

Addiction: The Fictitious Disease

Adria Reimer

Sociology 620.01

University of New Hampshire

Addiction: The Fictitious Disease

In recent years, the many issues surrounding drug addiction have been at the forefront of research in sociological, psychological, and medical fields across the United States. Regardless of the opposing viewpoints this research brings forward, it is evident to all that addictions ravage countless lives and communities nationwide. It has been estimated that in 2006, according to the National Survey on Drug Use and Health, 22.6 million people aged 12 or older were classified with substance dependence or abuse in the United States. It seems very clear that the first step in halting this damaging cycle is being able to identify the factors contributing to this statistic.

Conflicting research on this topic has brought about two central themes of debate. The first of these “theories” believes drug addiction to be a genetic predisposition, and categorizes it as a disease. The basis for this argument rests on the notion that drug addiction is not simply a matter of willpower, but that it is a disease because the abuse of drugs leads to changes in the structure and function of the brain (Kuehn 2006; Mezzich, Tarter, Feske, Kirisci, McNamee, and Day 2007; LeGrand 2005; Volkow and Li 2005). The opposing group of researchers on this topic argues that drug addiction is not a disease at all, but instead is a rational decision and lack of willpower by its user. Furthermore, supporters for this theory believe that “classifying substance dependence as a ‘mental disorder’ to be treated by medical doctors suggests that drug abuse is... something that happens to people rather than something that people do” (Sullum 2003:155).

With such conflicting findings in the research, it is no wonder that the causal relationships related to drug addiction tend to be overwhelming and unclear to so many

Americans. Throughout this paper I hope to make some of these vague arguments clear by emphasizing that drug addiction cannot and must not be considered a disease; by doing so we, as a society, are simply medicalizing a socially unacceptable behavior and reducing the addict's responsibility for his/her behavior. This next section will briefly define the terms used throughout the paper, as they relate to the conflicting topic. Following this, the viewpoints from both sides will be presented with reference to specific research findings in the literature. Finally, it will be made clear that drug addiction is not a disease in the sense of the word that one might categorize AIDS or cancer into, but instead a pleasure-seeking, individually-based action that is rationally decided upon by its user. At this point as well, future direction and implications of the work will be addressed.

For the purposes of this analysis on drug addiction and its "causal" factors, it is necessary to define the terms that will be referred to throughout the entirety of this report. First, we will identify drug addiction "as a chronic relapsing condition characterized by compulsive drug-seeking and abuse and by long-lasting chemical changes in the brain" (medicinenet.com). Although this term has been phrased and rephrased numerous times during the history of this debate, I chose this definition as it seemed to combine aspects of both sides of the drug addiction battle (with the least bias). Similar to this term, drug abuse and drug dependence will also be quoted in both of the argued theories. Drug abuse, as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), is categorized as one or more of the following criteria in the past twelve months: "recurrent use resulting in failure to meet role obligations (work, school, home), recurrent use in hazardous situations, recurrent use-related legal problems,

continued use despite use-related social or interpersonal problems” (Van Gundy 2008). Also from the DSM-IV, the term drug dependence is classified as three or more of the following criteria in the past twelve months: “tolerance, withdrawal, taken in larger amounts, over longer period than intended, unsuccessful attempts at ending/controlling use, much time spent procuring, using, and recovering, work/social/recreational activities ended/reduced, and use despite knowing its link to physical/psychological problems” (Van Gundy 2008). While these key terms all appear to be very similar, it will become evident that each has a distinct meaning and should not be confused with the other.

We will begin looking at drug addiction as it relates to contributing factors in one’s environment. The most commonly cited risk factors said to predict drug use are the community, the family, school, and one’s peers. The community in which one resides plays a large role in drug use and addiction risk for the individual. Statistics have shown that communities with an encouraging or positive attitude toward drug use often increase the risk for an addiction (Hicks, Blonigen, Kramer, Krueger, Patrick, Iacono, and McGue 2007). Further, it has been predicted by cultural deviance theorists that those living in low socioeconomic status or “transitional” neighborhoods are more likely to use drugs and acquire an addiction. However, it must be noted that this may not be the case for all residents in these neighborhoods (Van Gundy 2008). According to the National Survey on Drug Use and Health (NSDUH), adolescents with family incomes less than \$20,000 were more likely to have used alcohol, inhalants, tobacco products, and prescription drugs, than those living in a family with an income of \$75,000 or more. The study found rates of 35.4% and 25.2%, respectively (NSDUH 2003).

Similar to these attitudes about drug use in the community, positive attitudes in the family seem to be a risk factor for developing addiction as well. Also, drug use by a parental figure contributes to the risk of drug use and addiction of the child in the home, as it reinforces the idea that drug use is an acceptable behavior throughout society. A survey conducted by NSDUH in 2003 found that adolescents living with a mother who abused alcohol and/or drugs were more likely to have used alcohol or drugs themselves within the past month compared to adolescents whose mothers did not. This was a rate of 26.7% compared to 18.6%, respectively (NSDUH 2003). Another predictor of drug use in the familial domain, which may or may not be drug related, is conflict between family members and home management problems. Drug use, and later drug addiction, becomes a way to self-medicate oneself in order to relieve the constant stressors experienced in family life (Hicks et al. 2007; Levy 2007; McGovern and White 2002; Sullum 2003).

School performance and participation are also predicting factors of drug use and abuse for children and adolescents (Hicks et al. 2007). It is predicted by social control theorists that weak conventional bonds in a society increase drug use and abuse, and the stronger one's attachment, commitment, and involvement in outside activities, such as school or sports, the less of a chance that one will engage in drug-using behaviors (Van Gundy 2008). In 2005, NSDUH found that adolescents who participated in school-based, community-based, or church-based activities had lower rates of cigarette, alcohol, and illicit drug use, than those who did not participate in any extra curricula activities. This study also concluded that the number of activities that an adolescent participated in had an effect on drug use as well. The rates for illicit drug use were 18.3% for adolescents who did not participate in any activities, 11.9% for those who participated in one to three

activities, 9.4% for four to six activities, and 6.8% for seven or more activities in the past year (NSDUH 2005).

