

# Psychology 2030B

## Lecture 7

### *Disorders of Control*

Week of 24 February 2025

The cost of treatment and the stigma associated with substance abuse played a large role in their decision to not get treatment.



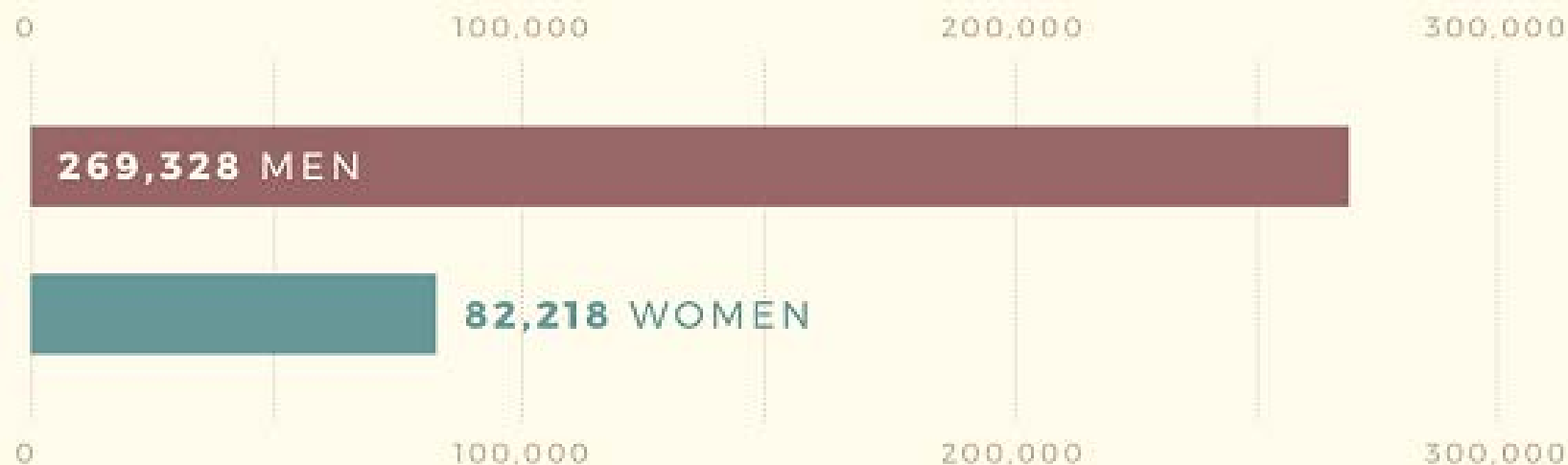
# Substance-Related and Addictive Disorders

- Alcohol
- Caffeine
- Cannabis
- Hallucinogens
- Phencyclidine
- Inhalants
- Opioids
- Sedatives, hypnotics, or anxiolytics
- Stimulants
- Tobacco



TED  
Ed

Substance use disorders accounted for more than 351,000 deaths in 2017 around the globe. More than three quarters of those were men.



# Substance Use Disorders

a cluster of cognitive, behavioural, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems



