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Addictions

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"You know me. I know what I'm doing. I can win it all back. My luck is changing. I am going to strike the big one. Imagine what we can do. One more try, this will be my last. I promise I will give it back to you."

What we see here is a person with a gambling problem. We may call him a gambler, problem gambler, pathological gambler, gambling addict He thinks he has insight and knows what he is doing. He is preoccupied by the possibility that he would win. His thinking is clouded by all kinds of cognitive distortions – luck, illusion of control, a big win can repay all the debts, undo all the damage. Many times he would make false promises to people around him, that "this will be my last bet". Lying and deception are common, breaching the trust of family members repeatedly. When financial reserves dry up, criminal activities usually ensue out of desperation.

What Exactly is Addiction?

It is said that for every problem gambler or drug addict, there are at least another 15 people who are affected by their behaviour, be they their immediate family members, relatives, friends, classmates, employers or colleagues. Men and women are both susceptible to becoming addicted, but they differ greatly in their reasons for picking up an "addictive habit", the physiological and psychological effects of addiction and their seeking and receiving treatment.

Addiction is a dependence on a substance or behaviour. When you are addicted, you are not able to control your substance use or engage in certain behaviours despite the harm it causes. Addiction can cause an intense craving for the substance (eg alcohol, drugs) or the behaviour (eg gambling, gaming, sex). It can be difficult to quit without professional help.



Depending on one's training, background and research orientation, addictive behaviours can be conceptualized and understood with different models within the medical paradigm: an impulse control disorder, an obsessive-compulsive spectrum model, an affective disorder model, or an attention-deficit/hyperactivity disorder ("ADHD") model. Some view addiction as a disease, whereas others may view addicts as morally weak, lacking in will-power, or just irresponsible.

Certain addictions are by law, illegal. For example, consumption of controlled substances as set out in the Misuse of Drugs Act in Singapore carries heavy penalties. Possession or trafficking of certain controlled substances above a certain quantity may even attract the death penalty. Every year, many addiction-related offences are reported. Gambling, a behavioural addiction, frequently drives people to resort to various illegal activities such as theft, cheating, forgery, embezzlement and assisting in money-lenders' activities. Legal substances such as alcohol and nicotine can also develop into addictions. The same goes for the use of mobile devices and the internet. There is indeed an enormous cost of addiction to the family, society and the nation as a whole.

Types of Addictions

There are two main types of addictions – substances and behavioural/process.

Substances refer to anything that an individual can ingest into the body. Common addictions include alcohol, all kinds of legal (eg sleeping pills, anxiolytics, cough mixture) as well as illegal drugs (heroin, marijuana, methamphetamine, ketamine, ecstasy, the list goes on). Have you ever heard of "buy 10 get one free" bottles of cough mixture in the black market? Addictions can also extend to intoxicating substances like inhalants, paint (chroming), muscle relaxant sprays, that cup of coffee (caffeine) that you must have every morning, and the cigarettes that never leave your hand, giving you the nicotine rush for a perceived clearer mind. How about *roti prata*? Have you met someone who is "addicted" to *roti prata*?

Examples of behavioural addictions include gambling, gaming, internet use, use of mobile devices, compulsive sexual behaviour, exercise, and even work (ie the workaholic). Some people would also put compulsive stealing (kleptomania) and excessive shopping (oniomania/shopaholics) under the umbrella of addiction. If you cannot part with your mobile devices, and feel extremely restless without them, it could be a sign of some form of mobile device addiction.

How do Addictions Develop?

Interestingly, nobody sets out to become an addict. It could be the glass of champagne or wine you enjoy sipping every evening; the \$20 you bet on Toto or 4D weekly, or a game of Candy Crush you play on your mobile device when you are idle – all of which slowly and gradually becomes a part of you.

Most addicts start with experimental use of a substance in social situations. In the case of problem gambling, it often starts with social gambling. The substance use or problem behaviour then becomes more frequent over time. The risk of addiction and how fast one becomes dependent varies by a number of factors: the substance/behaviour itself, an individual's biological and psychological makeup, family history, exposure and accessibility. For example, it was found that female gamblers developed gambling problems with greater debts piled up within a shorter period of time, compared to their male counterparts.

