows members to reach agreement on their understanding of the outside world and each other. In an earlier work (Dallos, 1991) suggests that constructs actively regulate individual experience, serving to determine what specific actions mean as well as what actions should be taken. He further argues that these beliefs are bi-polar, having explicit and implicit poles which delimit experience to somewhere along a continuum. It may be argued from this perspective that families, who have experienced extremes of behaviour, such as addiction, may continue to reconstruct these extremes through the generations. In this context families, with genuine fears about addiction may explicitly guide their children towards abstinence offering the implicit polar opposite of problem use. The literature supports this thesis. Barnes (1990) proposes that excessive use or total abstinence by parents may lead to heavy use among young people.

While Barnes contribution to the above debate is valuable, her main interest appears to be in the role of family ritual in addiction. She describes ritual as a symbolic form of communication which through repetition contributes to the families sense of itself (Barnes, 1990). In this analysis disruption of such ritual increases the risk of intergenerational transmission of alcoholism. Bennett et al (1990) note that rituals may

be distinctive from or subsumed by alcohol abuse. It is suggested that the latter predispose to intergenerational transmission.

It is clear from the literature that the above core issues within a systems framework including; homeostasis, coalitions, circular causality, boundaries, family constructs and family ritual exert a profound influence over individual members drinking and drug taking behaviours. It is also clear, however, that systemic concepts have been criticised on a number of fronts. The two principal criticisms relate to a paucity of sound empirical evidence to support these assertions (Collins, 1990; Pearlman, 1988) as well as the inappropriate application of systemic perspectives to family problems.

The inappropriate application of systems theory is noteworthy from a social constructionist perspective. Epstein (1993) criticises systemic interventions on a number of fronts.

- Many systemic interventions remain apolitical, decontextualizing professionals from the larger social and cultural milieu.
- Family systems explanations tend to replace individual pathology with family pathology.
- Many theories pathologise those who find themselves excluded from the dominant social and economic cultures.
- De-contextualizing social problems by locating them in individuals or the family provides a rationale for the expansion of mental health and social services, which serve as a means of social control.

- A high percentage of "clients" are described as impoverished, yet nowhere in the discourses of systems theory (as applied to the family), are these issues described as problems to be solved.

Epstein concludes his argument eloquently thus:

> *"The depoliticising of professional discourse is also political. By viewing the task as that of solving individual and family problems, the larger social context is excluded from the therapeutic discourse."*
>
> (Epstein, 1993 p. 24)

If one subscribes to this view, it may be argued that therapeutic interventions transform socially disturbing behaviour into illness as a form of social control. This serves to validate the role of professional helpers while evading a broader socio-political debate. In the words of Kidder (1986), many of our contemporary psychological interventions have "torn" human behaviour from its historical and social contexts through the use of pathological explanations.

It is suggested here that nowhere is this tendency so strong, as in the addiction arena. While many services have formally dispensed with traditional disease concepts, they have been replaced with pathological explanations of systems theory. This tendency (noted by Epstein, 1993) is most evident in co-dependence models (see Whitfield, 1991), where traditional disease models have been combined with systems theory shifting pathology from the individual to the family.

In summary, while systems theory clearly offers valuable insights on the addiction phenomenon, it's application to therapeutic interventions has failed to stimulate a broad social and political debate on the development and maintenance of addictive behaviours. It may be argued from a social contractionist perspective that systems theory despite its potential to radically challenge essentialist perspectives on addiction has become part of the dominant therapeutic discourse which de-contextualizes human behaviour.

(ii) Socialization and Learning - Family socialization processes offer further valuable insights on drug and alcohol abuse (Barnes, 1990). Barnes argues that young people learn substance using behaviours through interaction with their parents and siblings. Jessor (1987) offering a broadly similar model suggests that behaviour is learned and as such is shaped through the interaction of three psychosocial systems;

a.)Personality system; b.) Perception of environment; and

c.) Behaviour system -

The Family is seen to play a key role in this process.

The theoretical perspectives modeled above are also consistent with the developmental framework of Zucker (1979) which implicates the interaction of four groups of influences in the genesis of addiction;

a.) Primary influences (parents); b.) Secondary influences (peers)

c.) Community and socio-cultural influences d.) Factors within the individual

It is suggested here that these models, broadly consistent with social learning theory (see Bandura, 1977; White et al, 1990) and well supported across the literature, offer valuable insights into addictive behaviours at family level.

Section IV - Sociological Perspectives -

The previous section has highlighted the importance of context in the development of addictive behaviours, through a comprehensive review of the literature on family influences. This section will explore broader socio-cultural contexts under three main headings:

(i) Cultural factors; **(ii)** Gender issues

(iii) Exclusion from the dominant social and economic climate

(i) Cultural Factors - The influence of cultural factors in determining what constitutes addiction, noted earlier in Shweder and Millers (1985) proposal, is supported by the work of Kilgallon (1990) and Heath (1988). Kilgallon suggests that the perceived appropriateness or corrupting potential of substances may affect their addictive potential. Jaffe (1983) has illustrated this point, suggesting that in cultures where use is comfortable, familiar and socially regulated addiction may be less likely or unknown.

The literature also suggests that addiction may be seen as functional within certain cultures. Thombs (1994) links heavy drinking among Irish people to our history of colonialism and oppression.

> *"In a symbolic way, drunkenness connects the Irish to all of their similarly anguished ancestors"*
>
> (Thombs, 1994 p. 203)

While Thombs analysis may appear somewhat sentimental, the centrality of alcohol use to Irish culture has been well documented (Vailant, 1983). Thombs, in the same work outlines a number of more general social functions served by alcohol. They include facilitation of social interaction and release from normal social obligations.

Maple and Barnes (1992) offer a more negative analysis of the cultural functions of substance misuse suggesting that mainstream societies interests are protected by locating chaos "elsewhere". In this analysis perpetrators of dominant cultural discourses locate deviance in a vulnerable minority through a process of labeling. This is consistent with Davies (1997) theory of functional attribution. It is suggested here that youth culture is particularly vulnerable to this process, with many of societies ills being located in the younger generation.

Peer influence among adolescents has, however, been described as the single most pervasive factor in the etiology of substance misuse (Etting and Beauvais, 1988, Dorn and Murji, 1992). The Medical Research Council, taking a more cautious view suggest that:

> *"The belief that peer pressure plays an important role in the development of drug using behaviour has become so widespread as to have passed into popular wisdom".*
>
> (Medical Research Council, 1994 p. 24)

They suggest that little good information is available on the social processes involved in peer pressure.

Barnes (1990) offers such information suggesting that peer influence is mediated by family factors such as parent-child relationships and the value placed on peers opinions.

In summary, it is clear from the literature that culture and subculture (youth culture) have a profound influence over individual behaviour. While the work of Barnes (1990) and others (see Etting and Beauvais, 1988; Dorn and Murji, 1992) offer valuable insights into the role of peer culture, in substance misuse, the exact mechanisms remain unclear. The literature also shows that substance use may be seen as functional at cultural level, serving various social and political functions.

(ii) Gender issues - The functional role of substance misuse noted above is also highlighted in the literature relating to the role of gender in substance misuse. Madianou (1992) suggests that male drinking outside the home may serve to constitute identity independently from household relations. In Madinou's analysis this serves to obscure male dependency on female family members. In this context it may be argued that male identity is constructed in an anti-domestic discourse. It is noteworthy that similar drinking in women may be viewed as evidence of lack of self control.

Pease (1992) reporting on rural Irish drinking, has noted that male drinking may be seen to help men grasp the complex realities of their world. He offers a summary of the functions of intoxication among rural fishermen to include:

- Assisting in the reproduction of identity and integration into the fabric of society.
- Displaying masculinity and productivity.

A review of the work of Collins (1990) highlights the functions which alcohol use may be seen to serve for women at various life stages. They include relieving the stress of childcare responsibilities or the loneliness of empty nest syndrome and old age.

This study acknowledges that the functional roles of substance use noted above, offer only a limited insight into the importance of gender issues in addiction. However, despite considerable effort, it has proved difficult, if not impossible to access adequate information on the impact of gender issues in this area. This is consistent with the findings of Collins (1990) who notes that despite the acknowledged importance of gender in drug and alcohol misuse there is a consistent dearth of research on the issue. Collins has noted that much contemporary research focuses on issues pertinent to males. Barnes (1990) concurs, suggesting that what is needed is a balanced examination on the influence of both male and female gender roles on substance misuse. One is tempted to speculate as to why such a blatant gap exists in the research.

Barnes and Maple (1992) offer a possible explanation, suggesting that gender is invisible in mainstream policy and research, with sexist ideologies reinforcing male dominance and power. In this analysis the dearth of gender debate forms an integral part of the patriarchal power structures which have colonised scientific research. This would suggest that societies power elite's, such as politicians, doctors and the middle classes may choose to ignore issues of gender, poverty and other marginal matters. This may serve to maintain equilibrium in a society that upholds values which are male and middle class.

It is argued here that such attempts to present addiction as an apolitical, asexual affair may have a detrimental effect on all of society. The work of Stanley and Wise (1983) is instructive here. They suggest that women's oppression does not only impact on women but on the whole of society, including men, whose role as oppressors is actually oppressive to themselves. This study argues for a broader socio-political debate on addiction to include a balanced exploration of the role of gender in the genesis of addictive behaviours.

(iii) Exclusion from the dominant socio-economic climate - The well established link between social disadvantage and problem drug use (Pearson and Gilman, 1994) has been conspicuously absent from Irish policy documents over the years (Fogarty, 1995). Two recent reports breaking with this tradition established clear links between poverty and substance misuse (First Report of Ministerial Taskforce, 1996; O'Higgins, 1996).

This connection, by no means unique to the Irish context has been reported by Pearson and Gilman (1994) in Britain.

> *". . . heroin came to settle with exceptional severity in neighbourhoods suffering from high levels of unemployment, housing decay and other forms of social deprivation."*
>
> (Pearson and Gilman, 1996 p. 103)

While acknowledging this link the Medical Research Council (1994) have suggested that exact causal pathways remain unclear.

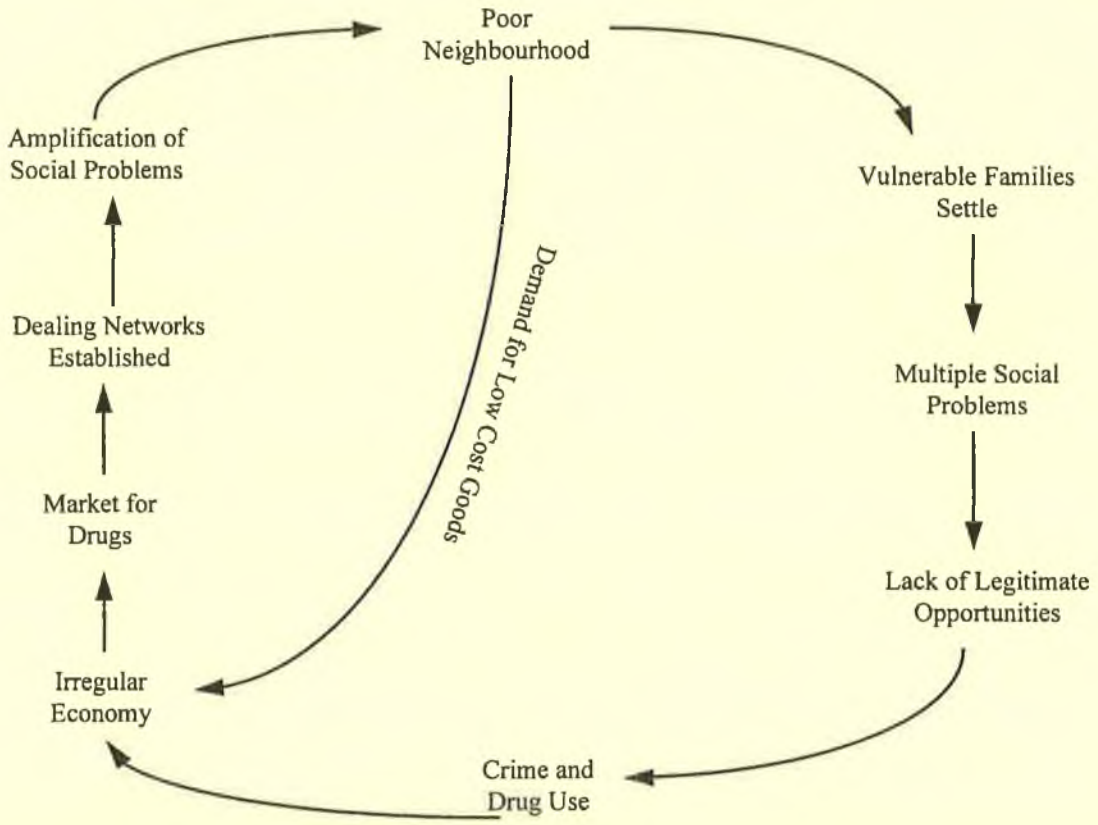
Butler (1991) offers some insight into these causal mechanisms. Commenting on the Irish situation he suggests that poverty predisposes youth to risky behaviour. The

motivation for drug use in a setting of institutionalized poverty, boredom and hopelessness is seen in terms of self medication. Fishbein and Pease (1996) offering a variation to this argument suggest that children in inner-city areas may see drug use and crime as a symbols of success. In this analysis they reject societies goals replacing them with the goals of a drug culture.

Pearson and Gilman (1994) offer a comprehensive model of the sociological cycle of addiction referred to as "urban clustering". In their view the housing market plays a key role in the process. They suggest that poor neighbourhoods attract vulnerable families, leading to multiple social problems and lack of legitimate opportunities for young people. This combined with a demand for "irregular economy" goods supports the development of crime and drug dealing networks which further amplify social problems. This model, broadly consistent with that of Jessor (1987), Barnes (1990) and the concept of circular causality noted earlier, suggests that drug misuse and poverty act in a reciprocally deterministic fashion. *Figure 2.2* illustrates this model.

In summary, it is clear from the literature that problem drug use and social disadvantage are inextricably linked. It is also clear that in the Irish context, this has been consistently ignored over several decades. This and similar themes will be addressed in the next section.

Figure 2.2 Urban Clustering - Adapted from Pearson and Gilman (1994)



Section V - The Role of Stakeholders -

Societies ability to influence the development and maintenance of addictive behaviour has been a recurring theme throughout this study. The construction of the "reality" of addiction by societies power elite's has been central to this debate. It has been argued that the perpetrators of dominant social and political discourses have an interest in defining the parameters of, and diagnosing problem drug and alcohol use. Montonens (1996) definition of "stakeholders" in the concept of addiction, noted earlier is instructive here. In this analysis stakeholders are seen to include those who are affected by problem use as well as those whose decisions and actions affect the problem. Thus the term stakeholders when

used here is broadly consistent with Montonens definition. The study so far has identified a number of such stakeholders. They include social elite's (Montonen, 1996), radical critics of contemporary theory, professional groups (Morgan, 1985), alcoholics, addicts, the general public and the alcohol industry (Hester and Miller, 1995). Two more groups will be added here. They are healthcare institutions (*Banton et al, 1985*) and politicians (Fishbein and Pease, 1996).

Davies (1997) theory of functional attribution is noteworthy in this context. This suggests that the problem of addiction is frequently located in either the individual or the substance. This preoccupation has been central to the two main Irish policy responses to addiction — criminal justice and healthcare. They will be described below under the following headings.

(i) The politics of health **(ii)** The "war" on drugs

(i) The Politics of Health - The role of healthcare systems in the development of social problems is well documented. Epstein (1993) notes that professionals frequently generate theory and practice which serves to pathologise those who are excluded from the dominant social and economic climate. These practices may be seen to continue the very problems they purport to treat. Clarke (1993) concurs with this argument suggesting that the pathologising of human behaviour prevents social and structural reform thus reproducing rather than redressing inequality. Banton et al (1985) offers a similar analysis of the role of doctors in mental health systems. They suggest that by diseasing human behaviour, doctors as the custodians of "normality" reduce political issues to individual private matters, leaving the fabric of society untouched.

The impact of the pathological responses outlined above is palpable in Irish health policy. Butler (1991) argues that substance misuse prevention strategies of the Nineteen Eighties were driven by social and political forces of the time rather than by scientific research. This resulted in alcohol being presented in benign terms, drugs being demonised and the role of social disadvantage in problem use being ignored. It is notable in this context that the only report of the time (Bradshaw Report, 1983) to implicate social disadvantage in the causation of problem use was never published. The government of the time ignoring this report persisted with health and criminal justice response, which had little chance of addressing the social and structural problems central to the nations growing drugs epidemic.

(ii) The war on drugs - The war on drugs "metaphor" has become central to national and international responses to drug related problems (see Fishbein and Pease, 1996; Montonen, 1996; Butler, 1997). Dorn (1990) argues that this war — which attempts to reduce imports of drugs, enhance law enforcement and maintain deterrents — is based on the fear that the drug problem will grow out of control.

