



PSYCHOLOGICAL CHARACTERISTICS OF INDIVIDUALS WITH DRUG ADDICTION

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Abstract

Drug addiction, or substance use disorder, is one of the most serious medical, psychological and social problems in modern society. It is not limited only to the repeated use of psychoactive substances. It also changes a person's thinking, emotional regulation, behavior, motivation, interpersonal relationships and social adaptation. Individuals with drug addiction often demonstrate impulsivity, emotional instability, low stress tolerance, anxiety, depressive symptoms, poor self-control, impaired decision-making, low self-esteem and difficulties in social functioning.

Modern medicine considers addiction as a chronic, relapsing and multifactorial disorder. Biological, psychological and social factors interact in its development. Psychoactive substances affect the brain reward system, especially dopaminergic pathways, which leads to repeated substance-seeking behavior. Over time, the individual loses control over substance use, develops tolerance, withdrawal symptoms and psychological dependence.

This article analyzes the main psychological characteristics of individuals with drug addiction, including emotional, cognitive, motivational, personality-related and social features. The importance of psychological assessment, psychotherapy, relapse prevention and social rehabilitation is also discussed.

Keywords: drug addiction, substance use disorder, psychological characteristics, impulsivity, emotional instability, depression, anxiety, rehabilitation, relapse prevention.

Introduction

Drug addiction is a complex biopsychosocial disorder characterized by compulsive use of psychoactive substances despite harmful consequences. It affects not only physical health but also mental functioning, personality structure, family relationships, social behavior and quality of life. Addiction cannot be explained only by weak will or poor moral control. It is a medical and psychological condition that requires professional treatment, long-term support and rehabilitation.

Psychoactive substances influence the central nervous system and alter the brain reward system. At the initial stage, a person may use a substance to experience pleasure, reduce stress, escape emotional pain or feel more confident. However, repeated use gradually changes brain mechanisms related to motivation, memory, self-control and decision-making. As a result, substance use becomes less voluntary and more compulsive.

According to international public health reports, hundreds of millions of people worldwide use psychoactive substances, and a significant number develop substance use disorders. Drug addiction is associated with increased risk of mental disorders, infectious diseases, social isolation, unemployment, family conflict, crime and premature death. Therefore, understanding the psychological characteristics of addicted individuals is important for effective prevention, treatment and rehabilitation.

The psychological profile of people with addiction is diverse. Some patients show impulsive and risk-taking behavior, while others are anxious, withdrawn or depressive. Many patients use substances as a maladaptive coping strategy against stress, trauma, loneliness or inner emptiness. For this reason, treatment should not focus only on stopping substance use. It should also address emotional regulation, motivation, thinking patterns, family relationships and social reintegration.

Aim of the Article

The aim of this article is to analyze the psychological characteristics of individuals with drug addiction and to explain their importance in clinical assessment, treatment and rehabilitation.

The main objectives are:

- to describe addiction as a biopsychosocial disorder;
- to identify common emotional and behavioral features of addicted individuals;
- to analyze impulsivity, low self-control and impaired decision-making;
- to explain cognitive and motivational changes in addiction;
- to discuss psychiatric comorbidity and social maladaptation;
- to highlight the role of psychological support and rehabilitation.

Materials and Methods

This article was prepared as a descriptive literature-based review. Scientific information from public health reports, psychiatric literature, addiction medicine, clinical psychology and rehabilitation studies was analyzed. The main focus was placed on psychological features of substance use disorders, emotional regulation, impulsivity, cognitive distortions, motivation, psychiatric comorbidity, family factors and relapse prevention.

Psychological Nature of Drug Addiction

Psychologically, addiction can be understood as a maladaptive way of coping with internal distress. Many individuals use psychoactive substances not only for pleasure but also to reduce anxiety, suppress painful memories, escape loneliness, decrease emotional tension or temporarily improve mood. At first, substance use may seem controllable. Later, it becomes a repeated behavioral pattern and then a compulsive need.

A person with addiction often experiences an internal conflict. On the one hand, the individual may understand the harmful consequences of substance use. On the other hand, craving, withdrawal symptoms, emotional pain and social pressure make it difficult to stop. This conflict increases guilt, shame and hopelessness.