Chronic and heavy drug use alters normal brain structure and function. Contemporary research looking into the neurobiology (neurophysiology and neuroanatomy) of addiction has suggested that abuse of substances may induce neuronal changes in brain reward circuitry. These neuronal changes in turn are implicated in the manifestation of tolerance, dependence, withdrawal and sensitization as the addictive behaviour develops and is maintained. Similar changes in neural circuitry are also noted in behavioural addictions.

Core characteristics of addiction include: tolerance, withdrawal and impairment. Tolerance refers to a need for bigger amount/quantity to achieve the same effect (eg drinking more alcohol, taking more sleeping pills, gambling with a bigger bet or for a longer time).

Withdrawal refers to the constellation of symptoms (physical and psychological/



emotional) that occurs upon the abrupt discontinuation or decrease in intake of substances or engagement in behaviour. Physical withdrawal includes sweating, racing heart, difficulty breathing, tremor, nausea, diarrhoea etc; whereas emotional withdrawal includes restlessness, irritability, anxiety, depression, poor concentration, etc. More dangerous withdrawal symptoms (eg chronic use of alcohol and tranquilizers) may include hallucinations, delirium tremens ("DTs"), seizures, strokes and heart attacks which could be fatal. There have been offences committed whilst under the influence of alcohol or drugs, leading to irreparable tragedies.

Addiction can cause serious, long-term consequences or impairment, creating problems in different realms of our daily functioning. For instance, problems with physical and mental health, employment/studies, interpersonal relationships, leisure and social lives, and the law.

Recognising the Signs and Symptoms of Addiction

Your suspicion that there is an addiction going on could be triggered and confirmed by a number of signs observed in terms of behaviour, time and money.



Substance addictions are more easily observable/detectable than behavioural addictions. You may be able to (literally) "smell" an alcoholic, but not a problem gambler. For chronic and heavy drinkers, their slurred speech, unsteady gait, bloodshot or glassy eyes may give away their addictive habit. There may be deterioration in the addict's appearance and personal hygiene. They usually isolate themselves in order to engage in their addictive behaviour. They also stop pursuing activities or hobbies (eg sports) that they previously enjoyed. Their lives revolve around the addictive behaviour as they are constantly preoccupied with how to support their behaviour (eg finding a supply of the substances, or finding the

money to maintain such supplies) without others' noticing. Lying and deception are common.

Time and money become unaccounted for amongst addicts when they indulge in their addiction. It may take hours for them to get a loaf of bread from 7-eleven. Bills go unpaid and there never seems to be enough money. Digging into a child's piggy bank or stealing money from a family member's wallet are common. Out of desperation, they may resort to criminal activities to sustain their addiction, as well as to avoid or relieve withdrawal symptoms.

Restlessness, irritability and mood swings are usually noticed by those around them. The addicts may become very restless trying to hide the extent of their erratic behaviour. Depression and anxiety are common co-morbidities, which can be primary or secondary to the addictive behaviour. Very often, it becomes a vicious cycle. In the case of a gambler, more gambling might lead to more gambling losses and more depressed mood, and the gambler in turn gambles more, hoping to recoup the losses and to alleviate the depressed mood. In fact, the addicted brain can no longer think or plan rationally. Impulse control is impaired. Among some addicts, memory lapses (eg alcoholic blackouts) are common.

While substance use can be detected by urine or blood tests, as well as needle track marks (for those who inject substances), behavioural addictions such as gambling cannot be detected similarly. Mental health professionals use checklists to screen for addiction, which if found positive, would be assessed in detail through clinical interviews and also further laboratory testing. Diagnostic systems like the DSM-5¹ or ICD-10² are used to diagnose addictive disorders. However, diagnostic criteria of newer addictions like internet gaming, internet use, mobile devices use are being developed, pending research that focuses on the assessment and treatment effectiveness.

It should be noted that co-existing psychiatric conditions (co-morbidities or dual diagnosis) like depression or anxiety are common amongst addicts, and should be assessed and treated equally.