Montonen (1996) offering no such benign account, suggests that public issue of this type is constructed by political elite's and subscribed to by the general public. In Montonen's analysis key stakeholders collaborate with each other in the public construction of drug problems and subsequent responses. Murphy (1996) notes the "war" like the health responses outlined earlier assumes that problem drug use occurs in a vacuum, thus ignoring the role of social problems in the development of drug misuse.

Fishbein and Pease (1996) offer an explanation for the persistence of the war and hesitancy in acknowledging social issues.

> *"The war on drugs provides the politicians with something to say that offends nobody, requires them to do nothing difficult and allows them to postpone, perhaps indefinitely the more urgent and specific questions about the state of the nations schools, housing and employment opportunities . . . the conditions to which drug addiction speaks as . . . symptoms not a cause."*
>
> (Fishbein and Pease, 1996 p. 390)

Leveston (1980) offers a more sinister analysis suggesting that law enforcement may increase drug related crime by forcing prices on the black market up. Marks (1996) offers a similar argument, suggesting that law enforcement may lead to uncontrolled use by pushing use "underground". He concludes that:

> *"Drugs are not so much prohibited because they are dangerous, but dangerous because they are prohibited."*
>
> (Marks, 1996 p. 22)

Banton et al (1985) have argued against a simple conspiracy theory in explaining these responses. They have suggested that no one of these interest groups holds power at a central point, more accurately the power is generated in the structure within which the relationship takes place. It is argued here, however, that despite its value this explanation is flawed, as it assumes that all key players hold equal power. While power is undoubtedly generated in an interactive process, some groups are more powerful than others. Thus societies power elite's including politicians, professionals and the middle classes, set the agenda for subsequent interaction leaving the most oppressed without a voice in the process.

In summary, this section has argued that stakeholders play a key role in determining policy responses to substance misuse. These responses frequently driven by the political climate rather than any objective criteria, have the potential to reproduce the very problems purport to solve. It is clear that societies elite's such as professionals and policy makers wield considerable power in the social construction of addiction and subsequent responses.

Section VI - The Role of "Addictive" Substances -

The previous sections have indicated that problem substance use has been located variously in the substance and the individual, depending on the prevailing social and political climates. This section will focus on the role of addictive substances in the etiology of problem drug and alcohol use.

The Medical Research Council (1994) suggest that the addictive potential of drugs is related to their ability to induce euphoria, which reinforces use. Fishbein and Pease (1996) note that this reinforcement is related to the stimulation of internal reward systems by "addictive" substances. The drugs thought most likely to create this effect are those that produce an immediate "high", those whose effects dissipate rapidly or those that produce a high degree of physical dependence. This explanation calls on both biochemical interactions and behavioural psychology to explain the process of addiction.

Maisto et al (1995) implicate a number of substance related factors in addiction. They include: the chemical properties of the drug, the action of the drug on the body, the dosage and the route of administration. Simon (1997) also lists a number of substance specific

functions in the etiology of addictive behaviour. They include the ability to: control pain, induce mood changes and create physical dependence.

While the above pharmacological and neuro-behavioural perspectives are broadly accepted by the medical community, they present a number of problems for radical critics of contemporary addiction theory.

Davies (1997) while accepting that some substances have potential to be "addictive" challenges their predominance in contemporary science. He suggests that the existence of controlled drinking among some alcoholics as well as the phenomenon of compulsive gambling (where no substance is involved) raises doubt over the addictive substance hypothesis. Fingarette (1988) also challenges biochemical explanations, citing experiments which suggest that drinking among alcoholics may be related to their beliefs about drinking rather than actual consumption.

> *". . . it is the drinkers mindset, the drinkers beliefs and attitudes about alcohol, that influence the level of consumption."*
>
> (Fingarette, 1988 p. 40)

Peele (1995) on the other hand argues that it is societies beliefs and attitudes that determine the "addictivneness" of substances.

> *". . . societies define which kinds of behaviours are the result of getting drunk, and these behaviours become typical of drunkenness."*
>
> (Peele, 1995 p. 170)

This is broadly consistent with the work of Kilgallon (1990) cited earlier and with a social constructionist perspective.

In summary, it is clear from the literature of mainstream scientific inquiry that some substances may be described as "addictive". However, it seems impossible to separate this biochemical addictive potential from social influences. Thus it is argued here that addiction is best understood as an interactive process in which physically addictive substances play a key role.

Conclusion

The review provided here gives us an overview of what is already known about conceptual frameworks of addiction. The main areas explored included individual, family and substance related variables along with the influence of key stakeholders and socio-cultural factors. The main findings from the literature highlight a number of issues which are summarized as follows.

The social constuctionist perspective suggests that addiction is best understood in the social, historical and political contexts within which it exists. The public perception of addictive behaviours along with subsequent responses are influenced by the socio-political climate at any given time. There is no universally accepted definition of addiction. Experts remain deeply divided on the issue. It appears, however, that despite it's political implications, the dependence syndrome offers the most broadly accepted understanding.

It is clear from this review that support for individualistic models of addiction varies considerably across the literature. While biological, psychiatric and personality perspectives are seen to have some value, psychoanalytical and disease models are seen to be retained for their social and political functions rather than scientific validity. Social learning theory,

from within the behavioural tradition, is seen to offer valuable insights into the role of the individuals interaction with his/her environment in the etiology of addiction.

A review of literature on the families role in addictive behaviours reveals two broad areas of inquiry – systems theory and factors related to socialization and learning. The former while having the potential to radically challenge essentialist perspectives on addiction is seen to have failed to stimulate a broader socio-political debate. The latter, broadly consistent with social learning theory is well supported across the literature, offering valuable insights into the interactive nature of addiction.

The sociological factors reviewed here focus on the role of culture, gender and social disadvantage in the development of problem substance use. It is clear from the literature that culture is seen to have a profound effect on substance misuse with some authors assigning it a functional role at societal level. Gender issues are seen to be broadly "invisible" in mainstream research on addiction. This is seen to be related to the patriarchal power structures in society which present social phenomena in terms that are male and middle class. Finally, despite the clear links between social disadvantage and substance misuse, issues of poverty and marginalisation have remained largely absent from Irish public policy documents.

It is clear that there are a wide variety of stakeholders who influence the debate on addiction in the Irish context. Their influence is most noticeable in the uncritical acceptance of health care and criminal justice responses despite their obvious shortcomings.

The literature suggests that the "addictive" substance hypothesis is well supported by mainstream scientific research. However, it is clear that addiction is best understood as an interactive process in which physically addictive substances play a key role.

The body of literature overall then seems to suggest that unitary, reductionistic conceptualizations of addiction are inadequate and more likely to result from social and political forces than from sound scientific fact. Addiction is thus, best understood at the meeting of biological, physchological, social and political forces - clearly a bio-psychosocial entity! The research that follows will attempt to offer further insights into the five key variables outlined here.

Chapter Three
Research Methodology

Introduction -

Chapter Two has provided the context for this study, through a comprehensive analysis of secondary sources of information from a number of areas of academic inquiry. They include; theoretical frameworks of addiction, social constructionist inquiry, gender discourses and adult education. This chapter will discuss the research methodologies implemented during the study, the reasons for using them and the issues raised during the research. The study has sought to strike a balance between scientific validity and subjective reality, thus utilizing both quantitative and qualitative techniques. This included the use of a questionnaire followed by a semi-structured group work session with research participants.

This study proposed a hypothesis which suggested that:

- Definitions that proposed addiction as a discrete unitary disorder were inadequate and incomplete.
- That addiction was best understood as a complex phenomenon influenced by physiological, psychological, social, and political forces.
- That conceptual frameworks on addictive behaviours were intimately liked to the prevailing social climates, frequently serving to maintain the status quo as defined by societies power elite's including politicians, the middle classes and professionals.

The study aimed to validate this hypothesis by testing contemporary models of addiction against the real like experience of the research participants. They consisted of a group of adult students who had just completed a twenty week addiction studies course. (*see*

Appendix 1). The research methods explored the groups experiences and perceptions of the role of five key variables (Individual, family and social factors as well as the impact of stakeholders and substance specific factors) in substance use and misuse. This was designed to contribute to a tentative model of development and maintenance of addictive behaviours.

The key value of this subjective method of inquiry was seen to be its involvement of ordinary people (neither academics nor addiction specialists) in a debate that may otherwise remain vague and academic. Reflection on the hypothesis outlined above, raised a number of key questions which are outlined below.

- How were beliefs and attitudes within the micro social environment (family, peer group) seen to influence individual patterns of substance use.
- How were beliefs and attitudes of the macro social environment (community, broader culture) seen to influence both individual and societal use.
- Was substance use seen to play a functional role for individuals, families and the broader society.
- Who were to be the key stakeholders in the concept of addiction.
- What role was social disadvantage seen to play in the development of addictive behaviours.
- How was gender seen to influence drug and alcohol use.
- What individual and substance specific factors were seen to influence levels of substance use.

These questions were addressed using the following three complimentary methods of inquiry:

1. A comprehensive review of the relevant literature.
2. A questionnaire administered to research participants (*see Appendix 2*).
3. One semi-structured groupwork session, addressing the key issues raised by the questionnaire.(*see Appendix 4*)

These methods of inquiry highlight a number of important issues which are discussed in this chapter. They are:

1. Research Participants
2. The Researcher
3. Research Philosophy
4. Research Strategy
5. Strengths of Methodology
6. Limitations of Methodology

Research Participants -

The study group for the questionnaire totaled sixteen, comprising twelve women and four men. As noted, they were chosen following completion of a twenty week addiction studies course. It was hoped that they would give a "real world" analysis of key questions related to the development of addictive behaviours (*see Appendix 1*).

The semi-structured groupwork session consisted of a smaller number of ten participants, chosen from the original sixteen. Following consultation with

participants it had been agreed that a smaller number would provide a less threatening study environment, where sensitive issues (such as the role of the family in substance misuse) could be explored comprehensively. This group was designed to be representative of the original group of sixteen in terms of age, gender, educational achievement, area of residence, experience in the area of addiction and work background. The fact that they had just completed a twenty week course at the time of the research had the advantage of providing a well integrated study group who were quite comfortable with each other. However, as I had been tutor for the course I had gained expert status, which increased the risk of my views being imposed on the research. In light of the above factors all findings must be interpreted as those of this particular group, including a researcher who played a number of roles.

The Researcher -

Having been a participant and observer in addiction debates, in a career spanning twelve years, I had undoubtedly acquired stakeholders status with the potential to impose my meanings and ultimately to determine the outcomes of the study. This was compounded by my previous role as tutor with the research group. While my own subjectivity was accepted and acknowledged every effort was made to ensure that all participants could contribute openly and freely and that consensus was sought at all times. Thus the research was designed to be as democratic and participative as possible.

My career in health services had for several years ensured total commitment to pathological models of addiction. This had only begun to be challenged through working and studying in the field of adult education over the previous three years. While this had undoubtedly begun my transition to a more critical appraisal of the addiction phenomenon, the research project outlined here became the high point of that learning curve. Throughout this study I played many roles. I was teacher, group leader, researcher and above all learner!

Research Philosophy -

The philosophical beliefs underpinning this research were informed by both adult education and feminist inquiry. Democratic participation of the group in the process was deemed to be consistent with views expressed by Knowles (1970) and Brookfield (1985), that adult education should be a collaborative venture between educator and learner. While this study was not designed as an adult education transaction, participation was seen to lead inevitably to quality learning for both the researcher and the researched. Commitment to dialogue and participation was maintained throughout the process.

A feminist perspective which valued personal experience and challenged the validity of objective truth (see Lather 1991) was also seen as central to the methodology. This thinking was consistent with my own belief that research was shaped by those commissioned to carry it out. Robsons (1993) suggestion that detachment in research committed to change is neither feasible nor desirable is noteworthy in this context. Lather quoting from Harding has noted that:

"The people who identify and define scientific problems leave their social fingerprints on the problems and their favoured solutions to them."

(Lather, 1991 p.25)

Hence this research made no claims to objectivity, valued participants experience and was committed to collaborative methods of inquiry. This philosophical positioning will be reflected throughout the following discussion.

Research Strategy -

The research strategy was designed to accurately and critically reflect the views and perceptions of the study group. The key components as noted above included literature review, administration of a questionnaire and facilitation of a semi-structured groupwork session.

A draft questionnaire circulated to participants in advance of the research allowed them to comment on the appropriateness of the questions and make adjustments where appropriate. Thus the research instrument was validated by all involved in the research. This was in keeping with the participative, democratic principles espoused throughout the project. The questions were designed to pose the minimum threat to participants, thus maximising the accuracy of the findings. (*See Appendix 2).*

The groupwork philosophy in line with adult education principles took account of Jacques (1984) suggestions for working with adult groups. Participants were treated as mature adults, whose cooperation and experience was central to the process. Experiences and perceptions of the participants highlighted in the questionnaire were discussed at length during a three hour semi-structured groupwork session. This covered the key findings from the five broad areas studied. All data was recorded on a flipchart before being reflected back to participants to ensure accuracy of the facts. Anonymity was guaranteed throughout the process, thus all quotations were to be attributed to "a groupwork participant" in subsequent documentation. An overview of the groupwork schedule is presented in *Appendix 4*

While every effort was made to ensure balanced and equal participation by all members of the study group, it is noteworthy that a certain power imbalance was evident throughout the process. A number of participants were seen to control the debate. This was most obvious in the tendency of those with addicted relatives to discount family influences on substance use in favour of individual or social explanations.

I assumed a facilitative role, consistent with adult education principles, which reduced the risk of imposition of my meanings on the groups views. The principle tasks (as facilitator) included; presentation of questionnaire findings, data recording, ensuring equal opportunity of participation and closing the session. I avoided

directing and advising throughout the process. This is consistent with my own philosophy that researchers should aim to reflect rather than determine the groups views in participatory research.

Strengths of Methodology -

The key strengths of the methodology outlined above resulted from the philosophical approach taken (i.e. participative, democratic and valuing participants subjective experience).

This methodology minimised any perceived threat to participants by ensuring voluntary participation in both quantitative and qualitative techniques throughout the study. The involvement of participants in questionnaire development, maximised the potential for accurate reporting. (Despite this, inaccuracies did arise, which are raised in Chapter Four and discussed in Chapter Five.) The size of the group, along with the setting of clear boundaries maximised free and honest participation in the process.

The mix of questionnaire and groupwork was valuable in developing a comprehensive overview of findings. While the questionnaire generated much valuable data and posed relevant questions, the groupwork allowed for the

clarification of key points. The methodology created a structure within which complex theoretical frameworks could be reality checked in the "real world".

Limitations of Methodology -

The main limitations of the study related to the use of a questionnaire as a research instrument, the size of the group, the potential to challenge mainstream scientific research and the role of the researcher.

The use of questionnaires in adult education settings has been challenged by a number of authors. Fleming and Murphy have noted that:

> *"Survey research is like calling for a group photograph and snapping those who face the camera or take notice."*
>
> (Fleming and Murphy, 1997 p. 35)

The other criticism noted here is consistent with that raised by Chambers (1997) that questionnaires can serve to reaffirm the constructs and beliefs of the researcher rather than creating new ways of knowing the world.

The study was confined to a small group, thus no claims can be made in terms of generalising from the findings.

The participative methods used in this study would undoubtedly limit its acceptance in the field of addiction studies, where objective scientific methods of inquiry prevail. Perhaps this represents a challenge for adult educators to lobby for acceptance of qualitative measures within these traditional strongholds of empirical science.

