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## EXPLAINER

# Beyond Addiction: The Myriad Reasons People Use Drugs

June 2023

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The U.S. overdose crisis took **more than 100,000** lives in 2022, leading some drug policy experts and advocates to recommend shifting from the supply-side driven “war on drugs” to an approach that addresses demand. An increasingly common **proposition** is thus to increase funding for treatment or to offer treatment instead of incarceration. However, treatment alone will neither end the demand for drugs nor benefit everybody who uses drugs.

This is because substance use disorder (SUD) is only one reason why people use drugs. Although it may be uncomfortable for some people to admit, no matter what interventions are available and implemented, some level of substance use, and addiction, will persist in our communities. After all, substance use has been **part** of human society since at least the dawn of agricultural settlements.

Understanding why people use drugs can help us understand why harm reduction is such an important complement to treatment and prevention.

### What is addiction?

Addiction is defined as a psychological and/or physiological **dependence** on a substance or behavior. Over time, clinical terminology for sustained use of licit and illicit substances has changed. While addiction is still a relevant term, SUD is the preferred term for people who misuse or are dependent to some degree on substances. The most recent edition of *The Diagnostic and Statistical Manual of Mental Disorders* classifies the existence and subsequent severity of SUDs based on the number of symptoms present from a list of 11.

The existence of harm is explicit in the definition of SUD. SUD is substance use that persists despite significant **adverse consequences** that **impair functionality** in daily life activities. However, it is important to recognize that, based on this definition and the diagnostic criteria, not every person who uses drugs has a substance use disorder, nor are they destined to develop one.

### How many people use substances without having an SUD?

Based on the 2021 National Survey on Drug Use and Health, **21.9 percent** of people 12 and older had used an illicit drug, including cannabis, during the preceding year. However, only **14.3 percent** of people 12 and older had used these substances during the preceding month. Neither of these statistics represent the number of people who have an SUD. In fact, the numbers suggest that many people who use drugs, either experimentally or habitually, do not continue. The same survey also assessed the prevalence of SUD among people who had used drugs (including cannabis), and found that **8.6 percent** of people over 12 years old qualified as having a drug use disorder sometime during the preceding year. In absolute terms, an estimated **24 million** (or about 40 percent) of the 61.2 million who used illicit drugs in the past year have a drug use disorder, leaving 37.2 million people who use illicit drugs that *do not* qualify as having a drug use disorder.



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## If addiction is not the only reason why people use drugs, what drives drug use?

From caffeine to fentanyl, people report a wide range of reasons for initiating and continuing drug use. In the following section, we highlight and broadly classify a number of those motivations, though it is noteworthy that there is considerable overlap between categories and many people report multiple reasons for using drugs.

Some people may simply **enjoy** the **experience** of drugs, and report seeking euphoria, relaxation, a “high” or other feelings often associated with recreational use. For example, ecstasy and psychedelics may be used to decrease inhibitions during social or sexual experiences, in much the same way that many people use alcohol.

People may use drugs to enhance physical, intellectual or work-related performance. For example, youth may initiate steroid use to improve their competitiveness in sports. Shift workers—from nurses to truck drivers—may turn to stimulants to increase energy to **work** long **hours**. Some students **report** using off-label Adderall or other medications to boost concentration and cognitive performance.

Similarly, people may use drugs to help achieve or maintain adherence to social norms. For example, some might use **stimulants** or **steroids** to achieve an “ideal” body type. Others may **embrace psychedelics** to maintain a cheery outlook while juggling life’s many, often stressful, obligations. On **college campuses** and in **night clubs**, many people use substances to build and maintain connections with others. Among people who are un- or precariously housed, the social ties fostered through using drugs and alcohol together can **help build** a circle of trust and **protection** that facilitates survival.

Drug use and mental health conditions are strongly **associated** at the population level. Determining which one caused the other is difficult, and it is likely that the association goes both ways. People may **microdose** psychedelics for post-traumatic stress disorder or depression, **smoke cigarettes** if they have ADHD/ADD or use other drugs to manage psychiatric distress. Many people report using opioids, cannabis or other drugs to **manage** physical pain. Even some of the quests to “fit in” described above may be, at least in part, driven by mental health conditions such as body dysmorphia or social anxiety.

## Policy Implications

The above list showcases some of the most common reasons that people start or continue to use drugs. While it is possible for functional or recreational use to develop into a SUD, it is noteworthy that many people, regardless of their motivation for use, manage to consume drugs without developing a SUD.

Therefore, in addition to treatment and prevention, demand-oriented policy and programs must empower people to manage their drug use—without regard to whether those drugs are licit or illicit. As socioeconomic inequities **drive** chaotic substance use for many, increasing access to social services, such as housing support and employment opportunities, have great success at helping to **stabilize** chaotic substance use. Factual **education** that does not exaggerate risk or fearmonger is another intervention that can also decrease demand by preventing initiation. Finally, providing harm reduction services such as **fentanyl test strips** or **syringe service programs** can help people use substances more safely, whether they have a SUD or not, and may even **prevent** escalation of use.

### PLEASURE



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