

The **Learning Curve** Institute

bespoke training in mental health, addiction  
and best practice in the workplace



# Addiction and the Bio- Psycho-Social Model

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# What I hope to do over the next 15 minutes

- Look at the Bio-Psycho-Social model of drug use
- Provide some examples and
- Suggest recommendations for treatments

# What is the Bio-Psycho-Social Model ?

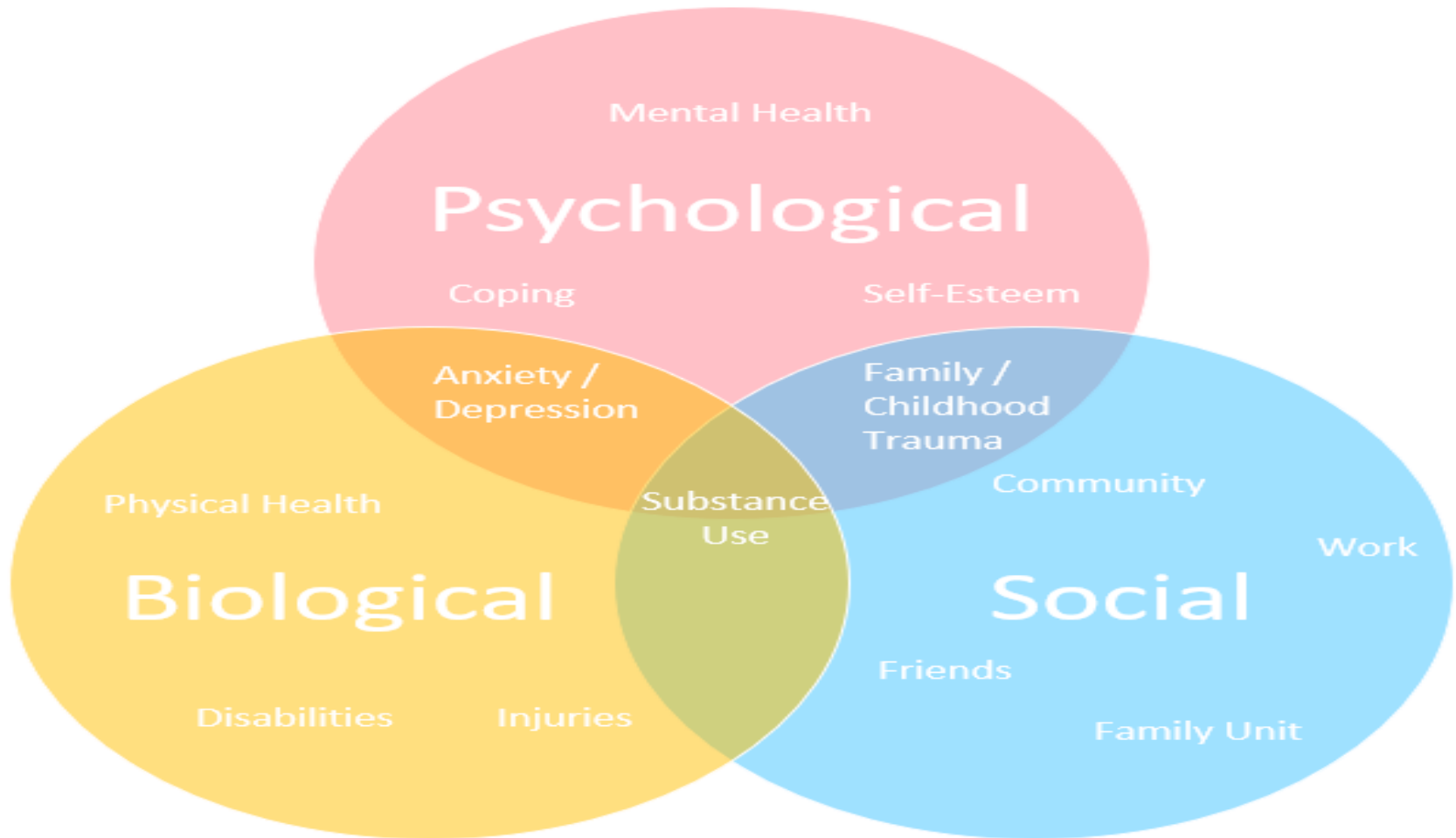
- The Bio-Psycho-Social model of addiction provides a holistic, multifaceted conceptualization of substance use.
- Rather than one cause, numerous biological, psychological, and social factors increase or decrease the risk of addiction among individuals.



Physiological factors; genetics; mental health concerns; trauma; social norms; learned attitudes and expectations; opportunities and socio-economic disadvantage all contribute to the risk of problematic drug use.

Impulsivity and Sensation Seeking

# It's the interaction of all 3 that's important



# Early Research into Addiction

Rats were put into cages on their own with two bottles to choose from:

One bottle with water

One bottle with water mixed with opiates

In this research rats killed themselves getting high on the opiates

# RATPARK

In the 1970's Canadian Psychologist, Bruce Alexander created an 8 m<sup>2</sup> space for a rat colony. They had toys to play with and were free to mate, fight, play and interact with each other.

These rats were also offered two bottles, one with water and one infused with opiates.











# The Results of Ratpark



- Rats hardly ever used the drugged water
- None of the rats used the drugged water compulsively
- None of them overdosed

# Vietnam

- 20% of the American armed forces were using heroin.
- 95% of these just stopped taking heroin once they returned to America.
- Their enhanced living conditions, connections with people who love them, opportunities and hope and the fact that they were not in a war zone meant there was no longer a functional role for ongoing heroin use

# Recommendations

As addiction is complex and multifaceted (Bio-Psycho-Social), we need treatments which recognise this and work with it.

Treatments must be both evidence based, rooted in empathy and compassion, and individualised (i.e., take into account the individuals own complex interplay of B/P/S vulnerabilities and protective factors)

There is no silver bullet, it's the interaction of all three which creates who we are and how we see the world, treating one factor in isolation is not enough.

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