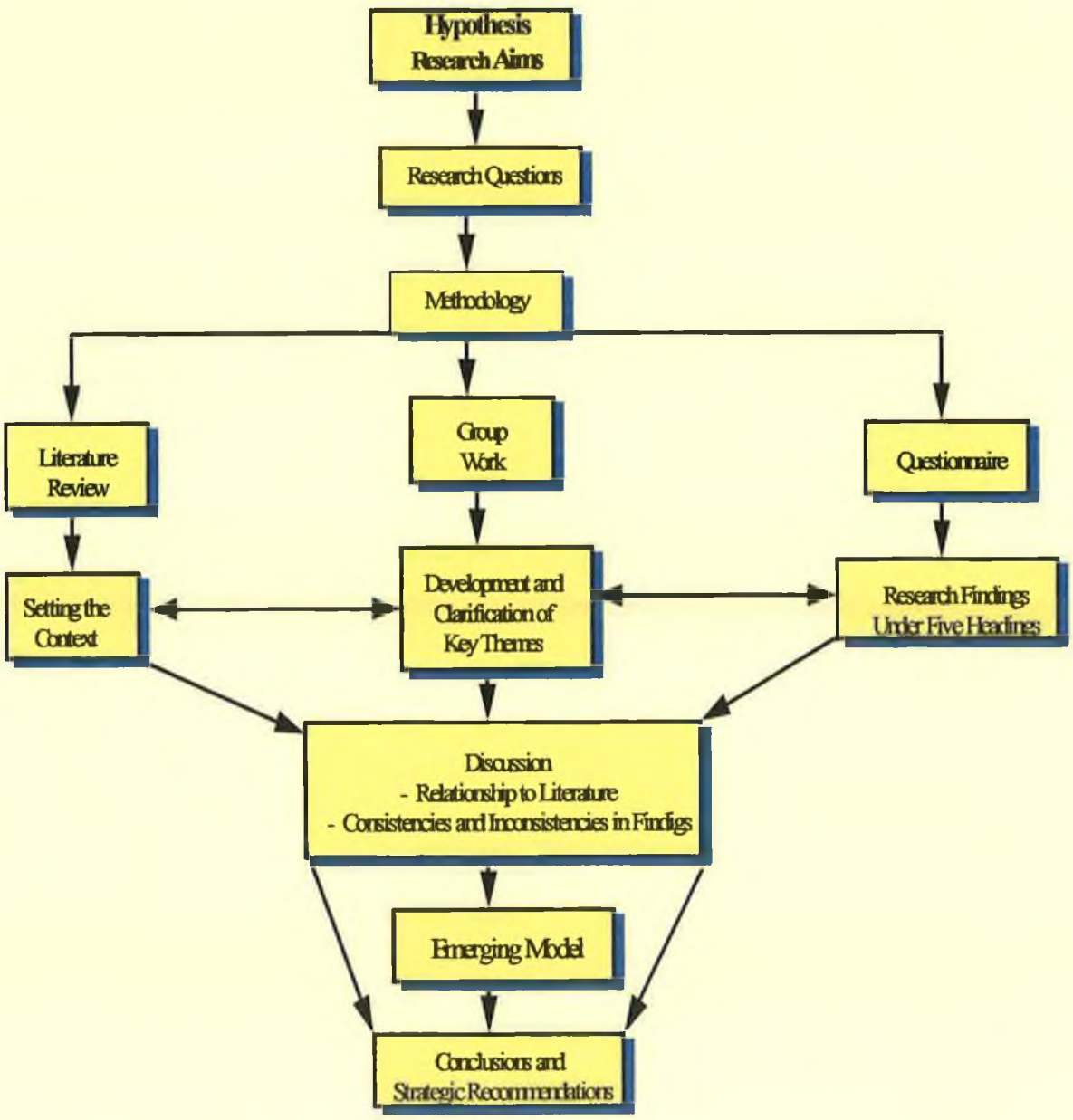
My somewhat ambiguous role as teacher and researcher raised the possibility of my constructions of reality being imposed on the research outcomes. While this is presented here as a limitation, it is clear that such imposition is a reality for all researchers. The research methodologies outlined above, however limited, raised a number of interesting points which are presented in Chapter Four and discussed in Chapter Five.

Conclusion

This chapter has discussed the research strategies and philosophies which were central to the study as well as introducing the questions which formed the basis of the investigation. The research utilized three complimentary methods of inquiry namely a comprehensive review of literature, the administration of a questionnaire and the facilitation of a semi-structured groupwork session. The methodology was designed to rely heavily on the subjective experiences of the study group, highlighting many of their own attitudes, beliefs and behaviours. This was consistent with the participative democratic principles espoused in adult education philosophy. This discussion has attempted to give a balanced overview of

the research, highlighting both strengths and weaknesses. *Figure 3.1* offers a brief diagrammatic representation of the research methodology.

Figure 3.1 Diagrammatic Representation of Research Methodology in Relation to Overall Study.



Chapter Four
Research Findings

Introduction -

This chapter will outline the key themes and issues raised by the research conducted in the study. The relevant information was gathered using a questionnaire followed by a groupwork session with Research Participants as described in Chapter Three. (*see Appendix 1* for comprehensive profile of this study group.)

Statistical data and subsequent groupwork findings are presented here under five headings following a similar structure to Chapter Two.

1. Individual Factors
2. Influence of the family
3. Socio-cultural factors
4. Stakeholders
5. Substances

Each of these five sections will be divided into three subsections, highlighting statistical data from the questionnaire, findings of groupwork and key issues raised. The research outlined in this chapter will serve as a means of "reality" checking the academic works outlined in the review of literature in Chapter Two. Following discussion of the relevant findings in Chapter Five, they will contribute to an emerging model of the development and maintenance of addictive behaviours which will be referred to as the Web of Addiction.

Individual Factors

Questionnaire -

Statistical analysis of the findings relating to "internal" factors in the development of addictive behaviours reveals that the majority of respondents (68.75%) believed that individual factors were important (*see Figure 4.1*). Of those who implicated individual factors in addiction ten respondents (62.5%) opted for the addictive personality hypothesis while eight (50%) opted for both disease and genetic explanations. *Figure 4.2* summarises the overall findings relating to perceived individual factors. It is clear from these figures that some inconsistencies exist between the questionnaire and the findings from subsequent groupwork. This will be highlighted below.

Groupwork -

There was broad agreement that all eight areas identified in the questionnaire (*see Figure 4.2*) were key to a comprehensive understanding of addiction. It is significant that the number of respondents who subscribed to the view that addiction was caused by internal factors had increased from just over sixty-eight percent at questionnaire stage to ninety percent during groupwork. The discussion focused on three key areas:

- Addictive Personality
- Disease and Genetic Factors
- Coping Mechanisms

The addictive "personality" debate raised yet another inconsistency with statistics shown in the questionnaire. This related to an increase in the percentage of respondents subscribing to the addictive personality hyptothesis from sixty-two and a half percent to ninety percent. Many group members expressed the view that addicts were *"born"* rather than *"made"*. In this context, those with certain traits would become addicted once exposed to substances. A number of respondents noted that addicts who they had known presented as "problematic" from early childhood. One participant noted;

> *"I knew a few addicts when they were children – always in trouble! – If you're and addict you're an addict, you just need to take drugs to spark it off."*

There was consensus that these personality traits may be inherited. In this scenario addicts inherited either unique personality traits or a biochemical imbalance which predisposed to unhealthy drug or alcohol use. While it was agreed that not all addiction was genetic in origin, there was broad agreement that certain types, especially certain types of alcoholism were genetically determined.

The final topic discussed under individual factors suggested that some type of internal deficit was pervasive among addicts. In this context it was suggested that many individuals, having a low threshold for anxiety and stress, used alcohol or drugs in an effort to self medicate. This seems to suggest that stress and anxiety were seen to be common among addicts.

My observations throughout the discussion revealed two factors which may have influenced the tone of the debate. Firstly, those with family members who were

addicted subscribed strongly to individual pathology hypotheses and proved influential in the group. Secondly, those who were more vocal tended to control the debate. It is argued here that these factors may have contributed to the increase in support for both individualistic models generally and addictive personality specifically.

Key Issues -

1. Statistical analysis overwhelmingly supports the perceived role of both biochemical and intrapsychic factors in the etiology of addiction, with groupwork focusing almost exclusively on inherent individual weakness to the exclusion of external influences.
2. This failure to acknowledge interactive factors in the etiology of addiction is reflected in the absence of dialogue on the role of learned behaviour, a key issue identified in literature.
3. Those with a vested interest are seen to influence the findings by dominating the debate. This is evident in the role which participants with addicted relatives played in the discussion.

Figure 4.1 Illustrates number of respondents who believed that internal factors influenced substance misuse and addiction.

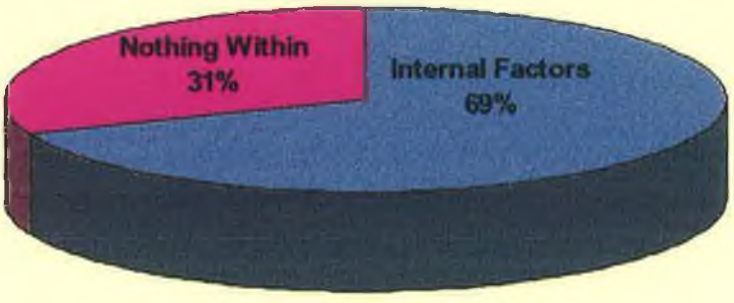
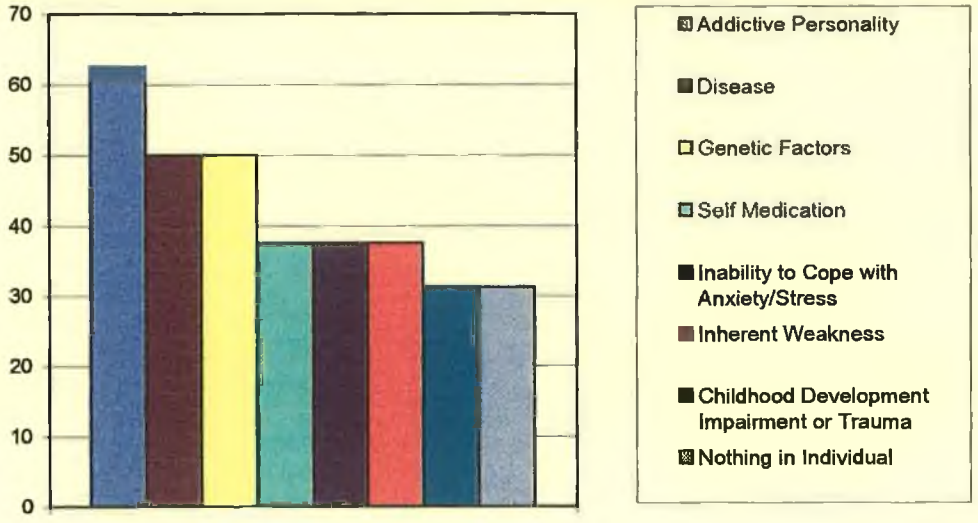


Figure 4.2 Perceived Individual Factors Implicated in the Development of Substance Misuse and Addictions



Influences of the Family

Questionnaire -

The questionnaire addressed three areas pertinent to addiction and the family.

1. The influence of family attitudes on personal use.
2. The functional role of substances in a family context.
3. The influence of family coalitions.

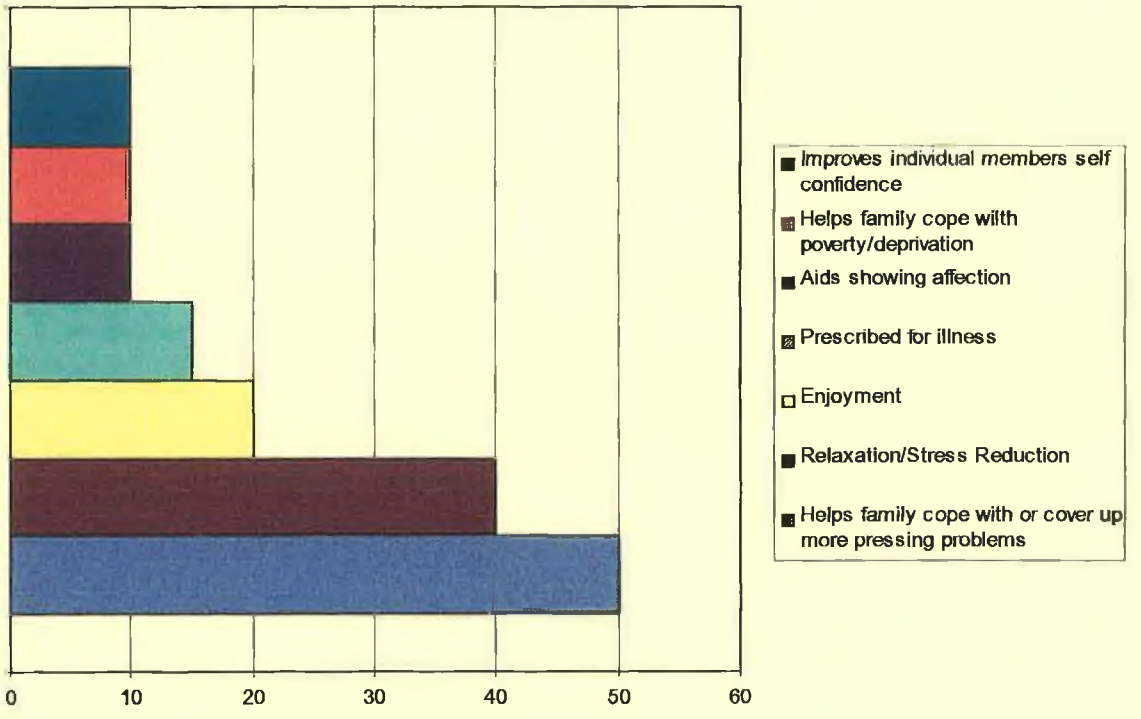
1. Statistical analysis of data on the perceived influence of family belief systems on personal use reflects dichotomous influences on drug and alcohol use. The figures suggest that family acceptance of alcohol is seen to foster moderate use while the relationship between drug use and family beliefs is less clear, with a high percentage of respondents abstaining regardless of family patterns. The prevalence of abstinence is noteworthy. The participant profile offers two possible explanations for this abstinence. Firstly, the figures show that a considerable majority of respondents (81.25%) had experienced addiction in either their personal or family life. Secondly, all participants were over twenty-six years of age which may have mitigated against use of drugs other than alcohol. *Table 4.1* Summarises the influence of family attitudes and beliefs on drug and alcohol use.

Table 4.1 Perceived Influence of Family Beliefs and Attitudes on Personal Use.

Family Beliefs and Attitudes	Influence on Individual Use	Number	%
Alcohol use acceptable Fear of illicit drug use	Moderate alcohol use Abstain from illicit drugs	5	31.25%
Evidence of alcoholism Acknowledged	Abstain from drugs and alcohol	3	18.75%
Fearful of alcohol use Drugs not an issue	Moderate careful use of alcohol Abstain from drugs	2	12.5%
Alcohol and prescribed drugs acceptable	Moderate use of alcohol - abstain from drugs	2	12.5%
Alcohol use acceptable "no answer" re: drug use	Moderate alcohol use "no answer" re: drugs	1	6.25%
Alcohol and drugs viewed as dangerous	Drink moderately Avoid drugs	1	6.25%
Alcohol, prescribed drugs acceptable Hard drugs unacceptable	Abstain totally from all substances	1	6.25%
Liberal view of alcohol, cannabis and prescribed drugs	Moderate use of alcohol and drugs	1	6.25%

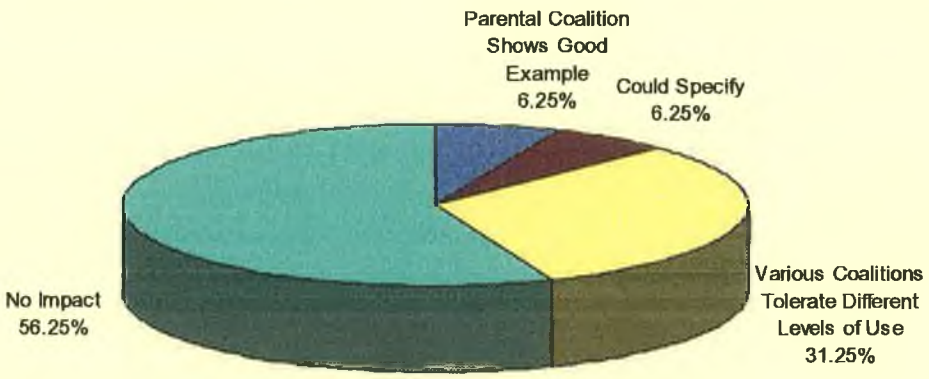
2. The next issue relates to the perceived functional role of substance use in family dynamics. The data suggests that a considerable number of respondents (50.0%) saw substance use as means of coping with other more pressing family problems. The other major function related to the perceived value of substances in relaxation and stress reduction at family level. *Figure 4.3* Summarises the functional role of drugs and alcohol within the family. It is clear from these figures that drug and alcohol use were seen to have adaptive and functional consequences in certain circumstances.

Figure 4.3 Perceived Functional Role of Drug and Alcohol Use in the Family Context.



3. The final systemic concept raised by the research relates to the influence of family coalitions. It is noteworthy that over half of the respondents believed that these triadic and dyadic relationships had no impact on substance use. The remainder of respondents listed three sets of variables as follows. Firstly, various coalitions were seen as tolerating different levels of use (31.25%). Secondly, parental coalitions may be seen to show good example (6.25%) and finally, one respondent couldn't specify (6.25%). The high percentage who indicated no correlation between coalitions and behaviour coupled with feedback from the group regarding their confusion indicates that respondents did not fully understand this question. The role of coalitions is clarified further in the groupwork report. *Figure4.4* Summarises perceived impact of these relationships.

Figure 4.4 Breakdown of the Perceived Influence of Family Coalitions on Drinking and Drug Taking Behaviour.



Groupwork -

My earlier observations that family issues proved emotive, was confirmed by the group at this stage who noted that this matter needed to be discussed in a respectful and delicate manner. There was consensus that families generally favoured frameworks which located problem use in the individual, peer group or society rather than accepting shared responsibility for the individuals behaviour. Families were seen to favour discussion on the effects of addiction on the family rather than embracing the notion of reciprocally determined behaviour. One participant noted that;

> *"Families never want to accept their part in alcoholism. They like to blame the alcoholic for all their problems."*

The group agreed that a number of key issues from the questionnaire needed to be built upon as follows:

- Family constructs were seen to generate extremes of behaviour because of their bipolar nature.
- The adaptive consequences of drug and alcohol use needed to be explored further in scientific research.
- Following clarification on the nature of family coalitions, the findings of the questionnaire were developed to include the influence of extended or overprotective mother son relationships in the development of addiction.
- Family interaction was seen to be damaging to the individual in some circumstances.

