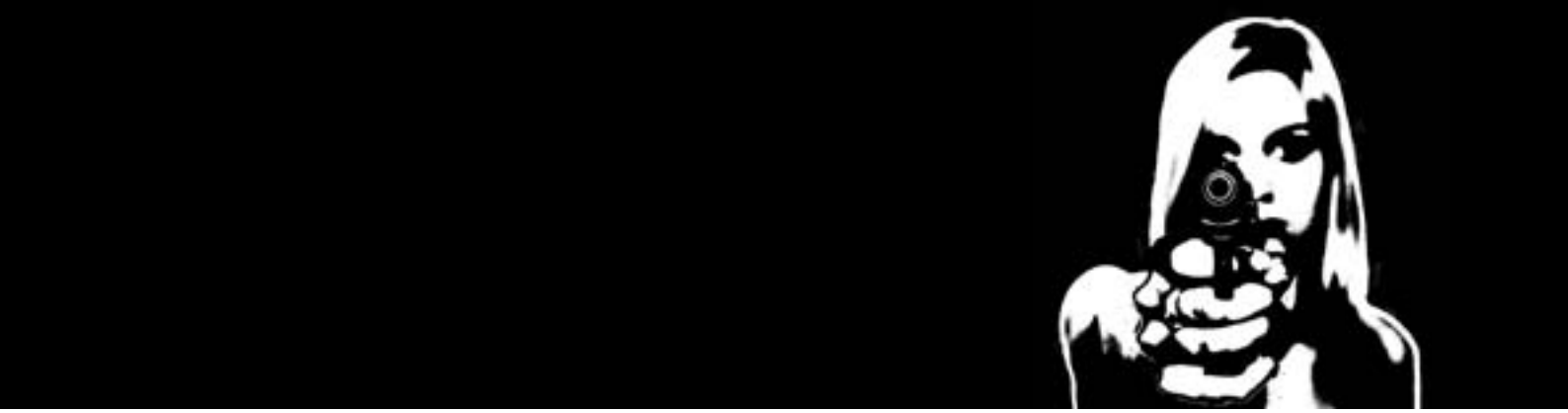

Pills, Thrills and a Bellyache

Would a gun to the head make an alcoholic put down the bottle? Maybe. Would surgically removing an addict's veins prevent them injecting drugs? I guess so. But do either of these things promote a healthy recovery? Absolutely not. Yet methods of cutting alcohol and drug consumption by force and biological manipulation, rather than by volition and personal agency, are on the rise.

Figures released by the Health and Social Care Information Centre show that the number of prescriptions dispensed to treat alcohol dependency in England have risen by 73 per cent in nine years. The drugs monitored in the study included Acamprosate, prescribed to reduce cravings, and Disulfiram, which causes adverse effects, such as vomiting if the patient touches alcohol. The latter can, in severe cases, cause heart failure, convulsions and even death.

The same report reveals that of the 823,500 hospital admissions last year, where the primary diagnosis was alcohol-related disease, the most common primary reasons for hospitalisation were mental and behavioural disorders.

Yet neither of these medications addresses the mental or behavioural aspects of addiction. Prescribing Disulfiram is like saying to the addict: "Don't drink, or else". Acamprosate may reduce short-term cravings, but it doesn't help the addict address the long-term problematic thought processes that lead to relapse.

Addiction is marked by desperation and delusion. It is perpetuated by faulty thinking, and an inability to tolerate distress and to make level headed, long-term decisions. If threats of harm, or painful consequences, stopped alcoholics from drinking, no addict would ever reach the point where they lose their job, home, family, sanity and even their life.

Worryingly, patients in hospital are now more likely to be prescribed Disulfiram than Acamprosate. When someone is at the mercy of a mental state so skewed that they've have already drunk themselves into a hospital bed, is this the time to force them into a do-or-die situation?

The trend towards pills for treating addiction continues into the realm of drug treatment. Money is poured into researching medications that stop psychoactive drugs from working, yet which do nothing to treat the addict's underlying thinking patterns, nor to promote healthy behaviour.

In the news, I read of scientists proudly presenting their latest findings. Vaccines to prevent cocaine thrills from reaching the brain. Drugs to stop the heroin addict achieving his high. Researchers report that addicted rats given these medications show less drug-seeking behaviour. But addicts aren't rats. They have complex relapse-inducing emotions and lives to deal with, not just a physical dependency.

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Sobriety alone is nothing without recovery – and recovery is not brought about by duress. It is brought about by addicts learning to deal with their emotions and the ability to be happy without substances.

There may be mutterings of 'safety nets' and 'stabilisation', but just look at the (sometimes lifelong) handcuffs of methadone prescribing, where addicts become addicted to something legal, rather than dealing with life. Look at the adverse side effects of medication. Some pills which block the brain's opioid receptors, block natural endorphin production too, leading to increased anxiety and depression.

While working on the imbalanced, addicted brain seems like a solution, addicts can condition their own brains against relapse more effectively by retraining their thoughts. Someone who has built mental resilience, who sees the silver linings, who learns to be accepting of life and grateful for sobriety, is far less likely to relapse. Not because of threats, or chemical policing, but because their thoughts serve them better than that.

These responses can be trained to become automatic, long-term responses through methods such as dialectical behaviour therapy and mindfulness. The only side effects are increased contentment and happiness – and the results don't wear off.

I am not completely anti-medication, but nearly £3 million was spent on Acamprosate and Disulfiram in 2012, and there is a finite amount of money available for treatment. It makes no sense to pay for sticking plasters, when we could be directing more of that funding into teaching people to look after their own brain and wellbeing.

Addiction is a progressive mental health condition, and not giving addicts the tools to deal with their disorder forever is greatly under-serving them. Giving addicts the fishing rod, rather than the fish, is a sensible long-term strategy. Maybe the field needs to develop some good long-term thinking of its own.

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