Models of drug use and drug related problems

Many of the models in the drug field are basically models of change. They attempt to explain how problems develop (change in a negative direction), how problems resolve (change in a positive direction), and how to prevent problems occurring (preventing change in a negative direction).

Many models have been constructed over the centuries to explain drug related problems but the dominant ones are:

- the moral model
- the pharmacological, temperance or social control model
- the disease model
- the interactional or social learning model.

Even though there is some historical progression to these models, a new one did not necessarily replace the previous one. In fact, in some form or other, all of these models can be seen to still coexist within our society today and sometimes one competes at the expense of the others.

The moral model

This view of addiction, developed in Victorian England in the mid 1800s, holds that those who cannot drink moderately are weak-willed, lacking in character or morally weak. At this time there were social problems associated with the Industrial Revolution and in cities, homelessness, poverty and child neglect were very apparent. It was also a time that the gin and rum trade were rife and gin palaces flourished all over London. The middle class, in an attempt to disassociate themselves from public displays of drunkenness and from any sense of responsibility for it, explained the behaviour as being a result of the ‘moral weakness of the lower classes’. It was because of their poor character that they could not control their drinking, the middle class argued. The moral model emphasises personal choice and individual strength of character as a primary causal factor. Responses in Victorian times were largely punitive and many ‘drunkards’ ended up in the workhouses.
The pharmacological / temperance model

In this model the cause of alcohol problems is blamed fairly and squarely on the substance itself rather than the individual. Alcohol is viewed as a hazardous substance that no one can use safely or in moderation. As the temperance view gained political momentum in western nations, including Australia, it grew into the Prohibition movement. Society was deemed to have an obligation to protect its members from the ‘demon drink’. Legislation was passed including the Defence of the Realm Act in Britain, and Prohibition in the United States lasted from 1921 to 1933. The results of Prohibition have many parallels with the prohibition of heroin today. A black market developed, organised crime made enormous profits, users became criminals and there were hundreds of thousands of arrests. On the other hand, on the plus side, there were health benefits associated with prohibition.

The disease model

With this model, those who are dependent upon alcohol, have a disease or allergy to alcohol called ‘alcoholism’. This results in them being incapable of drinking in moderation. With this model, the source of the problem is once again found in the person. The disease of alcoholism is understood to be irreversible and incapable of being cured. The condition can be arrested, but only through total abstinence from alcohol. This has been a dominant American model since the 1960s but is much less prevalent outside the United States.

The disease model proved to be a useful transitional model following Prohibition, for it argued that some people (those without the disease of alcoholism) could drink alcohol in moderation. It also absolved ‘alcoholics’ from blame for their condition and could justify humane treatment instead of punishment. The disease model appealed to the medical profession, providing them with an important role in the medical treatment of the disease. Similarly, manufacturers of alcoholic drinks found the model attractive because it takes the blame from alcohol itself.

The interactional or social learning model

This model emerged in the 1960s and went beyond simply blaming the person or the substance for alcohol problems. This model focuses on the interaction between the environment, individual and drug as a way to understand the complexity of drug use and the drug experience. According to this model, drug use is a learned behaviour and there are certain reasons behind drug use. This model holds that drug use can therefore, be unlearned, and the reasons for the use eliminated.
Further Reading

If you want to read more about Thorley’s model the following readings can be downloaded.