It is noteworthy in the context of literature reviewed earlier that family boundaries along with the influence of socialization and learning were not explicitly raised during the discussion.

Key Issues -

1. The findings suggest that families were generally seen to accept alcohol use, while remaining cautious of the risks associated with drug use.
2. Family influences were seen to have a substantial effect on the individuals alcohol use, but less impact on drug use.
3. Alcohol and drug use were seen to have adaptive and functional roles within the family.

4. Families were seen to favour models of drug use and addiction which located the problem either in the individual or in society.

Socio-Cultural Factors

Questionnaire -

The questionnaire addressed six key issues in the socio-cultural domain.

1. Influence of Cultural attitudes and beliefs on personal use.
2. Influence of peer culture on use.
3. The influence of attitudes and beliefs held by local communities on both personal use and use within the community.
4. The functional role of drug and alcohol use in local communities and on the Irish Nation.
5. Gender influences.
6. Influence of socio-economic factors.

The question of the perceived influence of cultural attitudes and beliefs on personal use reflected what had become a consistent theme, the dichotomous treatment of alcohol and drug use by Irish people. Seventy-five percent of respondents noted that alcohol use was condoned or accepted by Irish society while over eighty-seven percent noted that drug use was usually seen as unacceptable or problematic (*see Table 4.2*). It is also apparent from the findings that this division is seen to have the effect of encouraging both alcohol use and abuse. It is interesting to note that while respondents viewed acceptance of alcohol use within the family as moderating factor, acceptance at societal level was viewed in a negative light. The broad societal

rejection of drug use was seen to have three main effects according to this research. Firstly, it tended to push drug use "underground". Secondly, it led to uncontrolled use among young people and thirdly, it confined drug use to marginalized communities.

Table 4.2 The Perceived Relationships Between Cultural Attitudes/Beliefs and Personal Use of Alcohol or Drugs.

Irish Beliefs and Attitudes	How They Effect Personal Use	Number	%
Alcohol central to Irish culture Illicit drugs unacceptable	Encourages alcohol abuse Pushes drug use underground	5	31.25
Alcohol/nicotine and prescribed drugs acceptable Illicit drugs unacceptable	Use which is accepted in society Becomes widespread	3	18.75
Negative attitudes towards drugs along with association with crime	May encourage youth to rebel against the system leading to drug use	2	12.5
Alcohol use acceptable Drug use seen as problem of poor people	Alcohol use widespread Drug use confined to marginalized communities	2	12.5
Alcohol use acceptable Drug use generally unacceptable but is acceptable in youth culture	Social acceptability within a particular group leads to increased use	1	6.25
Alcohol use condoned and drug use rejected	Ambiguity between acceptance of drunkenness and rejection of drug use may lead to greater use in youth	1	6.25
Note: 2 Respondents (12.5%) No Answer			

The research suggests that peer influence was seen as a major mediating factor on both use and abuse, with nine respondents (56.25%) noting that their use was influenced by peers. It is tempting to speculate that the peer influence noted here would be even stronger among teenagers, than among these research participants. *Table 4.3* gives an overview of peer influences on substance use.

Table 4.3 The perceived Influence of Peer Attitudes and Beliefs on Personal Use.

Attitudes and Beliefs of Peers	Influence on Personal Use	Number	%
Alcohol use acceptable Drug use unacceptable	Social alcohol use Abstain from drugs	6	37.5
Alcohol use Acceptable Drug use not discussed	Abstain from both	2	12.5
Alcohol use acceptable Drug use unacceptable	Abstain from both	2	12.5
Alcohol use acceptable Illegal drug use unacceptable	Social alcohol use Remain private re: drug use	1	6.25
Alcohol use / drunkenness acceptable Drugs unacceptable	Similar attitudes to peers	1	6.25
Apathy re: size of drug problem in society	Not influenced by peers	1	6.25
Drug and alcohol use acceptable Some abstain - some drink and use drugs	If with abstainers ⇨- abstain If with users ⇨ use	2	12.5
Alcohol use acceptable Drug use unacceptable	Not influenced by peers	1	6.25

According to the data the dichotomous treatment of drug and alcohol use noted earlier is also seen to be evident at community level. This issue will be highlighted in the groupwork report. Two further issues emerge from these findings. They relate to the influence of ones community on substance use as well as the functional role of drugs and alcohol. Respondents noted that they were less influenced by their local community than by peers with seven (43.75%) stating explicitly that their use was not influenced by factors in the community. It is noteworthy that questions relating to community influences highlighted an inconsistency with earlier findings on the number of respondents who abstained totally (37.5% in this section compared with 25% in earlier sections). This difference is addressed in the groupwork report that

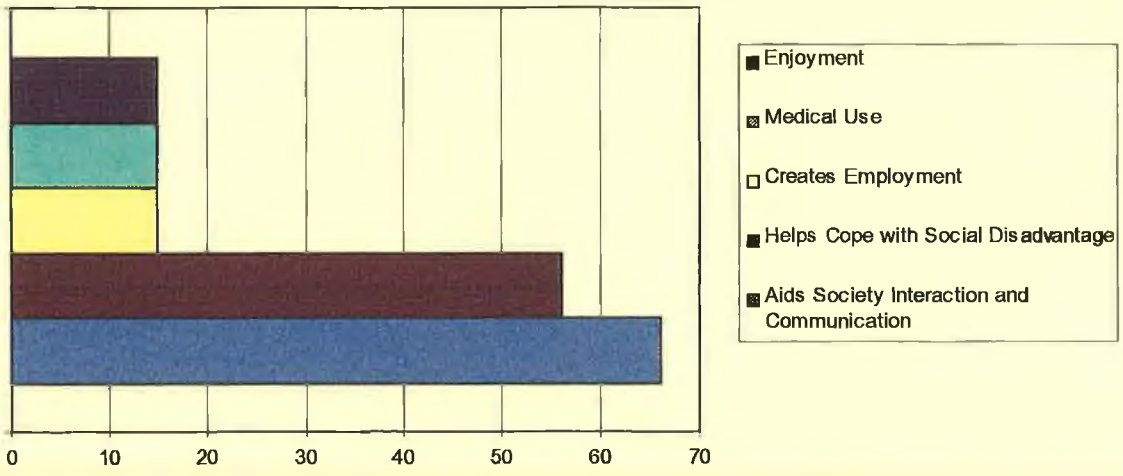
follows. *Table 4.4* Summarises the perceived role of the community in substance use patterns.

Table 4.4 Perceived Role of Community Beliefs and Attitudes in Determining Personal Use and Use Within the Community.

Attitudes/Beliefs in Community	Effect on Use in Community	Effect on Personal Use	Number	%
Alcohol use acceptable Drug use unacceptable	Drinking common Drug users marginalized	Abstain totally	6	37.5
Alcohol use/Abuse acceptable Little understanding drug use	Drinking common Drug use seen as deviant	Not influenced	4	25.0
Alcohol use acceptable "Drug use" ⇨ No Answer	Heavy drinking common Drug use ⇨ No Answer	Not influenced	2	12.5
Alcohol use acceptable Drug use unacceptable	Alcohol commonly used for stress reduction	View both with extreme caution	2	12.5
Alcohol use acceptable and associated with "macho" men Drug use ⇨ No Answer	Alcohol problems go unrecognized	Abstain from drug use	1	6.25
Alcohol use acceptable Drug use unacceptable	Alcohol use common Drug use on increase	Not influenced	1	6.25

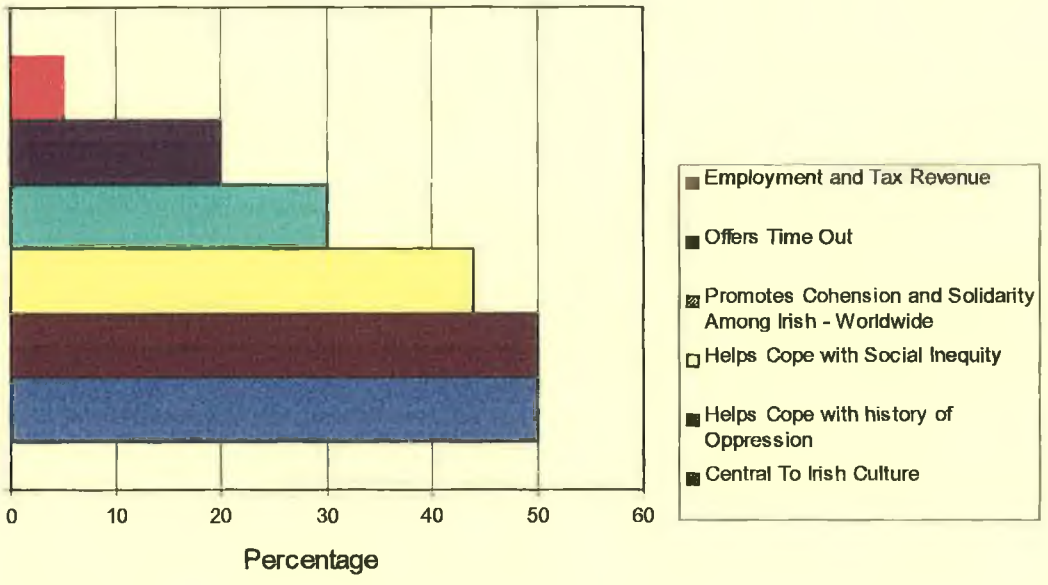
The functional role of drugs and alcohol noted earlier is reinforced in findings relating to broader social influences. The perceived adaptive role of substance use in local communities focuses mainly on assisting social interaction (11 respondents or 68.75%) and helping to cope with social disadvantage (nine respondents or 56.25%). *Figure 4.5* summarises the overall findings..

Figure 4.5 The Perceived Functional Role of Alcohol/Drug Use in the Community.



The perceived functional role at national level focus mainly on the centrality of substance use to Irish culture (eight respondents or 50%), its ability to help the Irish cope with a history of oppression (eight respondents or 50%) and its ability to assist in coping with social inequality (seven respondents or 43.75%). *Figure 4.6* summarises the findings.

Table 4.6 The Perceived Functional Role of Substance Use in the Context of the Irish Nation.



The recurring link between disadvantage and substance use is further elucidated in the section dealing with socio-economic factors. These findings are summarised in *Figure 4.7.* The major influence of poverty, unemployment, area of residence, and poor educational achievement bears striking resemblance to the literature. This issue is raised further in the groupwork report. As one respondent has noted:

> *"We all know that drug addicts are mainly poor, unemployed and living in working class communities."*

Another conservation from the margins relates to gender issues and substance misuse. *Table 4.5* summarises the findings. The striking differences in the expectations of male and female use is noteworthy. The high percentage of "no response" on the gender question (25%) is also notable and is raised in the groupwork report.

Figure 4.7 Overview of the Perceived Social and Economic Factors Which Negatively Influence Drug and Alcohol Use in Ireland

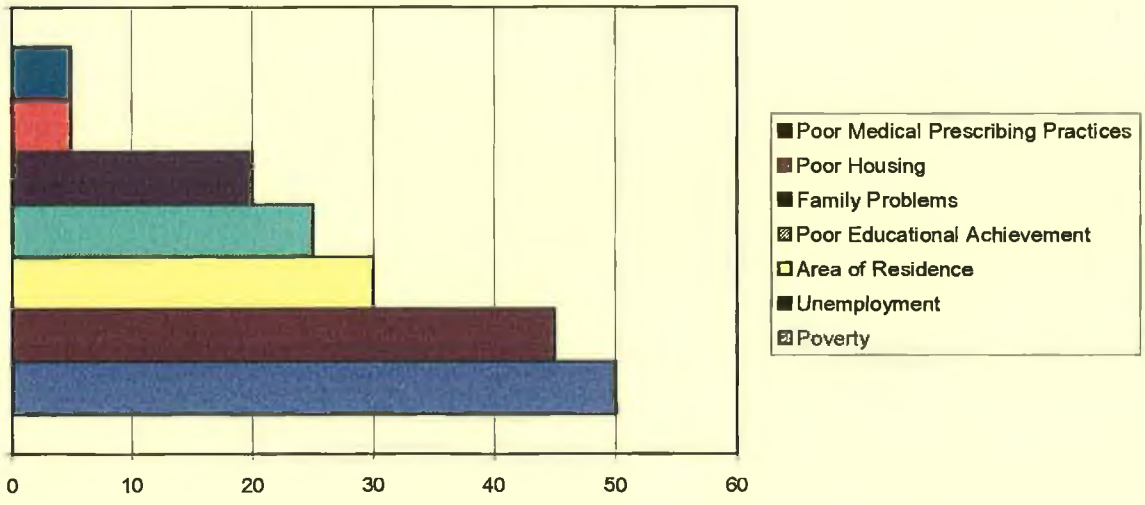


Table 4.5 Perceived Gender Influences on Drug and Alcohol Use

Gender Influence	Number	%
Men are expected to be "MACHO" and drink heavily	7	43.75
Women are expected to be "Reserved" and drink less than men	7	43.75
Women frequently enable or support their partners drug/alcohol use	5	31.25
Isolation/loneliness in the home may lead women to take drugs or alcohol	5	31.25
No Response	4	25.0
Medical Culture of prescribing drugs (Tranquilizers) to women experiencing social or psychological problems	3	18.75

Groupwork -

The groupwork session, now one hour in progress, reflected the cohesiveness developed over the duration of the twenty week course. I noted that the group were also much more comfortable discussing sociological factors than either individual or family variables. The first major issue addressed referred to the marginalization of drug use and drug users by negative community and cultural attitudes. It was suggested that such beliefs served to foster unsafe drug use by a combination of isolating users and failing to teach young people how to use safely. This demonisation of drug use was attributed to two major factors. Firstly, Irish society unaccustomed to widespread drug use in the adult population rejected it through a combination of fear and ignorance of the facts. Secondly, it was consistent with societies attempts to locate evil in its margins. This was seen to have two principal functions, to locate deviance safely away from mainstream society or "middle Ireland" and to provide a yardstick against which to measure normality. As one groupwork participant noted:

> *"If we measure ourselves against them; then we in 'middle Ireland' appear normal."*

The prevalence and high visibility of drug use among young people was attributed to the pervasive influence of youth sub-culture on individual and group behaviour. Groupwork participants noted that the influence of youth culture was likely to be stronger than the peer influence noted by themselves in earlier statistical data (*see Table 4.3*).

The inconsistency in the total number of respondents abstaining from all substances was attributed to under reporting in the questionnaire due to fear of being identified as having a problem, or coming from a problem family.

The adaptive role of substance use was seen to be broadly ignored by scientific and medical research. Much debate focused on the role of substance misuse in coping with social disadvantage. The discussion suggested that despite obvious links across the literature, contemporary criminal justice, paramedical and broader social policy responses had consistently failed to address the role of socio-economic deprivation in the etiology of addiction. The group agreed that contemporary responses remained superficial and politically motivated, serving to compound rather than solve drug problems.

The final issue discussed, also in the margins of social policy, was the influence of gender on drug and alcohol use. The significant twenty-five percent "no response" to the gender question in statistical data was attributed to the fact that participants felt ill informed on the issue due to lack of public debate. It was suggested that this resulted in the unique needs of both male and female substance users not being adequately addressed.

Key Issues -

1. The findings identify a recurring theme of general acceptance of alcohol use and rejection of drug use across the areas researched.
2. This dichotomous treatment is seen to encourage problem use of both drugs and alcohol by fostering broad acceptance of excessive alcohol use and encouraging irregular or "underground" use of drugs.
3. Attitudes and beliefs held by ones community are seen to be less influential than those of their peers.
4. Substance use is seen to have adaptive and functional consequences at both community and societal level, a factor largely ignored by medical interventions and scientific research.
5. Social disadvantage is seen to be highly influential in the etiology of problem substance use. Policy responses are seen to have consistently failed to address this issue.
6. The major influence of gender, is seen to be poorly understood due to lack of critical public debate.
7. Respondents have tended to be hesitant in accurately reporting their own substance use patterns.

Stakeholders

Questionnaire -

Information gained so far relating to the functional role of drug and alcohol use at individual, family and societal level is further informed by an explicit question relating to the perceived "stakeholders" in the concept of addiction. The figures suggest respondents believed a number of individuals and institutions benefited strongly from addictive behaviour. They included the pharmaceutical Industry, Alcohol Industry, Local Pharmacies, Government Agencies, General Public, Addicts and Community Groups. It is interesting that institutions thought to benefit most were those where a mechanical relationship could be established. This reflects a linear view taken by respondents where clear financial or other gain could be established (e.g. in the case of pharmaceutical industry and drinks industry). As one groupwork participant noted:

> *"The drug companies, drinks manufacturers and other powerful groups have a lot to gain by preventing public debate on addiction."*

Figure 4.8 summarises the perceived stakeholders in the concept of addiction.