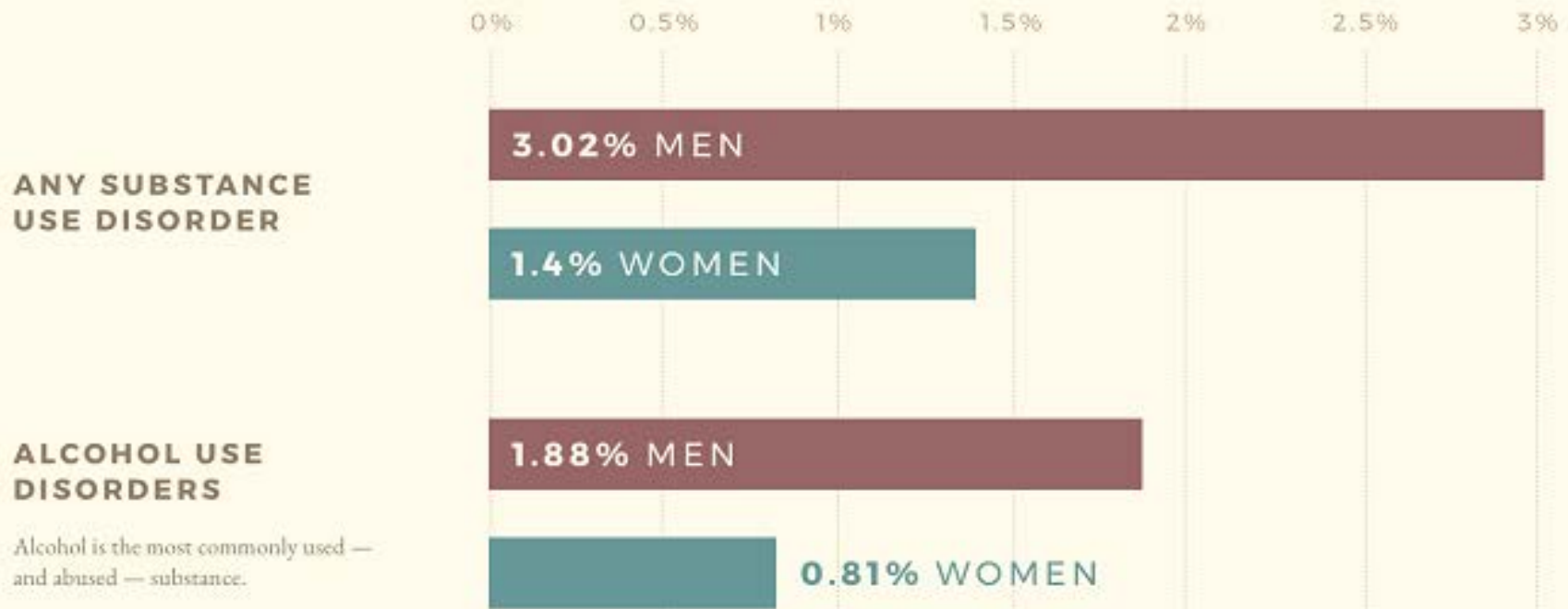
# Substance Use Disorders

an important characteristic is an underlying change in brain circuits that may persist beyond detoxification, particularly in individuals with severe disorders

the behavioural effects of these brain changes may be exhibited in the repeated relapses and intense drug craving when the individuals are exposed to drug-related stimuli



# SUBSTANCE USE DISORDERS AFFECT TWICE AS MANY MEN AS WOMEN.





# How much drinking is too much?



# Intoxication

- development of a reversible substance-specific syndrome due to the recent ingestion of a substance
- clinically significant problematic behavioural or psychological changes (*e.g., belligerence, mood lability, impaired judgment*) are attributable to the physiological effects of the substance on the central nervous system and develop during or shortly after use of the substance
- most common changes involve disturbances of perception, wakefulness, attention, thinking, judgment, psychomotor behaviour, and interpersonal behaviour

# THE SCIENCE OF ADDICTION

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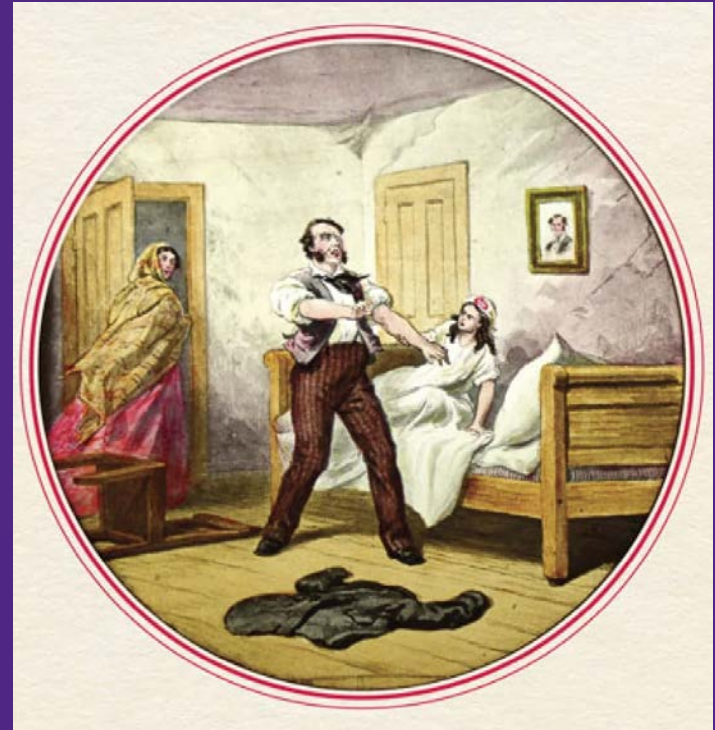
# Withdrawal

- development of a substance-specific problematic behavioural change, with physiological and cognitive concomitants, that is due to the cessation of, or reduction in, heavy and prolonged substance use
- most individuals with withdrawal have an urge to re-administer the substance to reduce the symptoms

# Alcohol Withdrawal Syndrome

Severe alcohol withdrawal, after a person has had a daily high intake of alcohol for at least a month and then stops drinking, can result in **Delirium Tremens**, also known as **the DTs**

Begins 48 to 72 hours after cessation of alcohol and can last for up to 5 days





# Alcohol Withdrawal Syndrome



**L'ALCOOL TUE**

Imprimerie BERGER-LEVRAULT, à Nancy

En vente à la Librairie BERGER-LEVRAULT, 5-7, rue des Beaux-Arts, Paris

Profound confusion, autonomic hyperactivity (*agitation, tremors, hypertension, and tachycardia*), possible auditory and tactile hallucinations

The lifetime risk for developing DTs in the population with alcohol use disorder is approximately 5% to 10%

While mortality can be up to 35%, with proper treatment the mortality rate is less than 5%

