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Original Research

Addiction including Smoking

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ABSTRACT:

The definition of addiction is explored. Elements of addiction derived from a literature search that uncovered 52 studies include: (a) engagement in the behavior to achieve appetitive effects, (b) preoccupation with the behavior, (c) temporary satiation, (d) loss of control, and (e) suffering negative consequences. Differences from compulsions are suggested. While there is some debate on what is intended by the elements of addictive behavior, we conclude that these five constituents provide a reasonable understanding of what is intended by the concept. Conceptual challenges for future research are mentioned.

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INTRODUCTION

At its origin, "addiction" merely stated "giving over" or being "highly devoted" to an individual or activity, or partaking during a behavior routinely, that may have positive or negative implications. Over the last four hundred years, some statements created regarding addiction began to border it as involving sturdy, overwhelming urges and, over the last two hundred years this word has become thought-about additional and additional disease-like in connotation. Many conceptualizations of the addictions pertain to imbalance of the central nervous system in some way, and these conceptualizations date back to the end of the 1700s. It is a lot of recently used as an idea having biological science underpinnings. Descriptions of addiction that map onto measurable criteria may function phenotypes that might maximally explain gene-environment interactions in this arena, and best serve prevention and control efforts (Sussman, S, 2011).

PHYSIOLOGICAL BASIS OF DRUG ADDICTION

ROLE OF DOPAMINE

The mesolimbic Dopastat system originates within the ventral tegmental space (VTA) and comes to regions that embody the nucleus accumbens and anterior cortex. Dopamine is believed to be the ultimate common pathway for medicine like cocain, pain pill and alcohol. The neurobiological substrate for self-administration of all addictive drugs by animals and drug abuse in humans is believed to, in some way, involve the dopamine system of the nucleus accumbens, a primitive structure that is one of the brain's important pleasure centers. Dopamine is believed by several to be directly answerable for the exhilarating rush that reinforces the will to require medicine in drug addicts and plays a crucial role in the development of drug addiction. These medicine of abuse-induced changes in brain levels of Dopastat square measure related to feelings of well being and pleasure and supply positive reinforcement; contributory to the continuing habit. Furthermore, repeated drug administration produces sensitization of extracellular dopamine levels in the nucleus accumbens and behavioral

sensitization in rats, as evidenced by an enhanced locomotor response and increased dopamine release in brain. Conversely, withdrawal from chronic drug administration produced a reduction in dopamine outflow in the nucleus accumbens. As suggested by many studies, drug-induced dopamine depletion in the mesolimbic system may represent the mechanism, at least in part, underlying dysphoria and anhedonia that accompanies drug withdrawal and might also contribute to the intense drug craving experienced by addicts. These withdrawal-negative affects are largely associated with negative reinforcement. Although it is generally believed that the same neural systems are involved in drug reward and drug-associated learning, there are two different theories that have opposite views on the role of brain reward pathways in mediating drug-seeking behavior. One theory suggests that drug seeking is triggered by drug-like, proponent processes that activate reward pathways in a manner similar to acute effects of drug itself (Sussman, S, 2011).

RESULTS OF ADDICTION FEELING DIFFERENT

In most cases, Associate in Nursing addiction doesn't develop long. In general, once considering addiction, one usually thinks of it in terms of a method. Upon the format of the "addictive process" one pursues some course of action for want effects or motives (e.g., pain reduction, affect enhancement, arousal manipulation, or fantasy). Different addictive behaviors are by trial and error clustered as serving epicurean (e.g., drug use, sex, gambling) or nurturing (e.g. compulsive serving to, work addiction, shopping addiction, love, exercise) motives. However, other or additional motives are plausible (e.g., to achieve fantasy or oblivion), and all addictions may share in common a function to shift subjective experience of self. The addiction method unfolds for a few people however not others, and may reflect individual differences prior to engaging in the addictive behavior or as the individual continues to engage in the addictive behavior (i.e., people might vary on a dimension of "addiction proneness"). Anecdotally, several selfdescribed addicts have according feeling "different" from others long before developing promptly classifiable addictions. This includes feeling comparatively uncomfortable, lonely, restless, or incomplete. Once a behavior is tried that decreases or eliminates the baseline sense of discomfort a method begins to unfold. It is potential that fifty of the variance of addictive behavior is attributed to a genetic reason behind this subjective sense of discomfort (Sussman, S, 2011).