Groupwork -

Group discussion allowed time for a more in depth exploration of key issues and a movement away from the mechanical relationship portrayed in the questionnaire. It was agreed that key stakeholders such as the media had the power to demonise drug users or to glamorise alcohol and tabacco use through costly advertising.

The medical and helping professions were seen to define social problems, thus creating a self fulfilling prophecy where those who deviated from social norms were labeled as "sick" or "diseased". As one groupwork participant put it;

> *"If someone doesn't fit the mold then the elite's of society diagnose them as ill."*

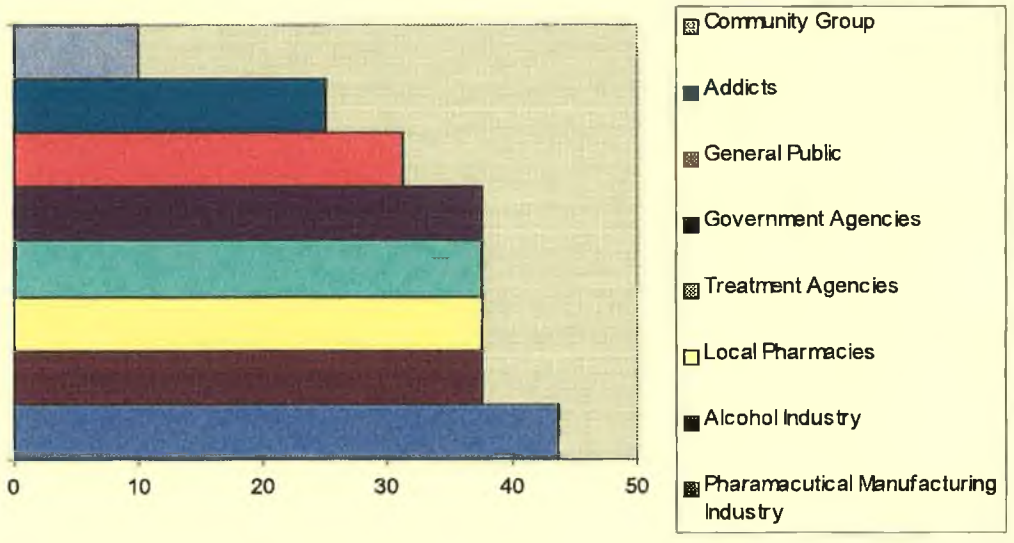
However, the behaviour of these elite's was not simple, but reciprocally determined. It was suggested that in the constant ebb and flow of everyday life the stakeholders interactions with each other determined the public perception of addiction and the behaviour of those with a vested interest. It is noteworthy that the group assumed an equality of relationship between the key players thus failing to address power inequities. This failure is also evident in the literature reviewed earlier.

Key Issues -

1. A number of perceived stakeholders in the concept of addiction have been identified by this research.
2. These stakeholders are seen to have the power to both glamorise and demonise substance use.
3. The medical profession as a key vested interest group are seen to create a self fulfilling prophecy through labeling of addicts.
4. Stakeholders are not seen to act in isolation. Reciprocal interaction between these groups is seen to determine key issues relating to addiction. This, however assumes equality of relationship failing to address power inequality.

5. Radical critics of traditional addiction concepts mentioned briefly in the literature, are not addressed in the data. Their influence will be discussed later.

Figure 4.8 The Perceived Stakeholders in the Concept of Addiction.



Substances

Questionnaire -

A significant majority of respondents (87.5%) subscribed to the addictive substance hypothesis (*see Figure 4.9*). As can be summarised from *Figure 4.10* the majority subscribing to this view identified illegal drugs as those most likely to be addictive. It is noteworthy that these figures show more respondents naming tea and coffee as addictive than alcohol. This is consistent with a theme throughout the study that alcohol use is presented in positive or benign terms.

Groupwork -

The group by now becoming tired showed less enthusiasm to debate addictive substances. However, a number of significant points emerged. When presented with questionnaire findings most respondents noted the perceived connection between illegal drugs and addiction. The group agreed that heroin was particularly addictive regardless of environmental or personal variables. It is significant, however, that the discussion then turned to perception as an etiological factor in addiction as one participant noted;

> *"The perception of drugs as dangerous or addictive may make them more addictive."*

This self fulfilling prophecy noted earlier, was seen as strongly influential in the development of problem drug use. Consensus was reached on the fact that any understanding of addiction must account for person, substance and environmental variables. This is consistent with a model of reciprocal determinism.

The group had by now reached both a natural and timely end. I took the opportunity to remain on afterwards to deal with individual matters which may have been raised by the sometimes tense discussion. A follow-up social event was organised and phone numbers were exchanged. It was agreed that all research findings would be available to participants on completion of the study.

Key Points -

1. The findings show that the vast majority of respondents subscribed to the "addictive substance" hypothesis.
2. In this case illicit drugs are more likely to be cited as addictive. This is seen to be related to societal perceptions of illicit drug use.
3. In the case of addiction, perception is seen to become reality in some cases, with a self fulfilling prophecy increasing the risk of addiction to drugs labeled "addictive".

Figure 4.9 Percentages Who Subscribed to the "Addictive" Substance Hypothesis

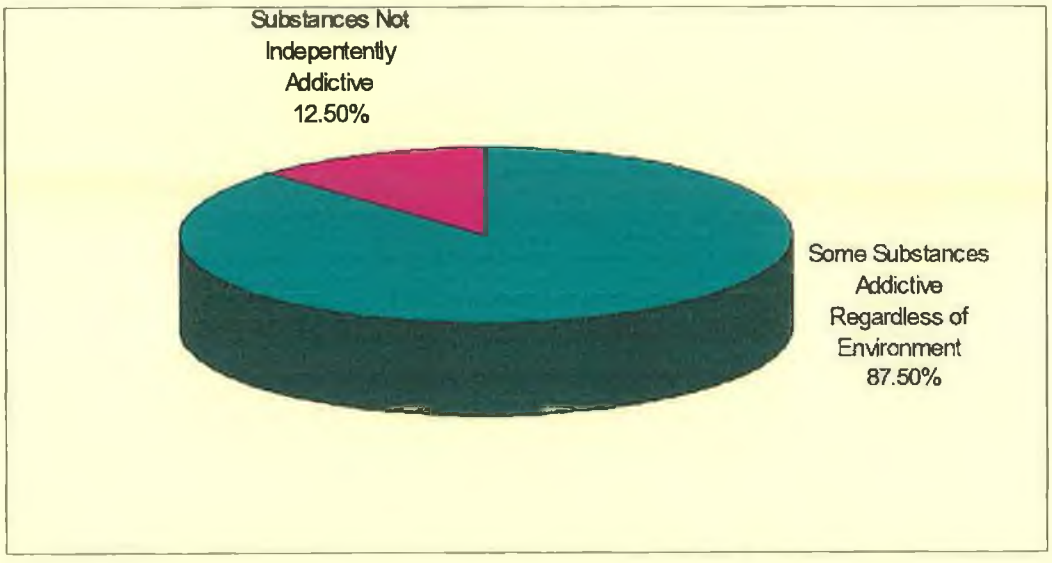
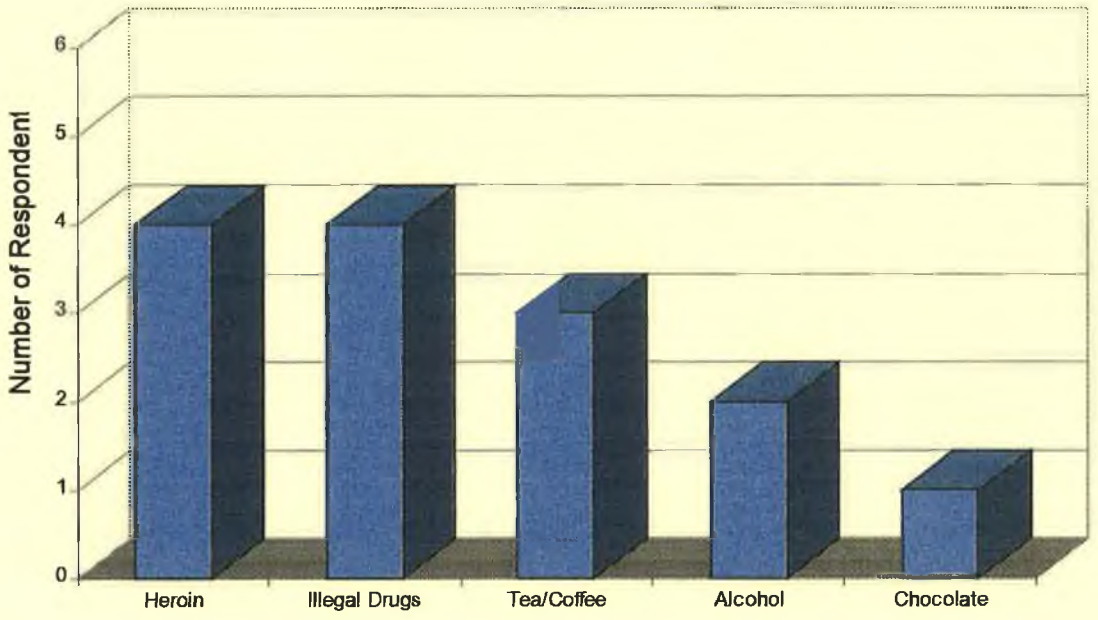


Figure 4.10 Drugs Identified as "Addictive" by the Study Group



Conclusion

The research findings presented here were valuable in "reality checking" academic frameworks. They provided practical information on the role a wide range of factors in the development of addiction.

The data was collected under five headings:

1. Individual Factors.
2. Influence of the family.
3. Socio-cultural factors.
4. Stakeholders.
5. Substances.

There are a number of fundamental issues which recur throughout these findings:

- There is overwhelming support for models which locate the problem of substance misuse within the individual or substance.
- All key groups (family, community, broader society) appear to locate the problem of addiction outside of their own boundaries
- Macro social factors appear to be underestimated in the addiction arena.
- A major dichotomy appears to exist between attitudes towards drug and alcohol use.
- Addiction may be seen as adaptive and functional across all key areas measured (individual, family and society).
- A wide variety of stakeholders are seen to have a profound influence on the concept of addiction.

Conclusions drawn from all strands of this research will be discussed in chapter five, as well as contributing to the development of an emerging model of the development and maintenance of addictive behaviours.

Chapter Five
Discussion

Introduction

In this chapter the significant findings from Chapter Four will be discussed in light of the literature reviewed in Chapter Two. It will clarify and critique some of the issues raised, offering possible explanations where appropriate.

The interpretations of questionnaire and groupwork findings will be outlined using the structure of previous chapters.

1. Individual Factors
2. Family Influences
3. Socio-Cultural Influences
4. Stakeholders
5. Substances

The discussion will contribute to an emerging model of the development and maintenance of addictive behaviour to be presented at the end of the chapter. The metaphor of a "web" will be used to describe the interactive nature of this model.

Individual Factors -

The research findings relating to individual factors in the development of addictive behaviours are discussed here:

1. This research offers strong support for the role of disease/biochemical formulations and intrapsychic factors in the development of addiction. This is reflected in statistical data (see Figure 4.2) and groupwork.
2. This preoccupation with individual pathology to the exclusion of some relevant interactive factors, is reflected in the lack of debate on the role of learned behaviour, which had been a key variable identified in the literature.
3. Certain Individuals, within the group influenced outcomes by dominating the debate. This was reflected in observations during groupwork, which indicated that those with addicted family members focused strongly on individual pathology.

Disease/Biochemical and Intrapsychic Factors -

The key intrapsychic factors noted by this research were broadly consistent with addictive personality and psychiatric models identified in the literature.

The research shows that a significant majority (68.75%) of questionnaire respondents and the vast majority of groupwork participants (90%) subscribed to the addictive personality hypothesis. This is interesting in light of a consistent failure across the literature to elucidate a specific personality type unique to addicts. (Fishbein and Pease, 1996). It is clear from this broad body of knowledge that while certain personality traits may contribute to drug problems (Jessor and Jessor, 1977; Fishbein and Pease, 1996) the consensus remains that no single personality type prevails.

If we look closely at these findings two questions present themselves. Firstly, why did the numbers subscribing to the addictive personality hypothesis increase from questionnaire to groupwork and secondly, why does this theory remain persistent despite its poor showing in the literature.

It is argued here that a number of factors may have contributed to the increased percentage subscribing to addictive personality theory. The questionnaire was administered at the end of an addiction studies course which radically challenged essentialist perspectives on addiction, while the groupwork occurred some weeks later. This suggests that shifts of beliefs and attitudes fostered on the course were not sustained. This may have been compounded by the role of those with addicted relatives in steering the debate towards individual pathology. The persistence of addictive personality theory highlighted in this research is worth further exploration.

It has been my experience that this theoretical position is one of the most frequently cited by the general public. A social constructionist critique would suggest that it is retained for its political rather than scientific usefulness. Cox's (1988) contribution is instructive here, where he suggests that despite a paucity of support for this hypothesis, attempts to identify it remain persistent. It is suggested here that this exclusive focus on the individual, protects the status quo by negating the need for social and political change.

The role of anxiety and stress as an etiological factor in addictive behaviour was also highlighted by the study. Research participants suggested that addicts having a low threshold for these conditions may self medicate using alcohol and drugs. This is consistent with data recorded by Fishbein and Pease (1996) and Rounsaville (1991) who suggest that anxiety disorder may be an etiological factor in addiction.

However, this view appears to be inconsistent with the work of Cox (1988) who argues that alcohol actually increases rather than moderates anxiety and depression. This proposal would appear to challenge the perceived role of self medication in the development of addictive behaviours.

As a participant and observer of both mental health and addiction services for the past twelve years, it has been my experience that it is difficult to establish links between mental health disorders and addiction. This view is endorsed by the Medical Research Council (1994) who, while validating the role of anxiety in addictive behaviours, suggest that addiction and certain disorders may simply co-exist. In this analysis the presence of mental health disorders may be unrelated to the development of addictive behaviours.

Along with the intrapsychic mechanisms noted above, this research suggests that respondents generally supported the role of biochemical and disease models in addiction. This is reflected in the statistical data where eight respondents (50%) subscribed to both disease and genetic hypotheses. This belief was supported by the groupwork which suggested that addicts were "born" rather than "made" with the potential to become addicted with even moderate consumption of mood altering substances.

A Biochemical basis for addiction is well supported across the literature, with Fishbein (1996) and Cadoret (1990) all subscribing to genetic models. This broad consensus is, however, challenged by a number of radical critics who raise doubt over it's efficacy. The work of Peele (1986) and Vaillant (1983) is noteworthy in this instance.

This study has argued that the dearth of genetic research on drug dependence (as opposed to alcoholism where research is abundant) and addiction generally in women is influenced by social and political factors. Davies (1997) framework is instructive in highlighting this point. This suggests that labeling alcoholics especially males as sick maintains societal equilibrium while demonising female alcoholics and drug users serves to locate social evils safely in a vulnerable few.

The symbiotic relationship between pathological formulations of dependence and prevailing social movements is further highlighted by critics of traditional dispositional disease models. Keaney (1994) has noted the medical and economic functions of traditional concepts while Hester and Miller (1995) have highlighted their benefit to drinkers, the general public and business interests. As Keaney eloquently puts it:

> *"It might be said that dependence, and social attitudes to that dependence have a dynamic and symbiotic relationship"*
>
> (Keaney, 1995 p. 1)

It is clear then that while traditional disease models have been rejected across the literature, there is some sound evidence to support the genetic basis of addiction proposed in modern biochemical theories. (See Fishbein, 1996 and Cadoret, 1990). However, these frameworks are undoubtedly influenced by societal power structures which are predominantly male and middle class.

Preoccupation With Pathology

The data recorded so far reflects a certain preoccupation with pathology to the exclusion of external forces. This preoccupation has been noted by Kidder (1986) who suggests that such models have "torn' human behaviour from its historical and social contexts. It is suggested here that insights from social learning theory (Bandura, 1977) which suggests that people and their environments are reciprocal

determinants of each, other along with Connolly's (1994) notion of addiction falling along a continuum with social use provide a better understanding of addictive behaviour. These interactive factors which must be accounted for in any explanation of addiction, will contribute to a comprehensive model to be proposed later in this study.

Subjectivity of the Research

It is clear from the research findings that those with a vested interest, namely participants with family members who were addicted, were more likely to subscribe to pathological explanations of drug and alcohol dependence. This is consistent with data throughout the literature that key stakeholders can influence and indeed may create the reality of addiction (Montonen, 1996; Davies, 1996; Connolly, 1994). The families role in this context will be explored comprehensively in the next section.

Summary

This research highlights a preoccupation with pathological and intrapsychic factors, sometimes to the exclusion of interactive variables. It is suggested that social learning theory may offer a more comprehensive explanation.

While genetic and psychiatric perspectives retain variable support across the literature, other models such as the addictive personality and disease formulations remain persistent despite their poor showing. This study also supports the thesis that research outcomes can be determined by those with a vested interest.

In light of the above, it is argued that individualistic concepts of addiction may be retained for their political usefulness rather than scientific validity and that key stakeholders can determine the profile of addiction. These and similar themes will re-emerge through the following sections.

