

## THEORETICAL PERSPECTIVES ON TRIGGERING DEVIANT BEHAVIOR. CASE STUDY – DRUG USE

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### **Abstract**

*In the scientific field, a multitude of theories, the result of research and clinical experience, demonstrate the lack of a substantive agreement and of the essence of a comprehensive explanatory model on deviant behaviors.*

*In this article, our attention is directed towards the causes of drug use. This fact is of overwhelming importance in addressing this type of behavior, as the better we know why and how consumption occurs, the easier it will be for us to intervene through either prevention programs or treatment programs for drug consumers. But to understand the cause of a phenomenon, such as drug use, we need a theory. A theory is simply an explanation for a general category of phenomena, which is any set of events or conditions.*

**Keywords:** *deviant behavior, theory, drug use.*

### **I. Introduction**

There are two absolutely necessary conditions for initiating drug use: the individual predisposition or the reason for doing this and the availability of one or more psychoactive substances. Each of these two preconditions is necessary, but not sufficient, to explain the use of drugs. If there is no possibility of purchasing the drug, even if there is an individual predisposition, consumption will not take place. Similarly, the existence of the psychoactive substance and the lack of individual predisposition exclude the possibility of committing the act of consuming drugs. “If I had dust now, here, on the table, as a dash... I do not know if I shot... It’s not the atmosphere; it’s not the friends... I do not know how it would be” [1]. Hence, there is a need for the coexistence of the two conditions; one without the other would have no results.

For millennia, people have been wondering about the underlying causes of a wide variety of abnormal, unconventional or deviant behaviors. Since ancient times, the Greeks tried to seek explanations about the factors or forces that led some people on the wrong way. But, until several hundreds of years ago, for most of the philosophers, the dominant

theory of misconduct was a religious one, the forces of evil being those who urge people to commit abnormal acts.

Unfortunately, demonology has not disappeared completely from the mind of the general public. Thus, towards the end of a course of criminology that took place in a biblical college in the United States of America in the late 1970s, the teacher asked the students to think about which of the biological, psychological or social explanations discussed could fully explain the cause of criminal acts. The overwhelming majority of students did not choose any of the three explanatory frameworks; instead, the most valid theory was the religious one, according to which the 'devil' would have encouraged people to commit crimes [2]. Similarly, people with alcohol or drug abuse problems were regarded as sinners or criminals, and any help could only be received through church or judges [3].

In contrast, almost all intellectuals and experts in human behavior incline the balance to the materialist explanation, an ingrained explanation in the world of social, psychological or biological sciences. Sociologists, for example, link entourage, urban decay and poverty to the concept of society to explain why people do things the way they do it. However, once we agree that the biological, psychological and social aspects of the material world can give the best explanations about drug use and dependence rather than demons or other evil spirits, it still remains a grueling wide range of theories.

## **II. Theories on triggering drug use**

Dozens of explanations on drug use and addiction have been proposed. In the early 1980s, the US National Drug Abuse Institute (NIDA) published a volume of more than 40 theories on drug use, abuse and addiction. The number of theories proposed today by experts is even higher. As we have previously said, 'theory' is the systematic explanation for a general class of phenomena. Thus, for most people, a theory of drug use is an explanation of the behavior of individuals who consume drugs.

But not all the theories that have been proposed relate to the cause of drug use. Many of the theories focus on the use of forbidden substances, often referred to as abuse or alcoholism. Some theories refer only to addiction, others focus on the individual or society or the relationship between the individual and the society to which he belongs.

While some theories explain the reasons for initiating drug use, others focus on factors that support addiction.

Almost all of these theories can only be considered as partial explanations because they select one or more potential factors that trigger drug use or addiction. Most theorists admit that their theories cannot fully explain the emergence of drug use, and a single factor cannot be per se the motivation for the onset of the use of psychoactive substances.

Moreover, one factor cannot become a theory; most theories put several factors together to form a coherent explanation, an argument with several different pieces, articulated one to the other. The multitude of theories and factors that are taken into account in triggering an abusive use of substances does not mean that there is competition or contradiction between them, but rather they are complementary as they cover different aspects of the same phenomenon.

Becona proposed a comprehensive and sequential model of drug use phases, with each phase corresponding to a range of bio-psycho-social factors. According to the author, drug use consists of five phases: the predisposition phase, the knowledge phase, the phase of experimentation and initiation of consumption, the consolidation phase (abuse and dependence) and the phase of abandonment or maintenance and / or relapse [4].

1. In the preliminary or predisposition phase, the following factors are considered important:

- biological – the studies have shown that there is a certain genetic vulnerability for alcohol and for the rest of the drugs;
- psychological – the authors consider important: personality, intelligence and learning;
- socio-cultural – refer at expectations, behavior, historic evolution, specific cultural values etc.

2. The knowledge phase. In this phase, the important factors are both of social and psychological nature:

- the environment
- the learning process

- the socializing process
- expectations

3. The phase of experimentation and start the consumption. The decisive factors are those known as the risk and protection factors in drug use.

4. The consolidation phase: from use to abuse and to dependence. During this phase what fundamentally determines going on with the consumption of a substance are the positive or negative consequences produced by the use of that substance. These will be in a direct relationship with the entourage, family and self.

5. The abandonment or maintenance phase. Any behavior occurs in a time-consuming continuum where the individual can maintain this behavior or not, if the consequences are more negative than positive. Thus, among consumers of different types of drugs some will cease to consume them after one or more attempts, others after a longer or shorter period of time, and others will continue to consume continuously for many years or the whole life. The latter are those who are in the maintenance phase. The motivation for abandonment may have extrinsic causes (family's pressure, friends' pressure, society's pressure, etc.) or intrinsic causes (problems due to consume, physical problems, affective problems, family problems, etc.). The treatment here plays the role or the basis for obtaining abstinence and maintaining it in the long run.

