Published in final edited form as:

Subst Use Misuse. 2012 ; 47(0): 1457–1459. doi:10.3109/10826084.2012.705716.

Perspectives of “Functional Failure”

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Abstract

The present dialogue piece briefly examines six perspectives of functional failure (individual-level, societal-level, life spheres impacted, number of severe consequences, attribution of consequences to drug misuse, and socio-environmental generalizability) as they might apply to seven degrees of drug misuse (constant, dependence, heavy, bingeing, controlled use, “dry,” sober). Variation in judgments of failure is posited across the perspectives and across degrees of drug misuse.

Keywords

functional failure; degrees of drug misuse

INTRODUCTION

When evaluating how drug misuse is negatively impacting one’s life, one might consider different perspectives of functional failure. “Functional failure” pertains to a lack of completion of life developmental tasks or goals (e.g., Calloway, 1982). Functional failure may be examined from at least six different perspectives. Each of these perspectives may impact the other perspectives; these are not orthogonal viewpoints. Together, they provide a useful heuristic from which to conceptualize functional failure, here, in the context of the direct or indirect impact of drug misuse.

First, functional failure can be defined from the perspective of individual-level activity. At the individual level, failure may be indicated if the individual is unable to engage in basic self-care skills, take care of oneself financially, and protect one’s own safety (e.g., Pollard, Bobbitt, Bergner, Martin, & Gilson, 1976). Second, functional failure can be defined from the perspective of impact on society. At the social level, failure may be indicated if the individual’s behavior endangers others’ ability to function, or if there is demonstration of an inability to cooperate with others (Sussman, 2005). Drug experiences may provide relief, for which the individual feels some sense of success, and which may not notably compromise

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Declaration of Interest. The author reports no conflict of interest. The author alone is responsible for the content and writing of the article.

individual function but may disappoint significant others (social-level failure only). Conversely, in some social situations, an individual may feel compelled to drink or use and, thereby, achieve temporary social success (depending on the context) at the expense of (eventual) personal-level dysfunction (individual-level failure only). Of course, alcohol or other drug misuse may compromise both personal- and social-level functioning.

Third, failure can refer to impact on one sphere of one's life or on multiple spheres (e.g., Heinz & Kruger, 2001). For example, one may restrict one's social life during a lapse period, whereas one may continue to be able to work. Another alcohol or other drug misuser may be excluded from social events as well as exhibit impaired work performance whereas, for another misuser, impairment may include education, work, social, and recreational spheres. The greater the number of life spheres impacted, the greater the degree of functional failure.

Fourth, failure may be thought to vary depending on the number of severe drinking/drug use-specific consequences experienced. For example, experiencing dependence symptoms such as physiological withdrawal may be thought to be more "serious" than substance abuse symptoms, such as social or role consequences (APA, 2000). That is, degree of entrenchment in drug misuse may be defined as failure (perhaps a "low bottom" being definitive of greater failure resulting from drug misuse; Alcoholics Anonymous, 1976).

Fifth, one may consider whether or not the consequence is attributed directly to alcohol/drug misuse or to another concurrent activity (e.g., Cherpitel et al., 2005). For example, many college-age youth suffer fatalities associated with drinking and driving. The object of failure may be considered to be drinking per se, or may be linked primarily to the fact that drinking occurred within a dangerous situation. That is, the failure might or might not be attributed to the fact that one drank and drove, rather than one drank and got drunk.

Finally, one may consider the socio-environmental context of the alcohol or other drug use experience. Different contexts may exert different norms of morality or self-restraint (Sussman, 2005; Sussman & Ames, 2008). For example, daily marijuana use may be considered a functional failure in several U.S. contexts, even if one is using marijuana under a prescription for medical purposes. Alternatively, daily marijuana use may not be considered a functional failure in several social settings in Jamaica.

EXAMINATION OF THE SIX PERSPECTIVES OF FAILURE AND DEGREE OF DRUG MISUSE BEHAVIOR

It is possible to explore these functional failure perspectives as they might apply to different degrees of alcohol or other drug misuse behavior (see Table 1). At one extreme, with constant alcohol/drug use during the waking hours, impending death or cessation of self-care may exist. In this instance, there is severe individual-level impact. Social consensus among treatment professionals and the public, in general, would exist to the effect that this degree of alcohol/drug misuse represents failure. Multiple life spheres are obviously affected in this case, alcohol-/drug-specific consequences are ever-present, and it is unlikely that consequences would be attributed to causes other than the alcohol/drug misuse (even if other

contributing factors, such as concurrent mental illness, did exist). Finally, across socio-environmental contexts, such an extreme degree of behavior would indicate failure of function.

At a somewhat lesser degree of alcohol/drug misuse behavior, physiological and/or psychological drug dependence may exist, and disruption in daily function may be readily evident, but some aspects of self-care are evident, such as continuing to feed oneself, bathe, dress, and maintain some type of employment. In this instance, possibly there would be some discordance between the individual (who is surviving) and social-level judgments (that might place the person at a low level of functioning). Multiple life spheres are affected, alcohol/drug use consequences still are severe, and it is likely that consequences would be attributed to the drug misuse. It is not clear whether or not drug dependence would generalize across contexts, particularly if the individual were to be able to maintain a work role (Levine, 1978).