Influence of the Family -

Questions relating to the influence of the family on drug and alcohol use highlight the following issues, which are discussed here.

1. While generally accepting alcohol use, families tended to reject drug use as dangerous or unacceptable.

2. Family influences were seen to have a substantial effect on individual alcohol use but less impact on drug use.

3. Alcohol and drug uses were seen to have adaptive and functional roles within the family.

4. Families tended to favour models of drug use and addiction which located the problem in either the individual, peer group or society.

Dichotomous View of Alcohol and Drug Use in the Family

The research findings reflect a broad acceptance of alcohol use as well as a rejection of drug use as dangerous or unacceptable. This theme will be seen to recur in further sections of this study.

The literature shows that this dichotomy is historical in origin. It appears that at a time when the majority of drinkers were being "normalized", drug users were being consigned to the margins of society. It is also clear that such demarcations were inextricably linked to prevailing social circumstances. Connolly (1994) notes that disease concepts of addiction served the political ends of the drinks industry and governments alike by hiding the role of alcohol in alcoholism. Berridge and Edwards (1981) argue similarly that the defining of problem drug use was linked to political issues of the time.

This "splitting" of drug and alcohol use is reflected in my own experience of families affected by addiction. In such circumstances families frequently fail to acknowledge heavy parental alcohol use, while simultaneously investing considerable energy in their concerns regarding drug use among teenage offspring. This may be viewed as

functional in distracting attention from parental problems (see Kilgallon, 1990) or simply as a reflection of social norms. In either case it highlights a persistent division between attitudes towards drug and alcohol use in the family context.

Family Influence on Personal Use

Views expressed by the study group support the thesis that acceptance of alcohol at family level fosters moderate use. While this appears to be a common sense analysis, it is not clearly stated across the literature, which proposes a more pathological view of family dynamics. It seems that many esteemed authors have focused on the negative aspects of family interaction to the virtual exclusion of positive influences. This tendency is noted by Epstein (1993) who argues that family systems explanations have tended to replace individual pathology with the notion of family dysfunction.

The research suggests that the relationship between family attitudes and drug use is less clear, with a high percentage of respondents abstaining from drugs regardless of family patterns. This may be related to a number of points. Firstly, the age profile of respondents (all over twenty-six years old) places them well outside the teenage drug culture and secondly, there are a relatively large number of total abstainers. The total number of participants described as abstainers will be discussed later.

Functional Role within the Family

This study found that a significant number of respondents attributed a functional role to substance use within the family. Fifty percent noted that use may be seen as a means of coping with more pressing family problems. The literature confirms that this may indeed be the case. Kilgallon (1990) attributes a homeostatic role to alcohol use while Haley (1976) and Minuchin (1974) suggest that alcohol may serve to distract attention from more serious family problems.

It is also clear that the role of alcohol and drug use in relaxation and stress management recorded in this research, is not reflected in the literature reviewed here. The literature, as noted earlier, tends to focus on pathological and unhealthy consequences of family interaction to the exclusion of healthy functional substance use.

Family as Stakeholders

The ability of participants with addicted relatives to influence research outcomes noted earlier, was raised during group discussion on the family. This related to the families tendency to locate problem use in either the individual, peer group or society. This pattern of placing blame elsewhere seems to be pervasive among a broad range of vested interest groups. In fact, the literature clearly shows that this has been a feature of Irish public policy. Butler (1991) has noted that policy makers persisted

with inappropriate responses despite evidence that alternative approaches were more effective.

This issue raises a dilemma for helpers working in family and community settings where poor people are frequently blamed for their own problems, including addiction. It is argued here that such victim blaming, serves to further marginalise the most vulnerable in society. It is clear that adult educators with their avowed commitment to the oppressed have a responsibility to highlight this issue.

The final issue raised by this section of the research relates to a tendency for family members to view the effects of addiction on the family in a linear fashion rather than embracing the notion of reciprocally determined behaviour. This is consistent with findings noted above where interest groups fail to accept responsibility for problem drug taking favouring the use of scapegoats. Systems theory offers an alternative view suggesting that family behaviour is determined in a circular manner. As Blevins puts it:

> *"Families are regulated by a circular feedback system that is similar to the workings of a household thermostat."*
>
> (Blevins, 1993 p. 24)

This concept of circular causality is broadly consistent, but not identical to, Banduras (1977) concept of reciprocal determinism, where people and their environments are seen to be reciprocal determinants of each other. It is argued here that these circular mechanisms offer a better understanding of addictive behaviours at family level than superficial attribution of blame.

Summary

It is clear from this research that families view drug and alcohol use dichotomously. This is seen as a socially constructed historical artifact. The family as key stakeholders play a role in defining problem substance use, and they along with other interest groups have the power to marginalise users. There appears to be some preoccupation across the research and literature with pathological explanations of addiction. This is evident in many current family systems frameworks (see Epstein, 1993).

Socio-Cultural Factors -

The key issues emerging from Research on socio-cultural factors are discussed here.

1. Dichotomous approaches to alcohol and drug use were seen to foster broad acceptance of excessive alcohol use as well as encouraging "irregular" use of drugs.

2. Attitudes and beliefs at community level were seen to be less influential than peer pressure in determining patterns of use.

3. Substance use was seen to have adaptive and functional consequences at community and societal level.

4. Social disadvantage was seen as a key etiological factor in substance misuse.

5. The role of gender influences in substance misuse was poorly understood.

5. There was some hesitancy in reporting personal patterns of use.

Dichotomous View of Drugs and Alcohol at Societal Level

It is clear from this research that a dichotomous view of alcohol and drug use is seen to be pervasive throughout Irish Society (this point was noted earlier in research on the family). These findings while admittedly based on research with a particular group are consistent with data recorded by Butler (1991) and Murphy (1996). Butler

draws our attention to this division in Irish Health Policy where prevention strategies in recent decades consistently portrayed alcohol in neutral or benign terms while demonising drug use. This view along with associated responses is seen to have a political function. Fishbein and Pease (1996) have noted that such responses require little political action, postponing perhaps indefinitely, urgent social questions.

It would appear from this research that such divisions serve to create unsafe patterns of alcohol and drug use by condoning the former and marginalising the latter. If we bring a critical eye to bear on the implications for drug use, some interesting insights emerge. If we are to subscribe to the view of Leveston (1980) it may well be argued that law enforcement measures associated with the "war on drugs" may actually increase unsafe use. Marks (1996) describes this as the "prohibition paradox" where legal restrictions lead to uncontrolled use by pushing drugs "underground".

The research also suggests that these divisions serve the function of locating deviance safely away from mainstream society. This finding concurs with Davies (1997) argument that society attempts to distance itself from its problems. Maple and Barnes (1992) develop this argument suggesting that perpetrators of dominant socio-cultural discourses protect themselves by identifying chaos elsewhere. This is consistent with findings in the previous section.

The above findings clearly show that perceptions of drug and alcohol use as well as dominant responses are driven by prevailing social forces rather than any objective scientific criteria.

Peer Influence

The data recorded here clearly supports the role of peer influence in the development of substance misuse. It is noteworthy that this influence is seen to be stronger than the affect of the local community. This is consistent with the literature which suggests that peer pressure is one of the most pervasive factors in the etiology of substance misuse (Etting and Beauvais, 1988). Barnes (1990), however, draws our attention to the fact that peer variables may be mediated by other forces such as family dynamics. This finding is consistent with the theme throughout this study which proposes that a comprehensive picture of addiction must acknowledge a wide range of interacting variables.

Functional Role in Society

The functional role of substance use noted earlier at family level also emerges as a key theme at societal level. This resolves broadly around three main issues. Firstly, it facilitates social interaction, secondly, it helps the Irish cope with their history of

oppression and thirdly, it helps individuals to cope with social disadvantage. The first and second points are discussed here, while the role of social disadvantage will be dealt with separately. The above findings concur with data recorded in the literature. Thombs (1994) has noted the role of alcohol in assisting social interaction while both Thombs and Vaillant (1983) have noted the centrality of alcohol to Irish culture. It is argued here, as it is throughout the study that these adaptive consequences of substance use are central to any critical framework of understanding of addiction. These insights will contribute to the model to be developed later.

Social Disadvantage

It is clear that there is absolute concordance between the study groups perceptions and the literature on the role of social disadvantage in substance misuse and addiction. The pertinent factors noted here include, poverty, unemployment, area residence and poor educational achievement. The group have, however, failed to identify the exact mechanisms involved in this process.

Pearson and Gilman (1994) offer such an explanation where the housing market combined with an accumulation of social problems contributes to a vicious cycle of drug use and marginalization which serve to escalate each other. Butler (1997)

commenting on the Irish situation links poverty and associated risky behaviour among youth with problem drug use.

The research also indicates that public policy (as noted earlier) has consistently failed to address these social risk factors, favouring instead superficial and politically motivated responses. This assertion has been confirmed in the literature (see Butler, 1991; Murphy, 1996).

This situation offers a clear challenge to adult educators, who must question the basis of this social and political inaction. It is argued here that adult education has three key roles in the process. Firstly, to draw public attention to the social determinants of problem drug use. Secondly, to foster a radical critique of unjust social policy and finally to support local communities in developing their potential to be come equal partners in responding to problem drug use. This call is echoed by Mezirow (1991) who argues that adult education has failed to fulfill its avowed role with those affected by addiction, H.I.V./A.I.D.S. and similar conditions.

The Role of Gender

The research clearly illustrates that the gender debate represents another conservation from the margins, with a twenty-five percent "no response" by participants attributed lack of information on the topic. This "invisibility" of gender in public debate is

noted by Barnes and Maple (1992). The argument made here, concurs with Barnes and Maples analysis, suggesting mainstream policy and research serve to bolster male dominated power, by ignoring the unique needs of women. This study further suggests that these structures also ignore the unique needs of male substance misusers by attempting to portray addiction as an apolitical, asexual entity. Stanley and Wise (1983) have argued that women's oppression does not only impact on women but on the whole of society, including men, whose role as oppressors is actually oppressive to themselves. It may also be argued that to create such an apolitical affair is in itself politically motivated, where mainstream policy serves the needs of "middle Ireland" to the exclusion of poor people, women and marginalized groups.

Number of Abstainers

The research has noted that the number of respondents identifying themselves as total abstainers varied across the study. Group discussion attributed this anomaly to under reporting early in the research for fear of being identified as having an addiction problem or coming from a problem family. This highlights the subjective nature of the research. Thus all findings are taken as the expressed perceptions and views of the research group at a particular time rather than 'objective' scientific fact.

Summary

This study has noted the political nature of concepts of addiction and subsequent responses. This is reflected in the dichotomous approach to drugs and alcohol, as well as the consistent failure to address key issues such as social disadvantage and gender in Irish public policy. This is consistent with a view that substance misuse serves a number of functional roles at several levels in Irish society.

Stakeholders

The role of stakeholders in addictive behaviours will be discussed under the following headings:

1. Reciprocal Determinism

2. Radical Critics

Reciprocal Determinism

Debate on the role of stakeholders in the concept of addiction has prevailed throughout this study. The research shows that respondents moved from initially proposing a mechanical relationship between stakeholders and social problems to a more critical appraisal during groupwork. Morgan's (1985) framework is instructive here. He suggests that public issue is created in the interaction between social elite's,

professionals and radical critics of contemporary theory. This is consistent with the research findings which suggest that perceptions of addiction and subsequent outcomes are generated in the ebb and flow of everyday interactions between stakeholders. This view has been criticised here for its failure to identify power inequality in these relationships. This study argues that we cannot assume that there is a "level playing field" as perpetrators of dominant discourses on addiction such as professionals and politicians have the power to set the agenda for subsequent interaction.

Radical Critics

The role of radical critics noted above deserves further exploration. It has been my experience that radical social commentators like sociologists and adult educators frequently reject contemporary theory offering few concrete structures in their place. This has a number of important implications, not least of which is the potential to discredit contemporary programmes without offering viable alternatives. The model offered in this study will acknowledge the value of contemporary theories, while providing a rigorous social critique. It is hoped that such a model will offer a framework of understanding which values traditional wisdom, while challenging existing paradigms. This in my view is consistent with an adult educators role.

Summary

This study favours the role of reciprocal interaction among stakeholders, over a simple linear analysis in the development of addictive behaviours. It is argued that this approach must take account of power inequalities between these vested interest groups.

While adult education is seen to have a key role in providing a radical critique of contemporary models of addiction, this study cautions against rejection of traditional frameworks without providing viable alternative models.

The Role of Substances

The key issues arising from a question on the "addictiveness" of substances are discussed here under the following headings:

1. Addictive Substance Hypothesis

2. Perception Equals Reality

Addictive Substance Hypothesis

The research clearly illustrates the strength of support for the addictive substance hypothesis with heroin and illegal drugs most likely to be cited as addictive.

It is clear from the literature that authors are deeply divided on the addictive substance hypothesis. The Medical Research Council (1994) identify a number of substances as potentially habit forming, while Fishbein and Pease (1996) confirm that certain drugs are undoubtedly addictive.

This consensus is challenged, however, by both Davies (1997) and Fingarette (1988). Fingarette's suggestion that it is the users mindset and not the substance that determines the level of use is instructive here. This suggests that we need to look at the dynamic interaction between people and substances in elucidating the key issues in addictive behaviours. This is consistent with findings in previous sections.

Perception Equals Reality

The findings here also suggest that social factors must be combined with the above pharmacological elements in fully explaining addictive behaviours. This is consistent with earlier findings from the sociological domain.

The data recorded here suggests that the perception of drugs as "addictive" within a society along with subsequent labeling may serve to increase their "addictiveness". This amounts to a self-fulfilling prophecy where social attitudes contribute to the addictiveness of substances. Peele makes this point accurately and succinctly:

> *"... societies define what kinds of behaviours are the result of getting drunk, and these behaviours become typical of drunkenness."*
>
> (Peele, 1995 p. 170)

This places considerable responsibility for addictive behaviours at societal level.

Summary

It is clear from this research that some substances are undoubtedly addictive. However, illegal drugs are more likely to be labeled as addictive. This analysis, while acknowledging pharmacological addictive properties places considerable emphasis on the fact that addiction is a least to some extent a socially constructed phenomenon. This is consistent with findings throughout the study.

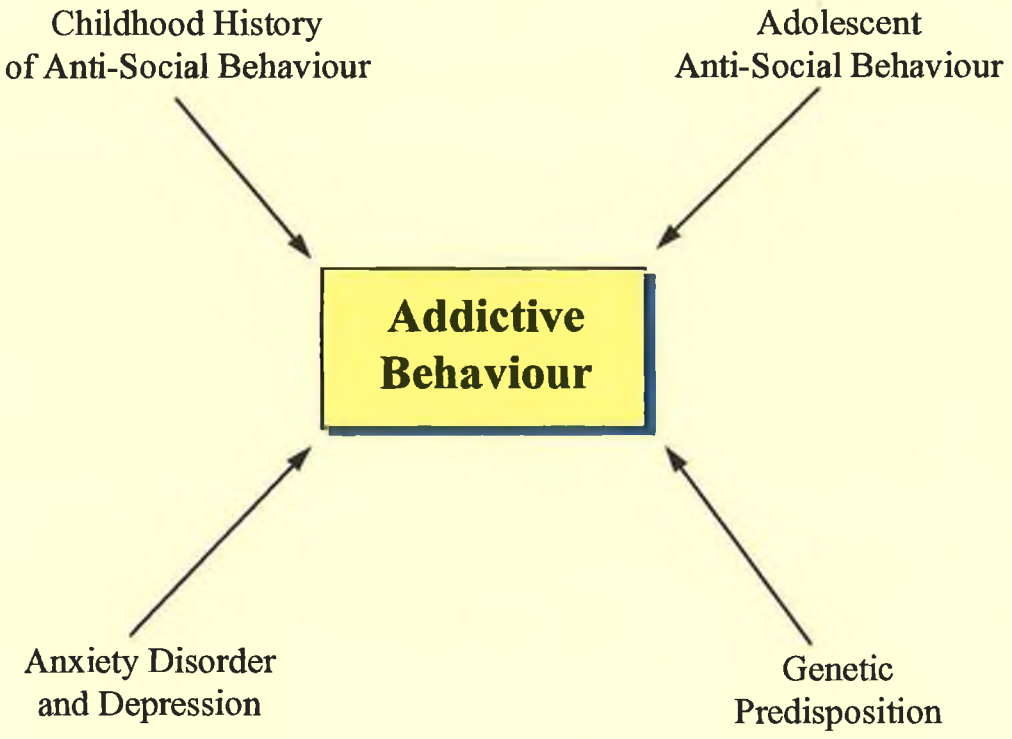
The following section will propose a tentative model which will attempt to combine key insights from the previous sections in elucidating the mechanisms involved in the development of addictive behaviour.

The Web of Addiction (Proposed Model)

The statistical data and subsequent discussion carried out in this study reveals that no single model adequately explains the complex phenomenon of addiction. The five key areas studied have, however, offer valuable insights into the development and maintenance of addictive behaviour.