Addiction is strongly connected with the reward system of the brain. Psychoactive substances artificially stimulate pleasure mechanisms. As a result, natural sources of satisfaction, such as family, work, education, sport and social communication, may lose their motivational value. The person begins to prioritize substance use over long-term goals.

Emotional Characteristics

Emotional instability is one of the most common psychological features in individuals with drug addiction. Patients may have sudden mood changes, irritability, anger, anxiety, sadness or inner tension. Minor stress may provoke strong emotional reactions. Many addicted individuals have difficulty recognizing, expressing and regulating their emotions.

Some patients use drugs as a form of emotional self-medication. For example, a person with anxiety may use substances to calm down. A person with depression may use substances to feel temporary relief. A person with traumatic memories may use drugs to avoid emotional pain. However, this effect is temporary. In the long term, substance use usually worsens emotional problems.

Feelings of guilt and shame are also common. Many patients regret their behavior, damaged relationships or financial problems, but they cannot easily stop substance use. This creates a cycle: guilt increases emotional distress, emotional distress increases craving, and craving increases the risk of relapse.

Emotional dysregulation is especially important in treatment. If a patient does not learn healthy ways to manage stress, anger, sadness and fear, the risk of returning to substance use remains high.

Impulsivity and Poor Self-Control



Impulsivity is a key psychological characteristic of many individuals with addiction. It means acting quickly without fully considering consequences. Impulsive individuals often seek immediate pleasure, avoid discomfort and underestimate long-term risks.

In addiction, impulsivity can appear in different forms:

- rapid decision-making;
- risk-taking behavior;
- difficulty delaying gratification;
- aggressive reactions;
- breaking treatment rules;
- returning to substance use despite negative consequences.

Craving is closely related to poor self-control. When a strong desire to use the substance appears, the patient may forget previous promises, treatment goals and family responsibilities. The need for immediate relief becomes stronger than rational thinking.

This is why relapse prevention should include self-control training. Patients need to learn how to recognize triggers, avoid risky situations, delay impulsive actions and use alternative coping strategies.

Cognitive Characteristics

Drug addiction affects cognitive processes. Patients may have problems with attention, memory, planning, decision-making and problem-solving. They may focus on short-term relief and ignore long-term consequences.

A common cognitive feature is denial. The patient may say:

“I can stop whenever I want.”

“I do not have a serious problem.”

“Everyone uses it.”

“This substance helps me function.”

Denial protects the person from painful reality but delays treatment. Another common mechanism is rationalization. The patient explains substance use by stress, family problems, friends, work pressure or emotional pain. These factors may be real, but they do not justify continued harmful use. Cognitive distortions also affect treatment motivation. Some patients believe that recovery is impossible. Others expect very fast results and become disappointed when treatment requires time and effort. Therefore, psychological counseling should help patients develop realistic thinking and responsibility.

Motivational Characteristics

Motivation in addicted individuals is often unstable and contradictory. A patient may want to recover but also fear life without the substance. Some patients seek help only after family pressure, legal problems or health complications. Others start treatment but leave it when withdrawal symptoms, craving or emotional difficulties increase.

This ambivalence is normal in addiction. The patient may be between two positions: “I want to change” and “I am not ready to give up the substance.” Motivational interviewing is one of the useful psychological approaches in such cases. It helps the patient discover personal reasons for recovery rather than simply obeying external pressure.

Motivation develops gradually. It includes several stages: denial of the problem, thinking about change, preparation, active treatment and maintenance of recovery. Each stage requires a different type of psychological support.

Personality-Related Features



Individuals with drug addiction may show different personality traits. Some common features include low frustration tolerance, low self-esteem, emotional sensitivity, sensation-seeking, dependence on social approval, fear of rejection and difficulty accepting responsibility.

Some patients have antisocial traits, such as rule-breaking, manipulation, aggression and irresponsibility. Others are more anxious, passive, depressive or socially withdrawn. Therefore, it is incorrect to describe all addicted individuals as one personality type.