# CAFFEINE WITHDRAWAL HEADACHES



# Heavy Episodic Drinking Among Post-Secondary Students

2018 report on Canadian post-secondary students



Majority were aged 18-22 years

Interviewed in focus groups across the country



# Heavy Episodic Drinking Among Post-Secondary Students

**Pre-drinking** — drinking at home or a friend's before going to a party or bar or club — was considered a good way to connect with friends and socialize, but was often associated with drinking excessively over the course of an evening

Reasons included that students were trying to drink quickly to avoid spending money at a club or bar, felt pressure to drink more, and were not monitoring their drinking in these informal contexts



# Heavy Episodic Drinking Among Post-Secondary Students

Most students acknowledged that their experiences with alcohol have changed over time

**First-year students** tend to have less experience with alcohol and experience greater harms because they do not understand their limits

**Students in later years** reported having fewer negative experiences with alcohol because they believed they had a better understanding of their limits, were not seeking to become as drunk, and had found like-minded peers who also did not want to drink as much

# Heavy Episodic Drinking Among Post-Secondary Students

The majority of students emphasized drinking to socialize, have fun and be with friends, and often drank excessively to remain intoxicated

Many students highlighted the pervasiveness of **drinking culture** on campuses (*including in sports, sororities or fraternities, and in some clubs and events*), along with explicit peer pressure to keep up with others through challenges (*e.g., drinking games*), or through social practices (*e.g., buying rounds of drinks*)

# Heavy Episodic Drinking Among Post-Secondary Students

The majority of students emphasized what they characterized as fun, positive, memory building experiences associated with drinking such as fun with friends, reducing their inhibitions to be more social, or meeting new people

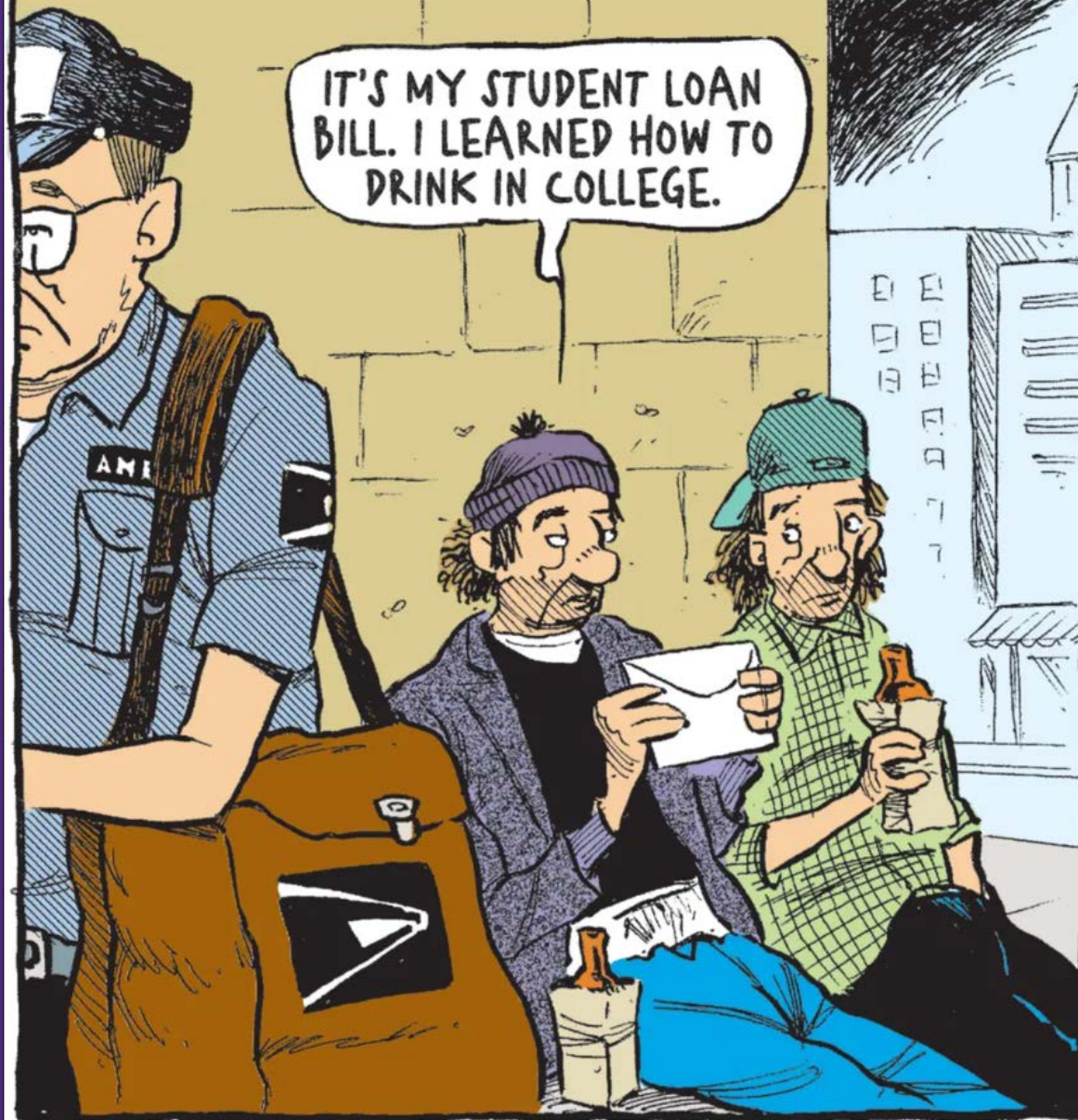


# Heavy Episodic Drinking Among Post-Secondary Students

Some participants report drinking alcohol as a **coping mechanism** to reduce stress or anxiety, and often do not appear aware of alternative coping methods

