THE LIFE SPAN STAGES OF CHANGE MODEL

NORMALISING DRUG USE IN SOCIETY

by Tony White

INTRODUCTION

One of the most influential models of drug use has been presented by Prochaska and DiClemente(1984). In the area of addiction studies this model is very widely accepted and used as a way of understanding drug use and how people stop using drugs. However as with all things in life the only thing that is constant is change and as you can see that model was presented almost 20 years ago.

The way drugs are perceived by some societies has changed significantly since 1984 and this has brought up some problems with the model in the sense that it has become outdated. It is one of the goals of this article to provide one way of updating it.

Australia is one of the few countries in the world that is currently experimenting with some truly new and innovative ways of dealing with drugs in society. For example safe injecting rooms for injecting drug users and changing the laws regarding cannabis use at least in this state - Western Australia - with cannabis cautioning and making possession of small quantities a non-criminal offence. Recently in the state of New South Wales, Australia a bill has been introduced to parliament to extend the operation of safe injecting rooms until 2007. An independent report found that such amenities had saved lives, not lead to an increase in crime and not attracted 'undesirables' to the area.

As mentioned before Australia at the moment one of the world leaders in attempting to understand and deal with drugs in a new way. It is attempting (at least partly) to view drugs in society as less of a legal issue and more of a health issue. Hence safe injecting rooms and non-criminal drug possession laws can exist in Australian society as the focus is more on health and less on the law. As a result drug use is more normalised. That is drug users are seen less as abnormal and it is accepted that drug use is a normal part of a society. There is nothing new in this in that history shows us that almost every society that has existed throughout all time has had some form of drug use in it.

Consider this metaphor for explaining a normalised view of drug use. Each of us has had many colds, flu's, sickness and illness throughout our lives and we are all going to get many more before the day we die. This is normal. To try and seek a solution where one never gets sick again is destined to failure. The best solution is to accept that we will again in the future be struck ill by the flu. So we prepare for it. We get ourselves a healthy diet and life style and have the treatments ready for when the next flu arrives. When it does we apply the treatments and it eventually goes away. The goal is not to stop the flu but prepare ourselves so future flu's will

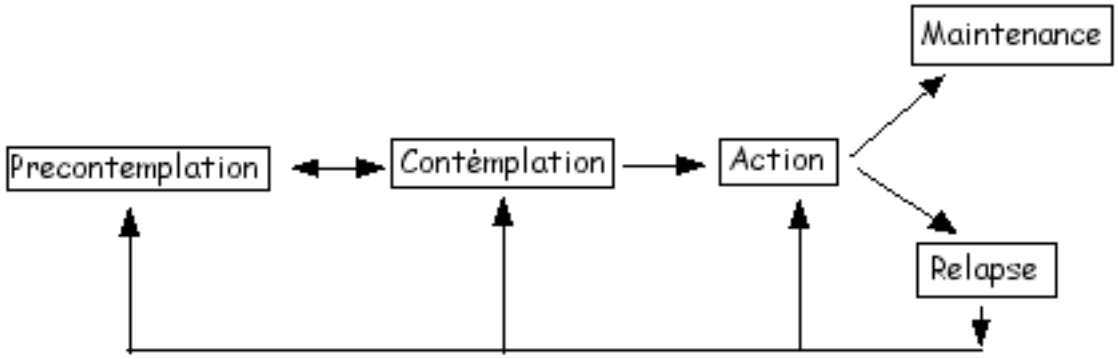
be less severe and shorter in duration. The gaol is not eradication but minimisation.

Drugs in society is like a bad case of the flu. It comes and goes in varying degrees. It is inevitable and the solution is not eradication but minimisation. As a society we get ourselves a fit life style (ie law enforcement to reduce the amount of drugs in society) and have the treatments ready to apply as necessary when the next 'flu' arrives (ie safe injecting rooms). This involves an acceptance that there will always be drugs in society and we seek to reduce the negative affects to a minimum.

The Prochaska and DiClemente (P&D) approach reflects the previous view that drug use is abnormal that was very much the overall view 20 years ago. Hence we have one of the main reasons for a change to the model presented in this article.

THE PROCHASKA AND DICLEMENTE MODEL

This model has five stages or parts.



Precontemplators (Happy users)

These people are not worried about their drug use and give no sign of wanting to change or stop taking drugs.

Contemplators (Unhappy users)

These people are still using drugs but are beginning to worry about their use and are thinking about stopping; they feel two ways about their drug taking - on the one hand it is fun and has benefits, but on the other hand it has unwanted disadvantages.

Actioner

Those people who have changed/given up their drug use, but are in the early stages (i.e. less than 6 months)

Maintainers

Those people who have changed/given up their drug use for a relatively long time (i.e. over 6 months)

Relapsers

Those people who have returned to problem use after a short or long period of change.