6. The relapse phase. Drug dependence can be considered a learned, strengthened, and difficult to move behavior. That is why treatment can be considered as a process with many recurring relapses. Thus the individual abandons the consumption, relapses, abandons it again and relapses again until this process is maintained over time or there is a moment when abstinence occurs. This is about the classical phases of treatment.

As with the crime theories, there are three major types of explanations for drug use:

- (1) biological theories,
- (2) psychological theories
- (3) sociological theories.

Each focuses on a diverse range of factors considered crucial in identifying the explanation for which people use and abuse psychoactive substances. Even within the

major explanatory frameworks of substance use there are specific theories that analyze only one factor or a small cumulative inter-related factors.

Thus, all biological theories and almost all psychological theories, take into account the differences between and among people. They can be called 'individual and personal' theories: X is different from Y (or had experiences different from the person Y) and, therefore, the person X is more prone to use drugs than Y [5].

In contrast, most sociological theories tend to focus either on the differences between social groups (people belonging to the X group are different from those belonging to the Y group) or on the structural differences (the larger structures or the contexts in which people evolve are different).

Because most of these theories explain only a small part of the 'whole', most of them are complementary rather than contradictory. However, some theoretical explanations contradict others: if one is true, others cannot be true.

### **III. Social reinsertion of drug consumers**

Social reinsertion is a not so well outlined way of responding to the problem of drug use than treatment and therefore the monitoring and reporting activities in this area are more inconsistent. Some countries report qualitative assessments of their social reinsertion efforts; however, no state reports a good coverage in this respect. All the reporting countries (Estonia, Ireland, Malta, the Netherlands, Romania, Sweden and Norway) highlighted the deficiencies of their social reintegration services and / or programs. Greece is the exception to the rule, with a relatively rich range of social reinsertion programs and reliable data on the number of clients involved.

Significant evidence of social exclusion and social disadvantages has been identified as important factors that tend to outweigh the problem of drug use. Following several studies, it is possible to identify some common antecedents in terms of social exclusion related to drug use and crime. For most drug users, social exclusion and social disadvantages were important issues that contributed to the onset of drug use. Most drug users suffered from an important social 'break', which favored the onset. As a feature, a large number of consumers have been expelled from school, have not completed their studies or have no training. Based on different studies, it is very clear that among the drug

users, it is more likely that they had difficulties in childhood, were in care, went to school formally, did not complete their studies, did not have a job, and so the consumption of substances and the committing of antisocial facts was favored. The following factors can also be added to the above-mentioned ones: physical and psychological abuse, poverty, unemployment, psychological problems or family history of the drug. In the same vein, “school abandonment, unstable workplaces, lack of professional qualifications and a history of detention or criminal record as a result of criminal offenses are the indicators of social exclusion that characterize the lives of many drug users” [6].

The correlation between drug use and social exclusion does not indicate a single cause of relationship between the structural disadvantages and drug use, but clear connections exist, so while working with a group of drug users such a factor has to be taken into account and can be part of the evaluation and intervention strategies.

When talking about the treatment and social reinsertion of a drug user, we must be aware that most of their problems are due to limited life choices, limited personal resources (trust, social and life skills) and limited life experiences on which to rely or to consider.

In fact, the groups of substance users need social integration, not social reintegration, they need a house, not a re-adaptation in the house; all these things make us realize that a drug-free life for them becomes a very difficult option. According to Necşulescu, “the increase in the number of drug addicts who have committed criminal offenses to social rehabilitation and reintegration programs with a view to their reintegration into the labor market can be achieved through a new approach to criminal policy taking into account that drug addicts constitute a vulnerable group with increased chances of social exclusion due to both their disease and their criminal record as a result of the offense committed” [7]. Thus, according to Necşulecu, therapeutic justice is a “model that can contribute to the rehabilitation of the accused through his orientation towards mental and social normalization through treatment, ensuring better living conditions, securing the job, etc.” [8]

Excessive drug use in adolescence was a way to get rid of when apparently there was no solution, to access those which for us, the others, were available. In this sense, social exclusion led to the problematic drug use.

The problematic drug consumption leads to social exclusion itself, as consumers are presented as different from the majority of the society (which prefers legalizing recreational drugs such as alcohol and tobacco). Although mistakenly compared to illicit drugs, alcohol and tobacco are far more dangerous substances and some of the worst risks of illegal drugs are caused by their own illegality. Being the object of hostility on the part of the others, it has repercussions on the way they see themselves, their relationship with the family and the wider community. It has been suggested that the repercussions it suffers as a result of this exclusion may be a greater threat than consumption itself. Most government strategies are based on the substance users' punishment, control and exclusion rather than on their care, rehabilitation or social inclusion. The constant experience of social exclusion has led the consumers of substances to internalize their own problems and to consider themselves guilty of their condition. This loss of self-esteem becomes an unsettling factor, and the more misfit they feel, the more isolated and excluded from society they feel.

#### **IV. Conclusion**

"The model of steps in reintegration has been adapted after the Prochaska and Di Clemente (1992) Model of Change and promotes the importance of social reintegration and underlines the struggle of drug users to break the "wall" of exclusion. This struggle is in fact a struggle to secure a new identity, the difficulty of being accepted in the community of non-consumers, the challenge of developing new habits, and the setting of new goals. These are the characteristics of the reorientation phase. The final phase is the beginning of a social reintegration in the wider community. This involves finding a home, a job, restarting studying, and setting up a daily routine such as taking children from school, cooking, going to the cinema" [9].

Focusing on individuals' motivation and on the psychological strategies for change are important and helpful components, but the discrimination, isolation and poverty that most drug addicts face is to be understood and included in a social model of the substance users issue.

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