Many students also discussed what they characterized as **negative experiences**, including doing things they regretted, sleeping with people they would not have otherwise, having to take care of drunk friends, being injured, not remembering what they did, becoming separated from their friends, feeling sick, vomiting, or being hungover





# Alcohol Use Disorder Screening

- The CAGE questionnaire is used to screen for alcohol use disorder in adults
- It is **not** used to diagnose the disease but only to show whether a problem might exist
- The CAGE questionnaire consists of four questions that relate to your use of alcohol
- If you answer "yes," "sometimes," or "often" to **2 or more** of the questions, you might have a problem with alcohol
- Have you ever felt that you ought to **C**ut down on your drinking?
- Do you get **A**nnoyed by criticism of your drinking?
- Do you ever feel **G**uilty about your drinking?
- Do you ever take an **E**arly-morning drink (**E**ye-opener) to get the day started or to get rid of a hangover (*"a little hair of the dog that bit you"*)?

# CAGE Screening Interview Example



**clinicaltools**  
inc



# A note on responsibility

Some laws in Ontario indicate that you **ARE** responsible for your behaviour when you are intoxicated

**Highway Traffic Act** *"the concentration of alcohol in his or her blood is 50 milligrams or more of alcohol in 100 millilitres of blood, a police officer may request that the person surrender his or her driver's licence."*



# A note on responsibility



Some laws in Ontario indicate that you are **NOT** responsible for your behaviour when you are intoxicated

**Pawnbroker's Act Section 8(a)**  
*"A pawnbroker shall not purchase any article or receive or take any article in pawn from any person who appears to the pawnbroker to be under the age of eighteen years or to be under the influence of alcohol or drugs".*



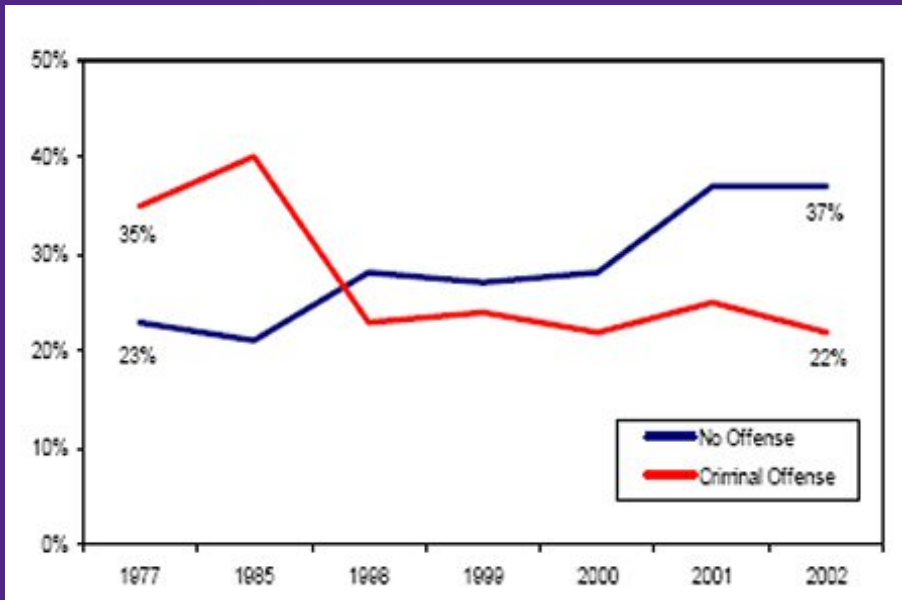
# Decriminalization

- Eliminating criminal penalties for the simple possession and personal use of currently illegal substances
- Involves addressing substance use as a public health concern rather than a criminal justice matter, with the aim of reducing harm.