The individual starts in the precontemplation stage and can move backwards and forwards between that point and the contemplation point. The contemplator can then move onto action and change. If that lasts a long time then they move onto the maintenance stage. Alternatively they can relapse and that moves them back to any of the three previous points in the process.

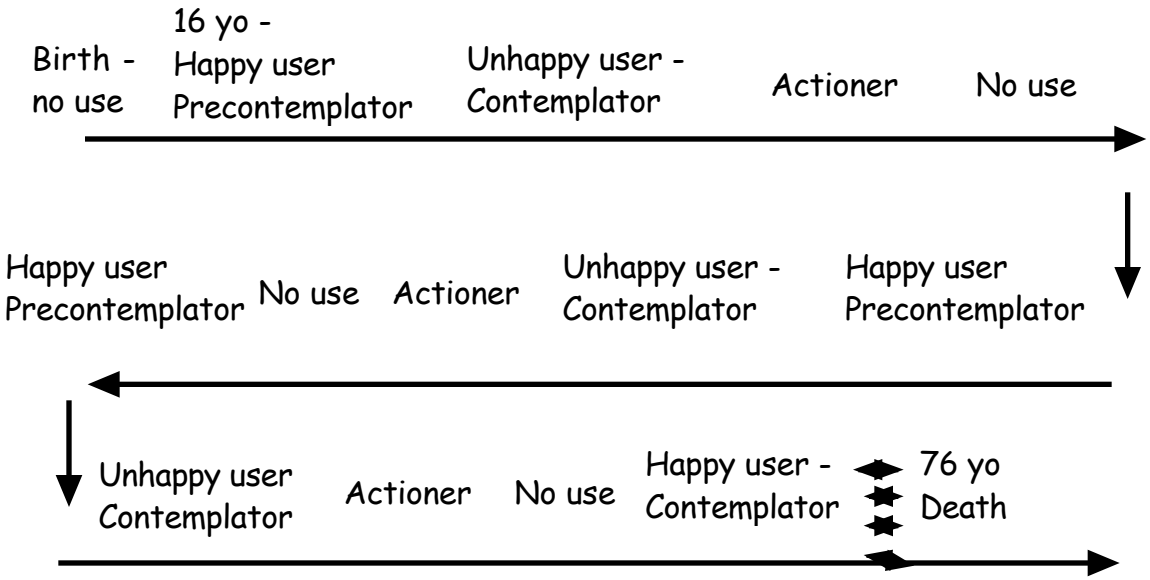
In my view a very simple and powerful model indeed that could be applied to many areas besides just drug use. Indeed one could look at the redecision process in the same light for someone giving up a compulsion or someone seeking to be more assertive.

THE LIFE SPAN STAGES OF CHANGE MODEL

Below is a flow chart which modifies the P&D model and gives it a life span normalised view of drug use.

Explanation

The child is born and in most instances has had no drug use. However as we know now many mood altering drugs can cross the placenta, so this may not be technically correct for some children. For the sake of the model we will assume that at birth our hypothetical individual has had no mood altering drug use.



For many they remain free of drug use (in this model I am only referring to mood altering drugs) until perhaps 16 years of age when they use their first drugs such as alcohol, tobacco, caffeine, cannabis, amphetamines and so forth. Thus they have moved from the first 'no use' stage to the first happy user stage. Some may never move beyond this for the next 60 years of their life (as in this instance our hypothetical individual lives to 76 years of age). That is their drug use never gets

to be a problem for them and so they never become an unhappy user.

Some could even stay in the very first 'no use' stage and never even get to the first happy user stage. This person would have never used any mood altering drugs ever. I imagine such people would be few and far between but they could exist.

The great majority of us become happy users of some drug and at some point in our lives and then will subsequently become an unhappy user at some later point. Who has never thought of giving up smoking cigarettes, who has thought of cutting down their coffee, who has felt they drank too much alcohol one night and had a terrible hang over and decided to cut down in future?. (I would suggest just about everyone who is reading this has had such contemplation's). There are also many who get concerned at their illicit cannabis use, amphetamine use, opiate use and so forth. Thus we move to the next stage of the unhappy user or they contemplate giving up or reducing their drug use. Some then move onto the next stage and put those contemplation's into action and give up their drug intake. Once occurred then the person has moved onto a period of no use. This period can then last for 1 hour, 1 day or many years.

In most instances (particularly for the dependent drug user) it is natural for us to then at some point in the future to move onto the stage of happy use again. This is what used to be called a relapse in the P&D model. The individual must be at least partly happy to use again or else they wouldn't. This "relapse" may be short or long. The individual may be a happy user for a long time or they may use once or twice and then move onto the unhappy user point again. Then the model flows on again to the action, no use and so forth. This same process continues with us throughout or lives. At times we will move quickly along the various stages and at other points we may spend long periods of time at a particular stage. The process only ends when we end (die).