Perhaps, at a midpoint along this dimension, alcohol or other drugs are used heavily. However, the individual is able to maintain a job and social life and in several ways still is productive (e.g., the “functional” alcoholic/addict). There may be some discordance between individual- and social-level judgments in this case. Perhaps, most treatment agents would consider this case to be a functional failure since the individual still is using heavily. The expectation would likely be that it is only a matter of time before progression of use occurs, or dramatic consequences occur, such that the misuser will suffer diminishing returns. Fewer life spheres activities are diminished and fewer severe alcohol-/drug-related consequences are experienced (or at least readily noticed). Difficulties in function may be attributed to the alcohol/drug misuse or possibly unrelated life events. In some societies, the individual’s behavior may even be considered acceptable or tolerated, as long as roles are successfully completed (Quintero & Nichter, 1996; Sussman & Ames, 2008).

At an even lesser extreme, the person may lapse once in a while, perhaps over a period of a couple of weeks or months, but in general has discontinued drug misuse. Personal-level function likely is reasonably good. As long as a calamity does not occur during the lapses, one continues to live a productive life. Some treatment agents likely would view such behavior as an improvement but also might suggest that the individual is in need of immediate treatment to prevent worsening of behavior and to achieve abstinence, and some significant others may feel disappointed. Across several life spheres, the person might be considered to be functioning well, except during the (brief) period in which a binge occurs. It is likely that consequences, should they exist, are spread out over time and thus do not accumulate. Difficulties in function may be attributed to alcohol/drug misuse or other variables (e.g., temperament). In some socio-environmental contexts, an occasional period of “letting loose” may be perceived as normal, whereas in others even one binge may be considered consequential.

There also may be a small percentage of previous alcohol or other drug misusers that appear to regain control, to use in a controlled, occasional manner. (Of course, if a drug is legislated as illegal, then any recurrent use might be considered a functional failure by definition, according to the DSM-IV [APA, 2000].) Also, adherents to a progression notion still would

likely suggest that the person is prone to lose control at some point in the future. Still, recovery movement literature acknowledges, with great skepticism, that if someone can regain control over their drinking (or using) “our hats are off to them” (Alcoholics Anonymous, 1976). Here, there is likely to be some individual- and social-level discordance, but there is also likely to be disagreement between different recovery community camps regarding whether or not there is negative societal-level impact as a function of controlled use. No life sphere activities are likely to have diminished and no obvious consequences are experienced, life difficulties that do exist are possibly attributed to drug misuse by only a few people. However, in some socio-environmental contexts persons may attribute any use to an underlying disease process which continues to unfold even though current use is well under apparent control.

Then, there are those who stop any use of alcohol or other drugs. Most individual- and social-level evaluations, life sphere considerations, lack of use consequences (so no attribution of consequences source would be relevant), across most contexts, would not indicate failure. Even here, though, some of these persons may appear angry, dissatisfied, or take on “substitute addictions,” which might include gambling, sex addiction, overeating, or workaholism, as examples (Pentz, Sussman, & Newman, 1997; Sussman & Black, 2008). Some treatment agents may argue that the addictive process is still in operation; that it has not been placed under firm control.

Finally, at the other extreme of functional failure (i.e., functional “success”), not only is there cessation of alcohol/ drug misuse, but also control over other potentially addictive behaviors and self-reports of a satisfying life. One may go even one step further in this extreme, in which attention is paid to diet and exercise, as well as to mental health. One may expect that there would be no debate regarding functional failure on any of the six dimensions in this instance.

CONCLUSION

In summary, functional failure might be considered from at least six perspectives, which might indicate concordant or discordant judgments of function, depending on the perspective being used. In addition, the degree of entrenchment in alcohol or other drug use, or the degree of entrenchment in sobriety, may determine concordance across the perspectives.

Biography

Steve Sussman, Ph.D., FAAHB, FAPA, received his Doctorate in Social-Clinical Psychology from the University of Illinois at Chicago in 1984. He is a Professor of Preventive Medicine and Psychology at the University of Southern California, and he has

been at USC for 28 years. He studies etiology, prevention, and cessation within the addictions arena, broadly defined. He has over 400 publications. His programs include Project Towards No Tobacco Use, Project Towards No Drug Abuse, and Project EX, which are considered model programs at numerous agencies (i.e., CDC, NIDA, NCI, OJJDP, SAMSHA, CSAP, Colorado and Maryland Blueprints, Health Canada, U.S. DOE, and various State Departments of Education). He received the honor of Research Laureate for the American Academy of Health Behavior in 2005, and he was President there (2007–2008). Also, as of 2007, he received the honor of Fellow of the American Psychological Association (Division 50, Addictions). He is the current Editor of *Evaluation & the Health Professions* (SAGE Publications).

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TABLE 1

Dimensions of functional failure by patterns of alcohol or other drug misuse

Functional perspective	Individual-level impact	Society-level impact	Number of life spheres impacted	Number of severe consequences	Attribution of consequences directly to drug misuse	Socio-environmental context dependence
Drug misuse pattern						
Constant use/impending death	High	High	Many	Myriad	Yes	Across contexts
Drug dependence	Moderate	High	Several	Several	Yes	Context dependent
Heavy use/functional	Moderate to low	High to moderate	Few	Several to few	Maybe	Context dependent
Binge/occasional use	Low	Moderate to low	Few	Few	Maybe	Context dependent
Controlled use	Low to none	Low	None	None	Maybe to no	Context dependent
Dry	Low to none	Low to none	None	None	No	Context dependent
Sober	None	None	None	None	No	Across contexts