# Decriminalization

- does **not** equate to legalization
- simple possession and personal use could still be subject to non-criminal interventions, such as warnings, civil fines, drug treatment, or drug education
- the non-medical and non-scientific production and sale of illicit substances would remain illegal and subject to prosecution under the law



# Decriminalization

Portugal, 2001



- a significant decrease in overdose deaths and problematic substance use
- the rate of new HIV/AIDS cases have plummeted
- the societal cost associated with illegal substances decreased by 12% by 2012

# Decriminalization

- it is crucial to involve all relevant stakeholders, including individuals with lived experience with substance use, in determining the threshold for “*personal use*” quantities as their input can provide valuable insights into realistic and effective measures for reducing harm
- it is essential to prioritize the expansion of public health harm reduction options and improve access to treatment for those with problematic substance use and/or substance use disorders







# What is Alcoholics Anonymous?

- Since 1935, mutual aid fellowship dedicated to abstinence-based recovery from alcoholism
- Over 2 million members in 181 countries
- During meetings, members share personal narratives of their alcohol addiction and recovery experiences and help one another practice the principles encompassed in a 12-step program that is intended to help participants initiate and sustain alcohol use disorder remission

# Twelve Steps

1. We admitted we were powerless over alcohol — that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.

# Twelve Steps

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed, and became willing to make amends to them all.

# Twelve Steps

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

# Serenity Prayer

God, grant me the serenity to accept the  
things I cannot change,

the courage to change the things I can,

and the wisdom to know the difference



# 12 Traditions

1. Our common welfare should come first; personal recovery depends upon A.A. unity.
2. For our group purpose there is but one ultimate authority — a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for A.A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.

# 12 Traditions

5. Each group has but one primary purpose — to carry its message to the alcoholic who still suffers.
6. An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Every A.A. group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.



# 12 Traditions

9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.
12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

# 12 Step Facilitation (TSF) Programs

- Al-Anon/Alateen
- Narcotics Anonymous
- Overeaters Anonymous
- Gamblers Anonymous
- Secular AA

# AA Evidence

## 2020 Cochrane Review

There is high quality evidence that manualized AA/TSF interventions are more effective than other established treatments, such as CBT, for increasing abstinence.

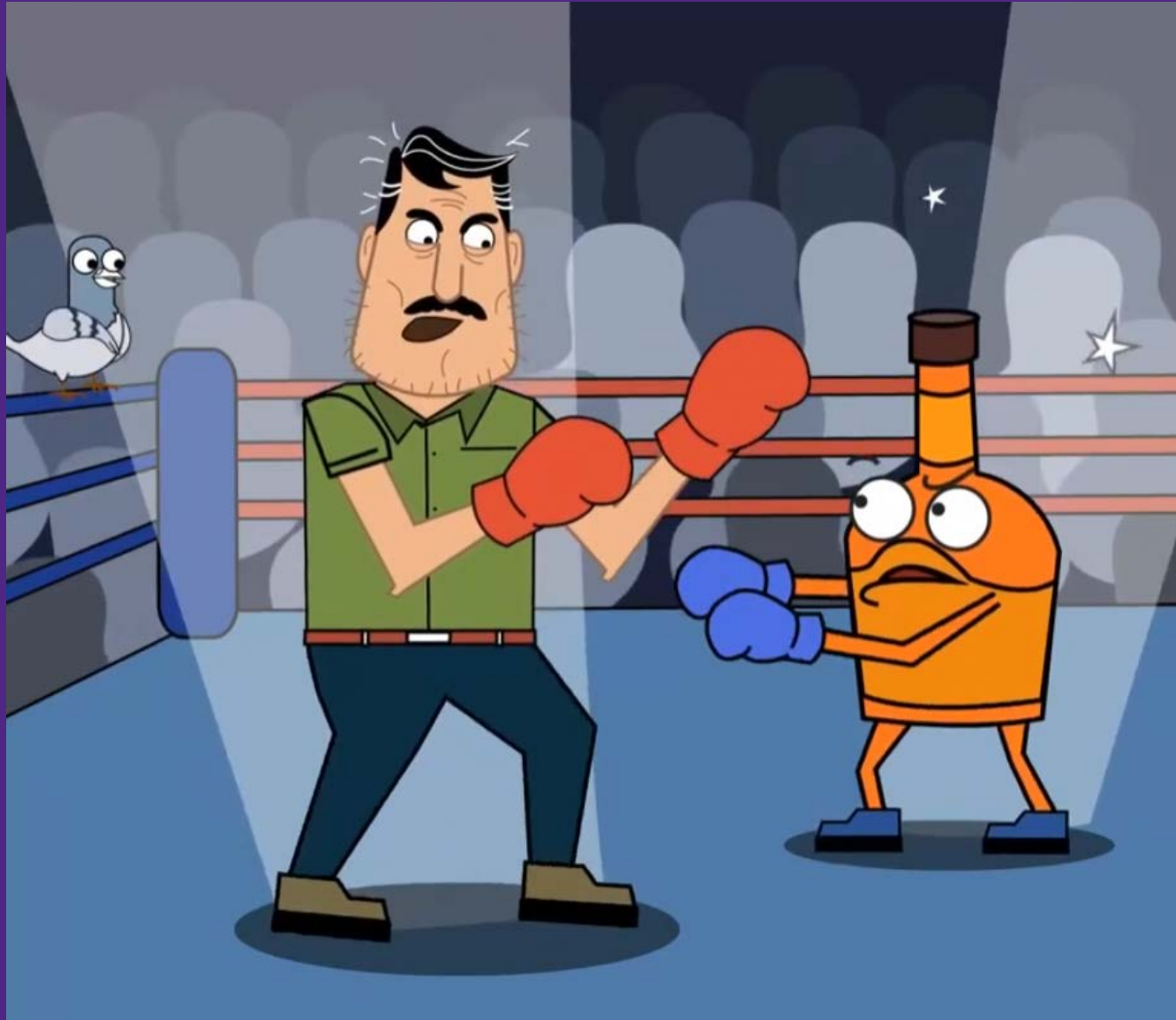
Non-manualized AA/TSF may perform as well as these other established treatments.