Commonly drug use tends to occur at various developmental stages in our lives. For instance one may have dependent heroin use in their 20s and 30s. So in this period one could see the individual going through a number of stages on the flow chart (Happy user, to unhappy user, to actioner, to no use many times over in those two decades of use). What tends to happen at the end of that period (20s & 30s) is the periods of non use tend to get longer and longer as the drug does not have the appeal it once did and people just get plain 'tired' of using such drugs in a dependent way. Throughout their 40s and 50s the individual may revisit the drug from time to time but it usually gets shorter and shorter. So the no use periods get longer and longer and the happy user and unhappy users periods get shorter and shorter.

ADVANTAGES OF THE 2003 STAGES OF CHANGE MODEL

There are three main problems with the P&D model:

1. Drug use is portrayed as unhealthy or bad or at least needs to not happen. The

maintenance (no use) stage is the portrayed as the ideal.
2. Related to this, relapse is seen a retrograde step that takes you backwards as is shown in the model.
3. It only relates to one drug at a time.

Drug use as normal - As mentioned in the introduction the P&D model is a statement about abnormal behaviour (in this instance substance abuse). The life span stages of change model normalises the behaviour and states that it is normal to have drug use in our society, that we are never going to rid ourselves of drugs but we need to learn how to live with them. Hence the life span nature of the model.

This model describes a life span explanation of the P&D model. The P&D model is a finite theory that is circular in nature. If one relapses one goes back to the start. The P&D model sets out to describe drug use as an abnormal piece of behaviour. The life span stages of change model begins at birth and ends at death and is the same for everyone.

Relapse - From a treatment point of view the P&D model has significant treatment contraindications in the way that it portrays the idea of relapse. Using the P&D model very quickly the drug user can view any relapse as a bad, negative or unhealthy thing. So when they do relapse this then puts another dent in what is usually an already dented self image. "I have relapsed again which just goes to show you that I am (no good, weak, just a junkie, ...) just like I was told when I was young". So the lowering of the self image further increases the potential for further drug use which then in turn would further lowers the self image and so on in the cycle. The problem with relapse in the P&D model is it is presented as a retrograde step rather than a natural step in the process of a persons drug use over their life span.

How many of us have relapsed in a diet, or in a gymnasium and fitness programme. New years resolutions involve more relapses than you and I have had hot dinners. Relapsing is a normal part of human behaviour, its how god made us. It is a normal as eating and sleeping and we all do it in many ways in our lives.

Very few people who have have used drugs for a period of time give up (maintain) and never use again. Most use - stop - use - stop and so on. If it is damaging use then the subsequent uses tend to get shorter and lesser or there may be a change in the type of drug used. For instance some may stop using amphetamines and start using alcohol or marijuana. The goal is to get ones drug use at a functional level and in a functional form for their life style. That may involve no use or some use.

Relapses are an inevitable thing in the drug use process over life as shown in the life span model. From a treatment point of view this is much more advantageous as the drug user is more inclined to see any move onto another stage of happy use

(relapse) as just another step in the process of normal behaviour. Thus it is harder for them and others to define them as deviant, weak, bad, a liar once again and so forth. It takes the Critical Parent ego state much more out of the treatment of the drug user, which of course is much more beneficial to the treatment outcomes in the long run

The context - As the life span model is an explanation of normal behaviour it therefore applies to all mood altering drugs and indeed as well as any other form of behaviour that can become addictive. People get addicted to power, money, sex, exercise, food and so on. So one can apply the life span model to all the drugs that one uses. Once done one can see their interactions.

For instance take the case of E.L. He had began using amphetamines in his mid 20s and continued consistently through to about age 35. His use was often of a dependent type user. He had also used other drugs in that time most commonly alcohol and cannabis but these were never seen as a problem by him and the use was sporadic. He had an extended period of happy use with these two drugs. At age 35 he went into an extended period of no use with amphetamines. At that time he also increased his use of alcohol and cannabis and this resulted in him moving from a happy user to an unhappy user for alcohol and cannabis.

The extended period of happy use for alcohol and cannabis ended as a reaction to his newly occurring extended period of no use with amphetamines. Thus this model is designed to put all types of our drug use into a context where they can be viewed in relation to each other. Indeed it can also be extended to other forms of dependent behaviour such as with relationships, power, money, sex, exercise, food and so on.

CONCLUSION

The P&D model for giving up drugs has been most influential in the area of addiction studies and quite rightly so. I have personally found it to be very useful theoretically and clinically. It also reflected the thinking about drug use in society at that time - 20 years ago. Fortunately Australia has been a society that has moved forward in its attempts to come to terms with the notion of 'drugs in society'. Some may argue that it has not moved fast enough but it has moved. This means that the way we understand and perceive drugs in society has changed since 1984. This article seeks to alter the powerful P&D model in a way which realigns it to the current understanding of Australian society and its handling of drug use within its boundaries.

REFERENCES

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