Personality characteristics influence the treatment plan. For example, impulsive patients need behavioral control skills. Anxious patients need stress management. Depressive patients need emotional support and restoration of life goals. Socially isolated patients need group therapy and community-based rehabilitation.

Psychiatric Comorbidity

Drug addiction often occurs together with other mental disorders. Depression, anxiety disorders, post-traumatic stress disorder, bipolar disorder, personality disorders and psychotic symptoms may coexist with substance use disorder.

Depression and addiction can reinforce each other. A patient may use substances to reduce sadness, but long-term use can worsen depression. Anxiety may also increase substance use, especially when the person uses drugs to calm down or avoid fear. Trauma is another important factor. Some individuals use psychoactive substances to avoid traumatic memories or emotional pain.

Psychiatric comorbidity makes treatment more difficult. If only substance use is treated and depression, anxiety or trauma are ignored, relapse risk remains high. Therefore, assessment should include both addiction symptoms and general mental health evaluation.

Family and Social Characteristics

Drug addiction strongly affects family life. Trust may be damaged. Family members may experience fear, anger, disappointment and emotional exhaustion. The addicted person may lie, borrow money, disappear from home, avoid responsibility or create conflict.

At the same time, family problems can also contribute to addiction. Violence, neglect, emotional coldness, excessive control, parental substance use and chronic conflict increase psychological vulnerability. For this reason, family assessment is important in addiction treatment.

Social environment also plays a major role. Friends who use drugs, unemployment, poverty, lack of goals, criminal environment and stigma may increase relapse risk. In contrast, supportive family, healthy friendships, education, employment, sport, spiritual values and rehabilitation groups can support recovery.

Psychological Approaches in Rehabilitation

Treatment of addiction should not end with detoxification. Detoxification helps remove the substance from the body and manage withdrawal symptoms, but psychological dependence may continue. Long-term rehabilitation is necessary to change behavior, thinking and lifestyle.

Important psychological methods include:

motivational interviewing;

cognitive-behavioral therapy;

relapse prevention;

stress management;

emotional regulation training;

family therapy;

group therapy;

social rehabilitation;

vocational support;



development of healthy lifestyle habits.

Cognitive-behavioral therapy helps patients identify thoughts, emotions and situations that lead to substance use. Relapse prevention teaches patients how to recognize triggers, avoid risky environments and use healthy coping strategies during crisis moments.

Group therapy can reduce loneliness and shame. It helps patients see that recovery is possible and that others face similar struggles. Family therapy improves communication, boundaries and support at home.

Discussion

Understanding the psychological characteristics of addicted individuals is essential for effective treatment. If addiction is seen only as a bad habit, treatment becomes superficial. If it is understood as a complex biopsychosocial disorder, the patient can receive more appropriate help.

Impulsivity, emotional instability, denial, low self-esteem and psychiatric comorbidity are not only symptoms. They are also factors that maintain addiction. Therefore, treatment should target these psychological mechanisms.

Stigma is one of the biggest barriers to recovery. When society labels addicted individuals as “weak,” “bad” or “hopeless,” they may avoid treatment and continue substance use secretly. A humanistic and scientific approach is more effective. It recognizes personal responsibility but also provides medical, psychological and social support.

Individualized treatment is necessary. Each patient differs by substance type, duration of use, mental state, family situation, motivation and social resources. The best results are achieved when medical treatment, psychological therapy, family support and social rehabilitation are combined.

Conclusion

Individuals with drug addiction have complex psychological characteristics. They often experience impulsivity, emotional instability, poor self-control, low stress tolerance, cognitive distortions, unstable motivation, low self-esteem, anxiety, depression and social maladaptation. These features influence the development, continuation and relapse of addiction.

Effective treatment requires more than stopping substance use. It should include psychological assessment, psychotherapy, relapse prevention, family work and social rehabilitation. The patient’s emotional needs, mental health, motivation and social environment must be considered.

Drug addiction should be approached as a treatable medical and psychological condition. A respectful, evidence-based and individualized approach increases the chances of recovery and helps the person return to a healthier and more stable life.

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