AA/TSF interventions, both manualized and non-manualized, may be at least as effective as other treatments for other alcohol-related outcomes.

AA/TSF probably produces substantial healthcare cost savings among people with alcohol use disorder.

Substance abuse costs the U.S. more than \$600 billion each year. That's more than the market value of Facebook.





# Drug Treatment Court

This substance use intervention model combines drug addiction treatment with the judicial supervision of a “problem-solving” court

It offers an alternative to incarceration for adults who face criminal charges because of non-violent criminal activities related to their use of opioids, crack/cocaine, and methamphetamines





# Drug Treatment Court



Clients participate in a structured outpatient program with extensive case management services, random urine screens, and frequent court appearances.

Upon successful completion of the program, which lasts a minimum of one year, clients receive a non-custodial sentence, rather than incarceration

# Drug Treatment Court

## Types of Treatment and Services Offered

- extensive case management services
- thorough assessments
- evidence-based treatment
- addressing social determinants of health and social reintegration

# Drug Treatment Court

## Objectives

- to promote and strengthen the use of **alternatives** to incarceration with a particular focus on vulnerable populations;
- to support offenders in **addressing their cycle** of addiction and criminal behaviour as a means of reducing criminal recidivism; and
- to **collect information and data** on the effectiveness of DTCs to promote best practices and the continuing refinement of approaches.

# Drug Treatment Court

## Assumptions

- **substance abuse treatment** is an effective method to reduce the problems associated with substance abuse and related criminal behaviour
- intensive, frequent **judicial supervision** is an effective method to enhance compliance, including participating in treatment
- unifying treatment and court processes in a **single coherent service delivery model** is more effective than having the two systems operating independently

# Drug Treatment Court

## Program Participation

- Prior to program commencement, the participant must plead guilty to the charges laid before them.
- Once admitted to the program, participants make regular court appearances, submit to random and frequent drug testing, and attend scheduled treatment sessions.

# Drug Treatment Court

## Program Completion:

- A participant is generally required to stay in the DTC program for 12 to 18 months
- To successfully complete the program, participants must meet several criteria established by the DTC, which typically refer to compliance with program conditions, no further criminal convictions, indicators of social stability, and a period of abstinence from substance use
- Participants who successfully complete the DTC program may receive a non-custodial sentence



# Drug Treatment Court

The consequences if an individual **fails** to comply or participate in all aspects of the DTC program range from:

- an official reprimand
- revocation of bail
- termination in the program
- handing down of custodial and/or community supervision sentences

# Data from Calgary



**7 out of 10**  
graduates have  
no new charges  
or convictions



**76%** reduction in  
recidivism



**67%** fewer  
contacts with the  
police



**THERAPEUTIC  
COURTS**

**TREATMENT  
COURTS**





# Gambling Disorder

gambling behaviours activate reward systems similar to those activated by drugs of abuse and produce some behavioural symptoms that appear comparable to those produced by the substance use disorders

although some behavioural conditions that do not involve ingestion of substances have similarities to substance-related disorders, only one disorder — **gambling disorder** — has sufficient data to be included



# Gambling Disorder

- A. Persistent and recurrent problematic gambling behaviour leading to clinically significant impairment or distress, as indicated by the individual exhibiting **four** (or more) of the following in a 12-month period:
1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
  2. Is restless or irritable when attempting to cut down or stop gambling.
  3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
  4. Is often preoccupied with gambling (*e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble*).



# Gambling Disorder

- A. Persistent and recurrent problematic gambling behaviour leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:
- 5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
  - 6. After losing money gambling, often returns another day to get even (“chasing” one’s losses).
  - 7. Lies to conceal the extent of involvement with gambling.
  - 8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
  - 9. Relies on others to provide money to relieve desperate financial situations caused by gambling.
- B. The gambling behaviour is not better explained by a manic episode.