Treatment Options

Although nobody sets out to become an addict, ironically, addiction does serve a purpose, be it "to get high, to feel numb, or to escape from one's problems". Among the clinical and forensic populations, we have seen addicts using addiction to self-medicate their negative moods, to feel more confident or to feel normal (notably those with undiagnosed ADHD self-medicating with stimulants like

marijuana). In professions (eg doctors, lawyers) where high levels of work stress is a norm, one may be more tempted to resort to drug use to increase productivity or relieve stress. Addiction thus becomes a maladaptive coping strategy, likened by some as a “crutch” to life’s problems.

Given the cognitive impairment caused by addiction, addicts may not have insight that they have an addiction problem and need help. Like the many different models of addiction, there are also different approaches to treating addiction. It should be noted that some addicts do recover naturally with the passage of time.

Medication is used in the treatment and prevention of some addictions. For example, Antabuse works by preventing the liver from breaking down acetaldehyde, a substance produced by the body naturally whenever alcohol is consumed. A very unpleasant physical reaction is produced when acetaldehyde builds up in the bloodstream. Mixing alcohol with Antabuse could be lethal. Similarly, Naltrexone stops the euphoria (high feeling) one may feel during or after using drugs, as well as when engaging in behavioural addiction like gambling. Inpatient detoxification treatment can safely monitor the withdrawal symptoms of addicts.

Psychotherapy or counselling is another weapon used to battle addiction. Cognitive behavioural therapy (“CBT”) is a treatment modality that is solution-focused. It can be conducted in an individual or group format. The therapist and the client work together to set goals, identify and solve problems. For instance, the following will be explored:

1. triggers to engage in the addictive behaviour;
2. thoughts;
3. level of urge experienced;
4. level of euphoria/distress experienced; and
5. the amount of money and time spent on the addictive behaviour.

Negative or inaccurate thinking will be identified and reshaped. Alternative coping skills will be discussed. Homework such as keeping a diary will be given and to be discussed in subsequent sessions. CBT has been noted to be effective in treating addiction and also preventing relapses. Marital therapy and family counselling are beneficial where co-dependence may be an issue.

Support groups such as Alcoholics Anonymous, Gamblers Anonymous, Narcotics Anonymous which utilize the 12-step programme, are noted to be effective in helping addicts maintain their recovery and behavioural change.

For problem gamblers, there are additional safeguards such as “casino exclusions” (voluntary, family and third party) that can help gamblers refrain from entering casinos in Singapore; and “visit limits” (self, family and third party) that limit the number of visits per calendar month an individual can make to casinos in Singapore.

A combination of medication, psychotherapy and group self-help is recommended for the treatment and rehabilitation of addicts. In recent years, addiction recovery/rehabilitation resorts with a multi-disciplinary treatment team have become a popular option for addicts who can afford to undergo drug treatment and rehabilitation in a residential inpatient facility. Nonetheless, addiction is well-known for its recurring nature. Even with a better understanding of the neuropathways of addiction, slips, lapses, and relapses are to be expected until the addictive behaviour is unlearned.

Addiction has been an age-old problem. Drugs and crime often go hand in hand and there is an undeniable nexus between them. In a country like Singapore with strict drug laws, addicts, particularly drugs addicts, pay a heavy price for their addiction which often costs them their freedom, if not their life (the death penalty). The need to traffic drugs to support their own use also causes great harm to society.

For behavioural addicts like problem gamblers, there has also been an increase in their involvement with moneylenders’ activities due to their gambling problem. It is important that addicts seek timely and repeated treatment in order to prevent the addiction from becoming a public health and social issue. As the saying goes, “prevention is better than cure”; public education about addiction would save the cost of treatment and lifelong recovery.

Notes

- 1 DSM-5 – Diagnostic and Statistical Manual of Mental Disorders (5th Edition), 2013, American Psychiatric Association
- 2 ICD-10 – International Classification of Diseases (Chapter V – Mental and Behavioural Disorders) (10th Edition), 1994, World Health Organization