PREOCCUPATION WITH THE BEHAVIOR

A second side of addiction considers excessive thoughts regarding and want to perform a behavior, excessive time spent to set up and interact within the behavior, and presumably live through its effects (e.g., from "hangovers"), and fewer time spent on alternative activities (Campbell WG, 2003), despite probably decreasing craving effects (Robinson TE, 2001). That is, the habit-forming behavior "spills over" into many dimensions of one's everyday life. This may be labeled more generally as "preoccupation." For example, a two-pack-a-day cigarette smoker may report often thinking about smoking cigarettes (particularly when restricted from smoking, or at certain points throughout the day once one is presumably to smoke), or thinking about anti-smoking control efforts, may invest a great deal of money to continue to purchase cigarettes, may have a coffin nail in hand 280 minutes per day (approximately common fraction of the waking day; a behavioural side of preoccupation), and may report experiencing discomfort upon cessation of smoking for more than a couple of hours (Sussman, S, 2011).

Interestingly, it is not known to what extent addictive desires operate on neurobiological processes differently from regular desires (Foddy B, 2010). However, habit-forming behavior- induced repetitive firing of sure brain systems (e.g., mesolimbic dopamine) does result in brain adaptations (e.g., activation of glutamatergic system; decrease in production of mesolimbic dopamine), suggestive of a "hijacking" of the brain thanks to engagement in any of a range of substance or method habit-forming behaviors (Goodman A, 2008).

Tolerance and withdrawal square measure the two hallmark criteria of physiological addiction, and, arguably, might also be thought of as aspects of alot of general idea of preoccupation (or as options that contribute to preoccupation). Tolerance refers to the requirement to have interaction within the behavior at a comparatively bigger level than within the past to attain previous levels of craving effects. As tolerance will increase, one doubtless spends longer locating and interesting in associate addiction. Thus, tolerance may indicate increasing preoccupation (Sussman, S, 2011).

TEMPORARY SATIATION

A third component of the idea of addiction is "satiation". After acute engagement in associate habit-forming behavior, some period of time may occur in which urges are not operative, addiction craving is "shut down", only to return soon (Orford J, 2001) (Foddy B, 2010). This satiation amount isn't well studied or thought of. Some thoughts concerning this era pertain to a way of distraction from life issues or feeling briefly self-sufficing or nurtured (Hirschman EC, 1992). If these feelings continuing, arguably, one might speculate that the individual would have achieved a resolution of the subjective sense of discomfort that precedes engagement within the addictive behavior (Pearson

MM, 1969). (Sussman, S, 2011).

Satiation could also be examined from the attitude of the Incentive-Motivational Model (Cox WM, 1988) which examines in part how an addictive behavior may elicit satiation of emotional expectations incentive value through its (e.g., feeling "incentivized"). From this angle, non-addictive alternatives over time might lose incentive worth. That is, albeit the addiction might not deliver the goods satiety in addition because it wont to, its relative incentive worth compared to non-addictive alternatives might increase (Glasner SV, 2004). (Sussman, S, 2011).

LOSS OF CONTROL

Among the process parts of addiction, loss of management encompasses a rather long history (Orford J, 2001). One could report aiming to stop associate habit-forming behavior however, even so, not having the power to exactly predict once a bout with the behavior are going to be initiated, how it will be manifested, or when it will stop (Orford J, 2001). That is, the habit- forming behavior could become progressively} more automatic Difficulty in refraining from associate habit-forming behavior despite making an attempt to try and do therefore is also central to a loss of management side of addiction. Many persons claim to be battling associate addiction; feeling compelled, sensing incomplete control; and it's ascertained that they will disregard even basic self-care, suggestive of a loss of will (Nordenfelt L, 2010). Incomplete access seems to be a standard feature of addictions (Sussman, S, 2011).

According to mythologist (Campbell WG, 2003), the "cognitive impairment" related to associate addiction emerges only a particular addiction related to harmful consequences produces a synchronal positive emotional response. This basic cognitive process narrowing minimizes or negates the memory of the negative effects or consequences of previous habit-forming behavior experiences (or access to dislike memory). Phenomenological, due to these memory effects, recovering addicts with some "sober time" may look back at their using days as being disordered, illogical, fragmented, destructive, and nonsensical (Hirschman EC, 1992).

NEGATIVE CONSEQUENCES

A fifth process part of the thought of addiction is that the existence of negative consequences. In general, at some point, negative consequences tend to ensue due to engaging in an addictive behavior (e.g., physical discomfort, social disapproval, financial loss, or decreased self- esteem) (Marlatt GA, 1992). Continuing to have interaction within the habit-forming behavior once suffering varied negative consequences usually has been a criterion of dependence on the habit-forming behavior (Campbell WG, 2003). Stopping the behavior becomes difficult for several reasons, including influence of the cognitive salience of immediate gratification resulting from the addictive behavior (i.e., satiation) relative to its delayed adverse effects. The individual to boot might concern having to deal with daily perceived stress and completely different life experiences upon stop as well as suffer withdrawal-related phenomena (Schneider JP, 2001) (Sussman S, 2010). Thus, the addiction persists, acquisition negative effects whereas additionally providing maintenance functions (Sussman, S, 2011).