# Gambling Disorder

groups of repetitive behaviours, which some term behavioural addictions, with such subcategories as “sex addiction,” “exercise addiction,” or “shopping addiction,” are **not** included in the DSM-5-TR because at this time there is **insufficient peer-reviewed evidence** to establish the diagnostic criteria and course descriptions needed to identify these behaviours as mental disorders



# Gambling Disorder



- Types of gambling activities vary across cultural contexts
- Many individuals with gambling disorder believe that money is both the cause of and the solution to their problems
- Generally, gambling disorder develops over the course of years, often quite slowly

# Gambling Disorder

- Gambling can increase during periods of stress or depression and during periods of substance use or abstinence
- Early expression of gambling disorder is more common among young men (ages 18–21 years)
- Up to half of those with gambling disorder reported increased suicidal thoughts, attempts, and mortality

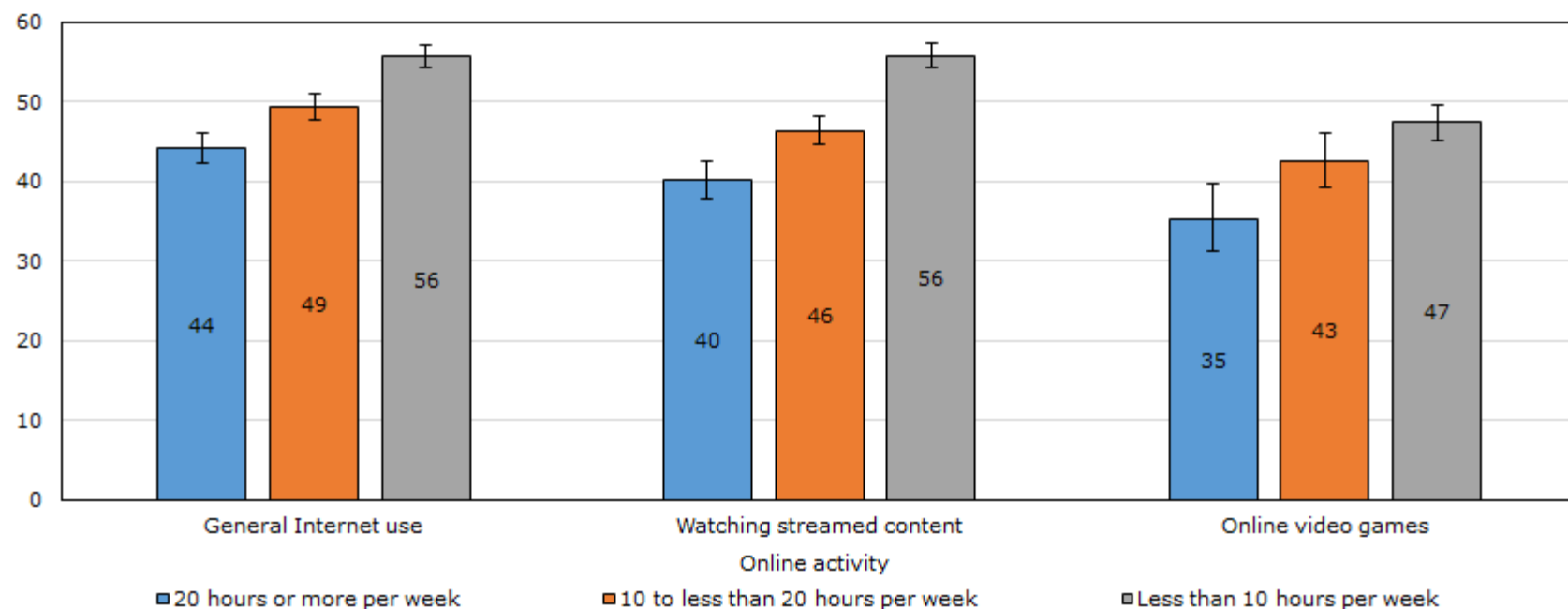




**Chart 1**

**Canadians with very good or excellent mental health, by online activity and duration of use, 2022**

percent



**Source:** Statistics Canada, Canadian Internet Use Survey, 2022.



HEALTH

# Gaming addictions 'ruined' lives as players lost jobs, ignored school to spend up to 16 hours a day with video games

By Rikki Schlott

Published Aug. 13, 2023 | Updated Aug. 14, 2023, 8:34 a.m. ET

44 Comments



# Conditions for Further Study

## Internet Gaming Disorder

### Proposed Criteria

Persistent and recurrent use of the Internet to engage in games, often with other players, leading to clinically significant impairment or distress as indicated by five (or more) of the following in a 12-month period:

1. Preoccupation with Internet games. *(The individual thinks about previous gaming activity or anticipates playing the next game; Internet gaming becomes the dominant activity in daily life.)*

*Note: This disorder is distinct from Internet gambling, which is included under gambling disorder.*

2. Withdrawal symptoms when Internet gaming is taken away. *(These symptoms are typically described as irritability, anxiety, or sadness, but there are no physical signs of pharmacological withdrawal.)*