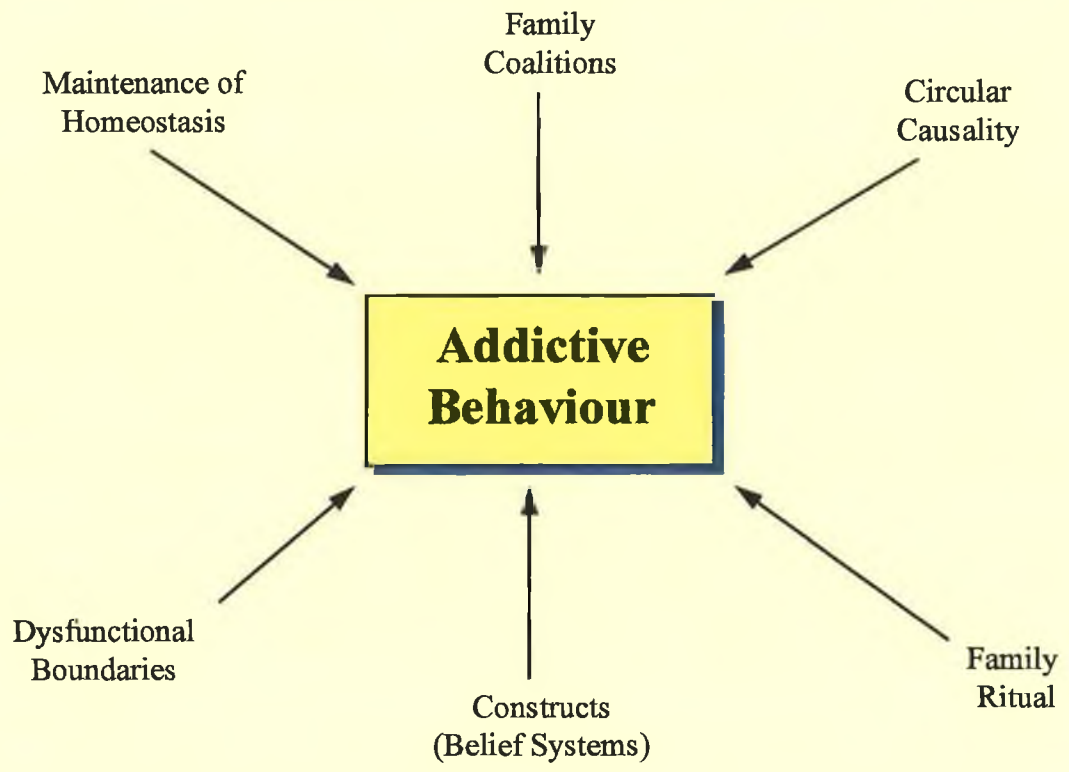
The literature shows that three theoretical frameworks focusing on the individual offer credible explanations of the etiology of addiction. While an overall personality theory has been rejected, it is suggested that a childhood history of anti-social behaviour (Fishbein and Pease, 1996) and evidence of adolescent anti-social behaviour (Jessor and Jessor, 1977) may be significant contributing factors to drug and alcohol dependence. Psychiatric perspectives have also been implicated, with Rounsaville (1991) suggesting that the presence of anxiety and depression predisposes to addictive behaviour. Finally biological models suggest that genetic predisposition is central to the development of alcohol dependence (Fishbein and Pease, 1996). *Figure 5.1* outlines these individuals risk factors.

Figure 5.1 Individual Risk Factors for Addiction



Family systems theory suggests that addictive behaviours may be seen as adaptive and functional, serving to maintain family balance (Kilgallon, 1990). This may involve one family member taking on a sick role to distract attention from more serious problems. Barnes (1990) has described this in terms of development of "counter normative" family coalitions. The concept of circular causality, unique among theories on addiction, proposes that family interaction and addictive behaviours may escalate each other. Other systemic concepts which have been implicated in the development of addictive behaviour include: family boundaries (Steinglass, 1982), family belief systems (Dallos, 1997) and family ritual (Barnes, 1990). *Figure 5.2* outlines these concepts.

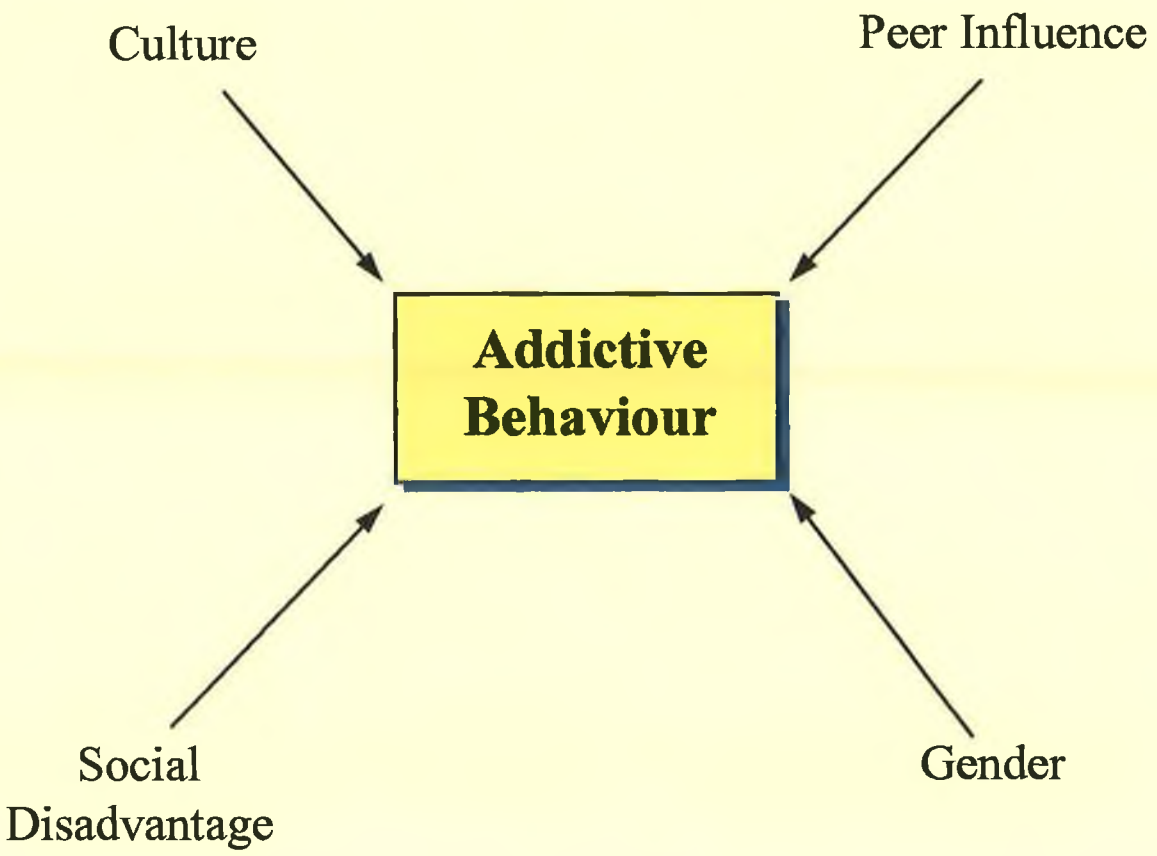
Figure 5.2 Family Influences on Addictive Behaviours.



This study supports the role of three key sociological factors in addiction. They include culture, gender and social disadvantage. Cultural rules and expectations are thought to have a profound effect on patterns of substance use (Jaffe, 1983). Peer sub-culture is also thought to have a most pervasive influence over individual behaviour (Etting and Beauvais, 1988). Gender debate on addiction attributes a functional role to substance use for both males (Madianou, 1992) and females (Collins, 1990).

A clear and unequivocal link has been established between social disadvantage and problem drug use. Pearson and Gilman (1996) implicate urban decay in this process, while Butler (1991) attributes use to institutionalized poverty and boredom. *Figure 5.3* illustrates the key sociological factors thought to be involved in the development of addictive behaviour.

Figure 5.3 Sociological Factors Linked to the Etiology of Addiction.



These risk factors may be compounded by the "addictive" potential of certain substances. *Table 5.1* outlines the substance specific factors implicated in the development of addiction.

Table 5.1 Factors which Increase "Addictiveness" of Substances.

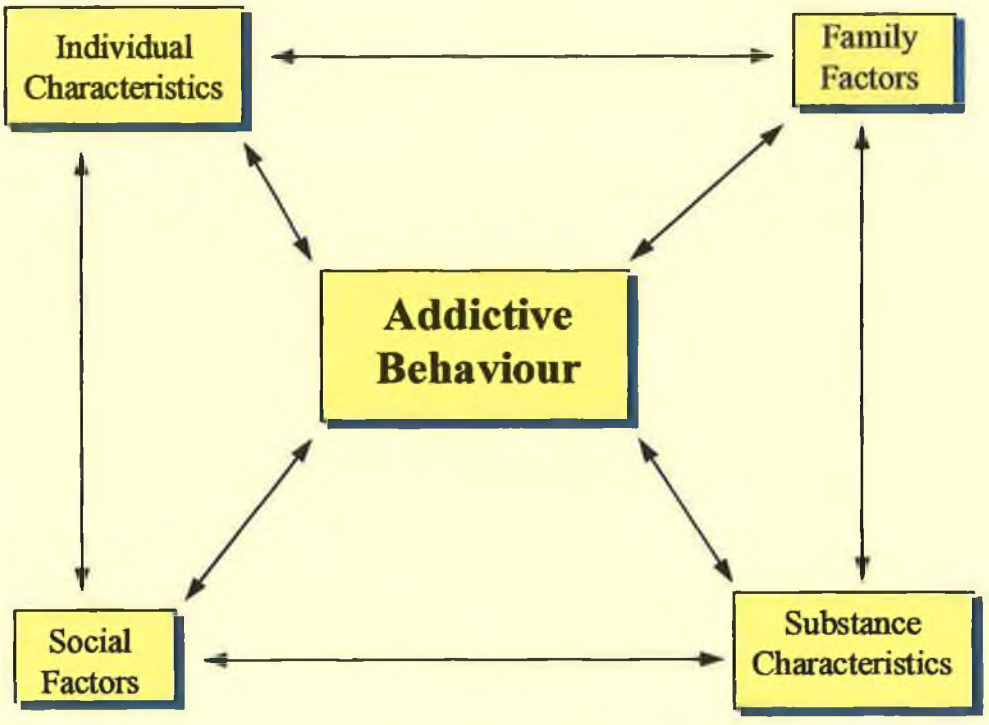
Ability to Induce Euphoria	(Medical Research Council, 1994)
Ability to Produce Immediate "High"	(Fishbein and Pearse, 1996)
High Degree of Physical Dependence	(Fishbein and Pearse, 1996)
Dosage	(Maistro, 1995)
Route of Administration	
Ability of Control Pain	(Simon, 1997)

It is suggested here that viewing these four key sets of variables (Individual factors, family influences, social factors and substance specific factors) in isolation would be overly simplistic, offering a disconnected picture of the complex phenomenon of addiction.

Interactive models of problem behaviour are well documented across the literature. Three such models are noteworthy here. Jessor (1987) notes that the three interrelated systems of personality, environment and behaviour are significant in the development of adolescent problem substance use. Zucker (1979) proposes peer, parental, community and individual factors as key variables in problem behaviour. Finally, White et al (1990) have added alcohol to their interactive model suggesting that substance specific characteristics interact with personal and environmental variables in the etiology of problem alcohol use.

The model described here is broadly consistent with these frameworks suggesting that individual, family, social and substance related factors interact in a reciprocally deterministic fashion in the development of addiction. In this analysis all key variables contribute to the development of addictive behaviour. However, they are also influenced by the addictive behaviour and by each other. This is broadly consistent with Banduras (1977) concept of reciprocal determinism. *Figure 5.4* illustrates this model.

Figure 5.4 Interactive Model of Addiction.



This model, however, departs from previous frameworks by suggesting that addiction clearly has a political dimension. It is argued that addictive behaviours are clearly influenced by the action and inaction of societies power elite's including: politicians, professionals, and the middle classes. The role of prevailing social and political climates in constructing the reality of this phenomenon has been clearly illustrated throughout the research. It is clear for example, that our present understanding of addiction is socially constructed and historically determined. This study has shown that the development of contemporary addiction theory is intimately linked to prevailing social forces over several decades. (see Keaney, 1994; Connolly, 1994; Thombs, 1994).

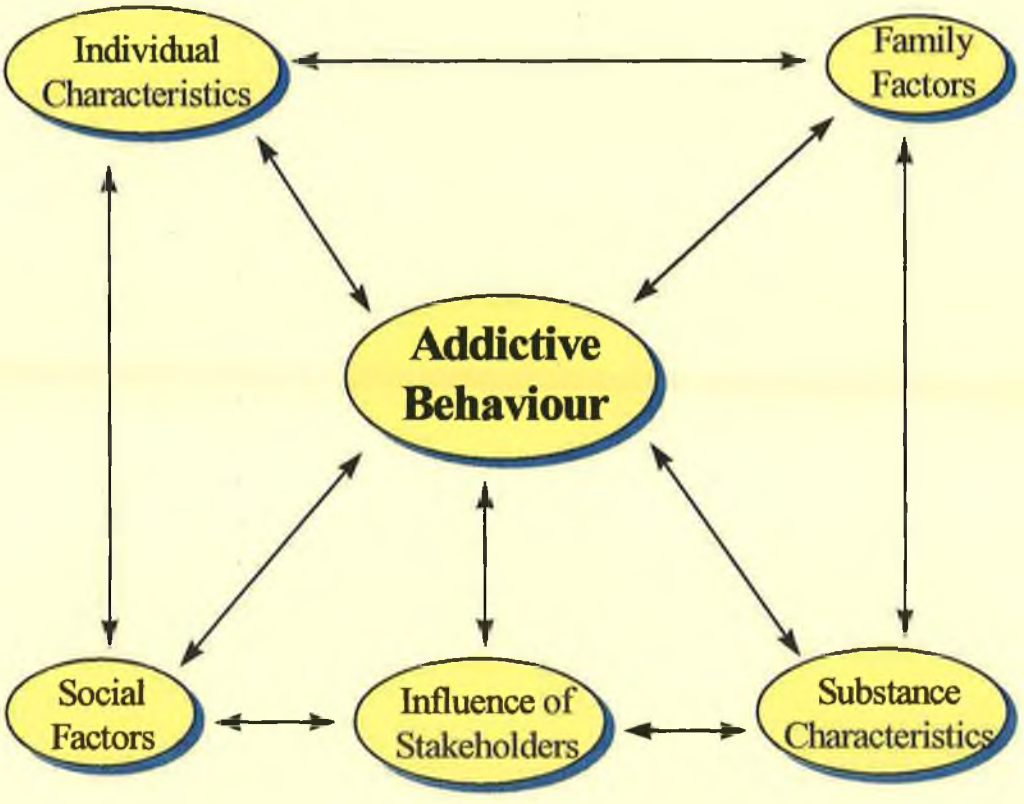
The research and ensuing discussion have highlighted the role of societies elite's in determining the dominant responses to addiction. The study group have noted a persistent failure to address the role of socio-economic disadvantage in the development of addictive behaviours. My own experience over several years suggests that many of the prevailing responses may be viewed as socially expedient rather than scientifically valid. It is argued here that many medical responses are designed to evade a broad social and political debate on the role of poverty and marginilisation in the development of problem behaviours.

Gender issues represent yet another set of key factors which remain at the margins of the addiction debate. This study has clearly shown that there is a consistent lack of adequate information on these key variables. This has been attributed to the influence of patriarchal power structures on scientific research (see Collins, 1990 and Barnes and Maple, 1992).

The study has also highlighted the ability of social elite's to influence the development problem substance use, through their interventions. This has been most evident in the potential for politically motivated responses, like the "war on drugs", to escalate the very problems they purport to alleviate. This potential has been confirmed by Leveston (1980). It has also been shown that such responses are designed to serve the needs of the political elite's, a point noted by Fishbein and Pease (1996).

In Light of the above factors it is suggested that the proposed model must take account of the influence of these elite's in the development and maintenance of addictive behaviours. *Figure 5.5* illustrates this by adding the influence of "stakeholders" to the previous model (outlined in *Figure 5.4)*.

Figure 5.5 A Comprehensive Model of Addiction, Acknowledging the "Political" Dimension.



In summary, this model suggests that the development and maintenance of addictive behaviour is best understood as an interactive process. This recognises the role of five key variables including; individual characteristics, family factors, social factors, substance characteristics and the role of key stakeholders. Thus a comprehensive model must take account of physiological, psychological, biochemical, social and political forces.

Conclusion

In discussing the research findings in light of contemporary literature, this chapter has highlighted a number of key findings:

- There is a perceived preoccupation with pathological models of addiction
- Addictive behaviours may be seen as functional at several levels of society.
- Drug and alcohol use are treated dichotomously throughout Irish society.
- Key stakeholders are seen to create the reality of addiction in some circumstances.
- The role of gender issues in addiction are poorly understood, due to lack of debate on the issue.
- The role of social disadvantage in problem substance use is largely ignored by Irish policy makers.