Negative consequences may vary across contexts. For example, arrests for drinking and driving might not be well-enforced in some countries (e.g., some rural areas in Southeast Asia), or is also implemented terribly strictly in alternative countries (e.g., Sweden). Thus, the legal consequences associated with drinking alcohol could vary across contexts. Physical consequences might vary likewise (e.g., there is also fewer injuries and deaths associated with drinking and driving in locations wherever drinking-diving laws are well-enforced (Sussman, S, 2008). (Sussman, S, 2011)

DIFFERENTIATING ADDICTION FROM COMPULSION

Some people view non-drug use addictive behaviors, such as pathological gambling or shopping, as being "compulsions" (Hirschman EC, 1992), that involve (a) spontaneous desires to act a particular way, (b) a subjective sense of feeling quickly out of management, (c) psychological conflict pertaining to the imprudent behavior, (d) "settling for less" to achieve the same ends, and (e) a disregard for negative consequences. Others use the term "compulsion" more narrowly (Sussman, S, 2011). Some could outline this term as a straightforward however intense urge to try and do something; only 1 side of addictions however centrally definitive of psychoneurotic disorders (Hartney E, 2011). It may be outlined even additional exactly as associate intense ego dystonic (separate from self) urge to have interaction during a straightforward, repetitive activity, to get rid of anxiety (Marlatt GA, 1985). Such activities may include repeated washing of hands, tying of shoes, or bathing, or restricting areas in which one will travel (e.g., not walking on cracks). (Sussman, S, 2011).

TREATMENT

- 1. Emotional Freedom Technique: This technique is used to bring trauma, the cause of addiction revealed by patient. In this technique, finger tips of hand are used to gently massage on acupressure points. And confess a statement, to reveal the stress out of mind to let body accept and heal.
- **2.** Art Therapy: Patient is asked to make paintings, wood scraping, anything related to art to express

their thoughts and feel relaxed after this therapy. The creativity of painting or any art then visualized by therapist to check the status of mind to give accurate treatment.

3. Adventure Therapy: Adventure medical aid works by connecting the movement of the body throughout strenuous activities to private and worldly experiences. In other words, as patients move their bodies, they have a goal in mind. This intention-focused practice allows a central focus in the moment, rather than a stressful or damaging thought. Group activities like kayaking give people to trust and rely upon others during a healthy manner. Other empowering activities in adventure therapies include: Rock climbing Caving White water rafting Paddle boarding Bushwalking Swimming Camping Canoeing Rafting Snow camping Skiing Activities like caving pose low-risk outcomes. The patient explores the within of a cave, connecting to the sense of mystery with discovering the unknown. Paddle boarding includes the individual standing on a board and paddling. Here, they'll follow feeling freedom whereas being au fait. Rock climbing enables the individual the self-reliance and persistence needed to climb. Group endeavors like canoeing encourage communication and team work; lastly, camping helps people trust others and survive in different environments.

4. Psychodrama:

- 1. Mirror: This works as a stand-in for the protagonist that can help the person to see things in a different light and from an alternative perspective.
- 2. Double: This is someone who speaks for someone else in the group, in a supportive way, when this person is either unable or unwilling to speak up.
- 3. Role reversal: change roles among a sociodrama so as for various folks, including the protagonist, to experience things in a new and alternative way.
- 4. Future projection: several sociodrama scenes involve experiences already lived through by one or additional members; a future projection involves scenes that have however to be fully fledged which square measure either anticipated or hoped for.
- 5. Playback theater: One person's particular story, or life experience, is enacted by the group spontaneously.
- 6. **Yoga**: Yoga has long been wont to facilitate relieve stress, and scientific proof has provided a link between active yoga and therefore the reduction of stress by modulation of the strain response, Harvard Health reports. When someone feels stress, heart rate, pressure, respiration, and vital sign increase. Yoga may very well act on this method by control and leveling a number of the strain hormones like Hydrocortone and

internal secretion, the Yoga Journal publishes. Grey matter and regions of the brain active in dominant stress, just like the hippocampus, may be enlarged with the regular observe of yoga, as revealed in Scientific yank.

The Journal of other and medicine conjointly according on a study that showed a rise within the levels of gamma-aminobutyric acid (GABA) with the observe of yoga techniques. GABA is a kind of natural tranquilizer produced by the brain to help manage anxiety and the stress response. Higher levels of GABA usually mean less anxiety and less stress. Stress, anxiety, and depression area unit common aspect effects of termination, and therefore the use of yoga in recovery may very well work to enhance these symptoms. (American addiction Center)

Retrieved

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