# Conditions for Further Study

## Internet Gaming Disorder

### Proposed Criteria

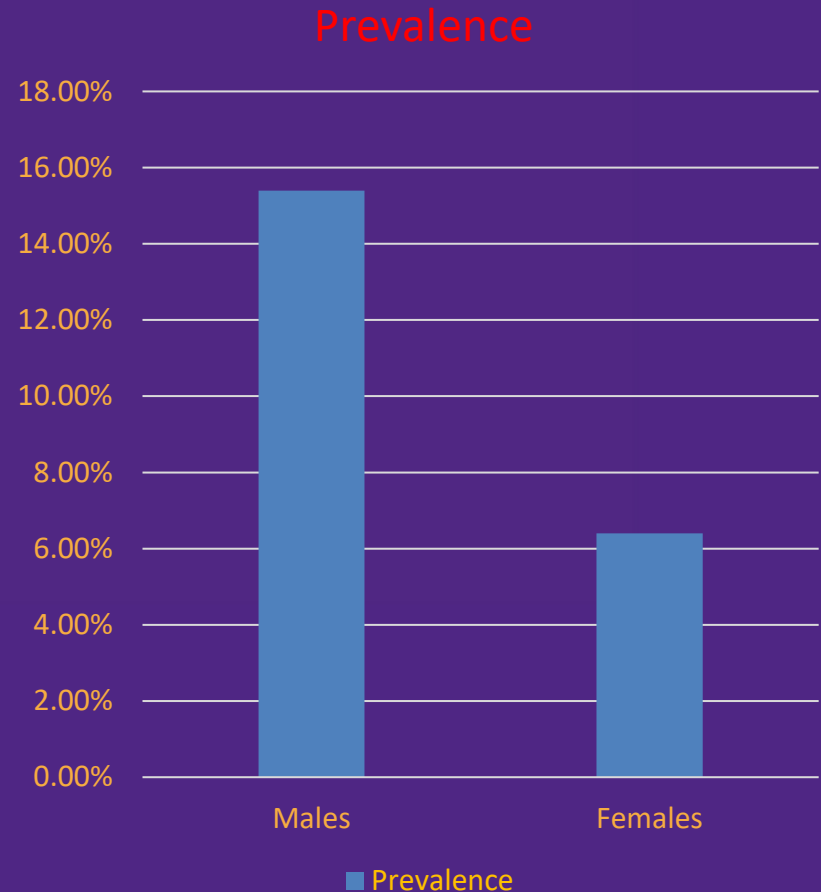
3. Tolerance—the need to spend increasing amounts of time engaged in Internet games.
4. Unsuccessful attempts to control the participation in Internet games.
5. Loss of interests in previous hobbies and entertainment as a result of, and with the exception of, Internet games.
6. Continued excessive use of Internet games despite knowledge of psychosocial problems.

# Internet Gaming Disorder

More than 86% of young adults recently played online games (more than 65% all adults)

0.3% to 1% of the general population may qualify for a diagnosis

Higher prevalence among adolescents and young adults in males (15.4%) compared to females (6.4%)



# Internet Gaming Disorder

Internet gaming has been reportedly defined as an “addiction” by the Chinese government, and a treatment system has been set up

Reports of treatment of this condition have appeared in medical journals, mostly from Asian countries and some in the United States



# Internet Gaming Disorder



Research describes many underlying similarities to substance addictions, including aspects of tolerance, withdrawal, repeated unsuccessful attempts to cut back or quit, and impairment in normal functioning

Significant public health importance, and additional research may eventually lead to evidence that Internet gaming disorder (*also commonly referred to as Internet use disorder, Internet addiction, or gaming addiction*) has merit as an independent disorder



# Internet Gaming Disorder

Much of this literature stems from evidence from Asian countries and centers on young males

When these individuals are engrossed in Internet games, certain pathways in their brains are triggered in the same direct and intense way that a drug addict's brain is affected by a particular substance





# Internet Gaming Disorder

Internet gaming prompts a neurological response that influences feelings of pleasure and reward, and the result, in the extreme, is manifested as addictive behaviour

There is a high comorbidity with attention-deficit/hyperactivity disorder



# Gaming Disorder

WHO has included it in the new ICD-11

- a pattern of gaming behaviour (*“digital-gaming”* or *“video-gaming”*) characterized by impaired control over gaming, increasing priority given to gaming over other activities to the extent that gaming takes precedence over other interests and daily activities, and continuation or escalation of gaming despite the occurrence of negative consequences
- to be diagnosed, the behaviour pattern must be of sufficient severity to result in significant impairment in personal, family, social, educational, occupational, or other important areas of functioning and would normally have been evident for at least 12 months

# What is gaming disorder?



# Compulsive Sexual Behaviour Disorder

WHO has included it in new ICD-11 (**not** an addictive behaviour) as an **impulse control disorder**

Compulsive sexual behaviour disorder is characterized by a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behaviour.

Symptoms may include repetitive sexual activities becoming a central focus of the person's life to the point of neglecting health and personal care or other interests, activities and responsibilities; numerous unsuccessful efforts to significantly reduce repetitive sexual behaviour; and continued repetitive sexual behaviour despite adverse consequences or deriving little or no satisfaction from it.

# Compulsive Sexual Behaviour Disorder

The pattern of failure to control intense, sexual impulses or urges and resulting repetitive sexual behaviour is manifested over an extended period of time (*e.g., six months or more*), and causes marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning

Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviours is **not** sufficient to meet this requirement