In light of the above factors and the literature reviewed earlier, an interactive trans-theoretical model of addiction was proposed which embraced physiological, psychological, social and political forces. The metaphor of a "web" has been used to describe the interactive nature of this model.

The final chapter will give a broad overview of the key issues raised during the study as well as making strategic recommendations.

Chapter Six
Conclusion

Introduction

Chapter Five has provided a comprehensive critique of the research findings, leading to the presentation of tentative model of the development and maintenance of addictive behaviour, referred to as the web of addiction.

This closing chapter seeks to:

- Provide an overview of the work so far.
- Outline the principle findings.
- Present a summary of the model developed in Chapter Five.
- offer strategic recommendations.

This study aimed to critically evaluate the main contemporary theories on the etiology of drug and alcohol dependence, leading to the development of an interactive model. This model acknowledged the complex dynamic interactions between five key variables; the individual, family, society, stakeholders and addictive substances, in the causation of addiction. An overview of the study is presented below:

The Work So Far

Chapter Two provided the background context for this research project demonstrating the relationship between this and previous work. While acknowledging the value of some unitary models of addiction, the review of literature suggested that addiction was best understood at the meeting of biological, psychological, social and political forces. In light of social constructionist inquiry it was further suggested that many models of addiction were retained for their political rather than scientific usefulness (Connolly, 1994).

Chapter Three discussed the research methologies implemented during the study. The methods of inquiry included quantitative and qualitative measures of the research group's (*see Appendix 1 for Participant Profile*) experiences and perceptions across the five key areas thought to influence the development of addictive behaviours.

The following three complimentary methods of inquiry were implemented during the research;

- A comprehensive review of relevant literature (Chapter Two).
- A questionnaire administered to research participants (*see Appendix 2*).

- A semi-structured groupwork session, addressing the key issues raised in the questionnaire. (*see Appendix 4*).

The democratic participation of the study group was deemed to be consistent with adult education philosophy (see Knowles, 1970; Brookfield, 1985). The research valued personal experience in line with feminist thinking (Latter, 1991) and acknowledged the subjective nature of scientific research (Gergen, 1985; Latter, 1991). Hence, the study made no claims to objectivity relying instead on the subjective experiences and perceptions of a group of adult students on the five key areas studied.

Chapter Four outlined the key themes and issues raised by the research highlighting the relevant statistical data as well as groupwork findings, and providing the basis for discussion in the subsequent chapter.

Chapter Five critically evaluated the research findings in light of the literature reviewed in Chapter Two revealing correlation's and disparities when they occurred. This lead to the proposal of a tentative interactive model of the etiology of addictive behaviour.

Principle Findings

The principle findings which emerged from the research are outlined below.

- There is a perceived preoccupation with pathological aspects of addiction. This is seen to be pervasive throughout Irish society, sometimes excluding a broader social and political debate on the matter.

- Addictive behaviour is seen to be functional at several levels of society. This may range from its role in stress management for individuals to its capacity to maintain homeostasis within the family.

- Drug and alcohol use are seen to be treated dichotomously in Irish society. This is seen to foster widespread tolerance of alcohol abuse and marginalization of drug use.

- Key stakeholders (such as professionals, politicians and the middle classes) are seen to create the "reality" of addiction by defining its parameters, diagnosing it and determining appropriate responses.

- The role of gender issues in addiction are seen to be poorly understood due to a lack of public debate on the matter.

- The role of social disadvantage in drug and alcohol use is seen to be largely ignored by Irish policy makers. It is suggested that this leads to a consistent failure to address the social and structural factors pertinent to addiction.

- It is incumbent upon radical critics of contemporary social policy (such as adult educators) to challenge current models which seek to portray addiction as a discrete unitary and apolitical disorder.

It is clear from these findings that any model proposing addiction in purely pathological terms is overly simplistic, failing to recognise the complex social and political issues involved. Overall conclusions will be drawn from these findings following a summary of the proposed model.

The Web of Addiction (Proposed Model)

The model proposed in this study was informed by the body of literature as well as research findings. It outlined a number of factors thought to be central to the development of addiction from the key areas studied. They are presented below:

- Individual factors include; childhood history of anti-social behaviour, adolescent anti-social behaviour, anxiety disorder and genetic pre-disposition.

- Family influences include; maintenance of homeostasis, family coalitions, circular causality, dysfunctional boundaries, family belief systems and family ritual.

- Social factors include; cultural influences, peer influence, social disadvantage and gender issues.

- Substance related factors include; ability to induce euphoria, ability to produce immediate high, high degree of physical dependence, dosage, route of administration and ability of control pain.

The role of key stakeholders including societies power elite's were added to the above factors suggesting that political, policy and medical responses as well as high levels of inaction on issues such as gender and social disadvantage contributed to the addiction process.

This study supports the hypothesis that:

- Definitions that propose addiction as a discrete unitary disorder are inadequate and incomplete.

- Addiction is best understood as a complex phenomenon influenced by physiological, psychological, social and political forces.

- Conceptual frameworks on the development and maintenance of addictive behaviour are intimately linked to the prevailing social climates, frequently

serving the maintain the status quo as defined by societies power elite's including politicians, professionals and the middle classes.

It has been argued that adult education with its avowed commitment to the poor, marginalized and oppressed has a key contribution to make in generating a broader socio-political debate on this complex phenomenon. It has been further argued that such involvement would be in keeping with adult education's ongoing involvement in fostering democratic social change.

A number of key recommendations emerge from the findings and subsequent discussion carried out in this study. The are presented below.

Recommendations

Recommendations for Adult Education:

It is recommended that Irish Adult Educators should seek to:

1. Increase the number of N.U.I. certificate courses on addiction studies being offered. These learning transactions should discriminate positively in favour of applicants from disadvantaged communities in terms of allocation of

places, aiming to foster a radical social critique among those presently without a voice in the addiction debate.

2. Integrate modules on addiction studies into existing courses including community development and youth work. This should aim to improve the knowledge and skills of key community leaders on issues related to addiction.

3. Fund and support post graduate research projects on the sociological aspects of addiction. Publishing of such work would greatly enhance the body of knowledge on "non pathological" models of addiction in the Irish context.

4. Develop a body of knowledge and expertise on addiction within adult education institutions. This could be facilitated by sending academic staff to relevant seminars and conferences. It would obviously be enhanced by the proposed research noted above.

5. Draw public attention to the social determinants of problem substance use by disseminating information through community development networks.

6. Support communities in developing policy responses to addiction and related issues.

7. Challenge the architects of health and social policy to acknowledge the social determinants of problem substance use and to reflect these matters in their interventions.

8. Highlight the persistent lack of gender debate on addiction, through seminars and academic publications.

It is acknowledged here that adult education institutions are not designed to be centres of excellence on addiction. However, it is clear that the radical social critique required in the addiction debate is presently provided by adult educators on many other topics. What is needed is an acknowledgment of the importance of social issues in problem substance use along with an appropriate response from adult educators, the self confessed advocates of the poor, oppressed and marginalized.

Recommendations for Policy Makers (Health and Social Policy)

It is recommended that Irish Policy Makers should:

1. Commission and publish independent research on the social determinants of problem substance use in the Irish context. The potential for such research to challenge contemporary models would be enhanced by linking it with academic institutions.
2. Clearly recognise and acknowledge the role of social disadvantage and power inequality in problem substance use.
3. Develop adequate and appropriate responses to problem substance use which address the relevant social and structural factors such as poverty, housing, education and unemployment.

4. Re-evaluate policy responses such as the criminal justice "war on drugs" which have proven counter-productive in other countries.

Concluding Comment

It is clear from this study that no single model adequately explains the complexities of addictive behaviour. A comprehensive model must acknowledge the role of individual characteristics, family influences, social factors and "addictive" substances.

It is also clear that contemporary models of addiction as well as the responses they provoke are influenced by the prevailing social and political climates. Stakeholders play a key role in determining the "reality" of addictive behaviour by defining it, diagnosing it and determining appropriate responses. Thus the development of this complex phenomenon is best understood at the meeting of physiological, psychological, social and political forces.

> *"For everybody who has an interest in . . . drug and alcohol problems the options are clear: either we engage with and accept complexity or we pretend that the issues are simple and straight forward. My preference is for the former."*
>
> (Butler, 1991 p. 139)

This study has been a valuable learning experience, challenging me to " . . . *engage with and accept complexity* . . .". It has provided a map for my own pursuit of a more comprehensive understanding of addiction. I hope that it has in some way challenged my

colleagues in Adult Education to commit some of their expertise to fostering a radical social critique of contemporary addiction theory and related responses.

The journey continues!

Appendix 1 Participant Profile

The study of group for the questionnaire totaled sixteen, comprising of twelve women and four men. They were all over twenty-six years old, the majority employed, reasonably well educated and with some experience in the area of addiction. The semi-structured groupwork session consisted of a smaller group of ten participants, who were chosen from and representative of the above group in terms of age, gender, educational achievement, area of residence, experience in the area of addiction and work background. The smaller size of this latter group ensured a more intimate and less threatening environment. An overview of the original group of sixteen (questionnaire respondents) is given below.

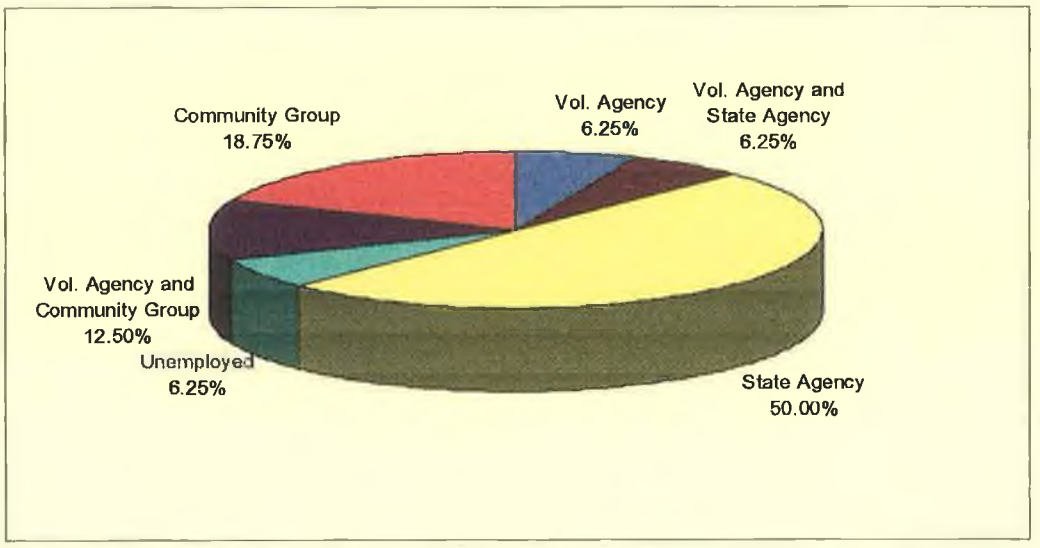
A participant profile questionnaire (see Appendix 3) administered at the end of a twenty week addiction studies course (which participants had just completed) revealed quite a number of interesting facts. Respondents had gained previous experience of addiction from a wide variety of sources as summarized in T*able A.1.* It is noteworthy that over eighty percent encountered addiction in the course of their work, that over half came from communities where it was an issue and most significantly that thirteen respondents (81.25%) had encountered addiction in either their personal or family life. These figures suggest that addiction has had a considerable impact on respondents lives and that according to Monotonen (1996) Definition, the majority may be identified as *"Stakeholders".*

Table A.1 Source of Experience of Addiction

Source of Experience	Number	%
Work	14	87.50
Personal Life	5	31.25
Family	8	50.00
Friends	12	75.00
Community	9	56.25

Information regarding source of employment reveals that half the respondents were employed by state agencies with a further seven (43.75%) having involvement in either voluntary or statutory groups, while one (6.25%) was unemployed. *Figure A.1* provides a breakdown of source of employment by agency.

Figure A.1 Employment by Agency



A Final and not insignificant point relates to the educational level attained by respondents. Fourteen (87.5%) had undertaken post primary education, while seven (43.75%) had proceeded to nurse education or third level.

A number of key issues emerge from the profile of respondents outlined above:

- The majority of respondents were reasonably well educated.
- The vast majority had gained some experience in the area of addiction (*Table A.1* gives a breakdown).
- Addiction had impacted on important areas of their lives (family, personal life, work, etc.) and many through their work could influence responses to addiction, giving them undoubted *"stakeholder"* status (see Monotonen's 1996 Definition).
- In terms of work experience, state agencies were over-represented. (over 50%).
- The group presented a gender imbalance (12 women and four men).

The above points indicate that all findings in this study must be taken as those of a particular group i.e. a group of reasonably well educated, primarily female, employed, respondents who may be defined as stakeholders in the concept of addiction.

Appendix 2 - Survey Questionnaire

Influences on Substance Use and Addiction

1. a.) What kinds of beliefs and attitudes exist in your family towards the use of alcohol and drugs.

_____

_____

_____

b.) How do you think that these beliefs and attitudes may influence your own use? (i.e. abstain, moderate use, heavy use, etc.)

_____

_____

_____

2. What functions do you think drug and alcohol use serves in your family?

_____

_____

_____

3. a.) Name three sub-groups (coalitions*) within your family (e.g. mother -- father, father -- son, etc.)

_____

_____

_____

b.) Do you think that these sub-groups or coalitions may influence drinking or drug taking behaviour of individual members and How?

_____

_____

_____

4. a.) What kind of beliefs and attitudes exist among your peer group (friends, colleagues, close associates) about drug and alcohol use?

_____

_____

_____

b.) How may that affect your own use?

_____

_____

_____

5. a.) What kind of beliefs and attitudes about drug and alcohol use exist in your community?

_____

_____

_____

b.) How may they affect use in your community?

_____

_____

_____

c.) How may they affect your own use?

_____

_____

_____

6. List three functions which drug and alcohol use may serve in your community:

   1. _____
   2. _____
   3. _____

7. a.) What kind of beliefs and attitudes do you think exist in Ireland about drug and alcohol use?

_____

_____

_____

b.) How do you think they influence substance use by individuals?

_____

_____

_____

8. Who do you think are the key stakeholders* in the concept of addiction?

_____

_____

_____

9. What functions do you think that drug and alcohol use/misuse serve for the Irish Nation?

_____

_____

_____

10. List five social and economic factors which negatively influence drug and alcohol use in Ireland.

1. _____
2. _____
3. _____
4. _____
5. _____

11. How do you think that gender may influence drug and alcohol use?

_____

_____

_____

12. Do you think that there are internal factors (within the individual) which influence individuals substance misuse and addiction? Please explain.

_____

_____

_____

13. Do you think that some substances are addictive regardless of the environment or individual involved? Please explain.

_____

_____

_____

Note To Reader:
Explanations of the terms stakeholders* and coalitions* given to the research group were consistent with definitions given in Chapter Two (Literature Review).

9. What functions do you think that drug and alcohol use/misuse serve for the Irish Nation?

_____

_____

_____

10. List five social and economic factors which negatively influence drug and alcohol use in Ireland.

1. _____
2. _____
3. _____
4. _____
5. _____

11. How do you think that gender may influence drug and alcohol use?

_____

_____

_____

12. Do you think that there are internal factors (within the individual) which influence individuals substance misuse and addiction? Please explain.

_____

_____

_____

13. Do you think that some substances are addictive regardless of the environment or individual involved? Please explain.

_____

_____

_____

Note To Reader:
Explanations of the terms stakeholders* and coalitions* given to the research group were consistent with definitions given in Chapter Two (Literature Review).

Appendix 3

Participant Profile Questionnaire

1. Please state your:
(Please tick the appropriate box)

Age: _____

Sex: Male ❑ Female ❑

Job/Profession: _____

Marital Status: Married ❑ Single ❑ Other ❑

Area of Residence: Dublin ❑ Greater Dublin Area ❑ Other ❑

Education Level Achieved: Primary ❑ Secondary ❑ Third Level ❑
(Or Nurse Education)

2. Are you employed by:
(Please tick the appropriate box)

a. A State Agency ❑
b. Voluntary Agency ❑
c. Community Group ❑
d. Unemployed ❑
e. Other (Please Specify) ❑ _____

3. Do you have experience of addiction in any of the following areas?
(Please tick appropriate box)

a. Your Work ❑
b. Your Own Life ❑
c. Your Family ❑
d. Your Friends ❑
e. Your Community ❑

Appendix 4 - Overview of Groupwork Session Carried Out in the Study.

Introduction

- Outline of purpose and background to study
- Agreement on timescale
- Agreement on confidentiality
- Agreement on mutual participation
- Facilitators role
- Expectations of participants

Body of Session

- Five areas discussed (individual, family, society, stakeholders, substances)
- Brief outline of literature review
- Reflect back all data to participants
- Record data accurately

Endings

- Expression of gratitude by facilitator
- Agreement that final research document be available to participants
- "Final word" from all who participated
- Facilitator remained back afterwards to provide support for any participants who may have felt vulnerable or threatened by the sometimes tense discussion.

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