It is also in the school setting that we expect children to make friends and connections to the outside world. Peer influence and the association with friends who engage in drug-related behavior is believed to be the single largest contributing factor of drug use, abuse, and addiction in the United States today (Elster 1999; Hicks et al. 2007; Levy 2007). Watching others engage in and encourage such deviant behavior can only lead to a negative impact on the individual who is observing (Elster 1999; Hicks et al. 2007; McGovern and White 2002). A combination of these different environmental factors begins to reinforce the notion that drug use and addiction are acceptable in our society; a fiction that must be corrected at an early age, as these attitudes often lead to drug use and addiction.

Similar to environmental risk factors as predictors of drug use/addiction, Zinberg put a great emphasis on the “set” (expectations) and “setting” (environment) that tends to influence the drug user’s experience. A later study conducted by a Harvard researcher confirmed this idea, concluding that it was indeed possible for an individual to use drugs occasionally without becoming dependent or addicted to the substance (Sullum 2003). It has also been discovered that people attempting to end an addiction in a different environment than the one in which the addiction was first acquired, find it comparatively easy to those who attempt this difficult task in the same environment (Levy 2007). A prime example of these findings is illustrated in the Vietnam Veterans study conducted in 1974, which found that only one quarter of veterans who were previously addicted to heroin in Vietnam used at all in the two years after their return to the States (Sullum

2003). It is evident from this research that the environment plays a large role in determining drug use, abuse, and addiction in the individual, and it is often the environment in which one uses drugs that predicts the risk for addiction (Levy 2007; Sullum 2003). Simply focusing on the individual, neglecting to recognize the many social domains he/she is a part of is, at best, misleading, and more often than not distracts the addict and society alike from creating and implementing effective interventions and treatment programs.

Next, we will consider the argument that poses addiction merely as a form of pleasure-seeking behavior engaged in by its user. These addictive desires, or as Foddy and Savulescu refer to them, “pleasure-oriented desires” (2007:29) are considered to be different from most other desires derived by pleasure in three ways according to the authors: “1) They are especially strong; 2) They occur in a particular context and set of social relationships that triggers the anticipation of pleasure and a strong drive to satisfy the desire; and 3) They are socially unacceptable, usually because they threaten the welfare of the individual or challenge some set of social norms” (Foddy and Savulescu 2007:30). Although there are different types of addiction, it is stated that drugs act directly on the pleasure pathways of the brain, leaving the user with the desire for continual pleasurable activation of these pathways. However, while the pleasure pathways are affected by drug use, this does not indicate a predisposition to drug addiction. It is a simple biological fact that human beings seek pleasure and avoid pain. Pleasure in itself is a healthy, necessary part of an individual’s life; however, it is when this pleasure becomes excessive and out of control that it may be considered a poor choice, but most certainly is not a disease (Foddy and Savulescu 2007). Characterizing

addiction as a disease not only reduces the addict's responsibility for his/her behavior, but increases society's responsibility for the addict's behavior as well (Foddy and Savulescu 2007; Levy 2007). This myth allows us, as a society, to treat those who make the poor choice of excessive pleasure-seeking, often against their will, when their deviant behavior is a direct violation of the norms and values in our society (Foddy and Savulescu 2007). Is it fair or just that those who seek pleasure responsibly are left to deal with and pay for a problem that has no direct effect on them? It will be argued that it most certainly is not, and until it is made clear that the problem of addiction is the problem of the management of pleasure, rather than the treatment of a disease, the burden of drug abuse and addiction will continue to plague our country.

Now we will turn our focus to the opposing viewpoints of this debate that focus on the biological and neurological factors influencing one's susceptibility to drug addiction. Findings in numerous studies have suggested that anywhere from 40 to 60% of the vulnerability to addiction can be linked to genetic factors in the individual (Kuehn 2006; McGovern and White 2002; McMahon 1999; Mezzich et al. 2007; Volkow and Li 2005). With numbers this high, scientists have always had the idea that there were addiction-related genes; it was just a matter of finding them, as Joel Gelernter MD, a professor in the psychiatry department at Yale University School of Medicine, has said about recent epidemiological studies (Kuehn 2006). One such study was conducted by a research team from seven different institutions in New England and one in South Carolina that found there to be a link between opioid dependence and a region on Chromosome 17 of the human genome (Kuehn 2006; Volkow et al. 2005). This finding was further supported by another independent research team led by Ming T. Tsuang MD,

PhD, who studied 1000 sibling pairs in China, and identified the same region on Chromosome 17 to be linked to addiction. Because this similarity was found by two independent research teams and examined distinct ethnic groups, the researchers believe these findings to be very promising for future research in the field. It has also been discovered by Gelernter and his colleagues that there is also a possible link between Chromosome 2 and opioid dependence in black individuals (Kuehn 2006). However, although these results seem conclusive, it must be realized that this is all fairly new research and more needs to be done to identify the specific genes within the regions for a better understanding about the true genetic components of addiction.

A second argument validating addiction as a disease is that “disinhibitory psychopathology,” a term first coined by Gorrenstein and Newman in 1980, is a sure predictor of Substance Use Disorder (SUD) (Mezzich et al. 2007). Put simply, supporters of this work believe that common genetic factors are related to the risk for childhood externalizing disorders, antisocial personality disorder, and SUD. This hypothesis is supported by a study conducted by a research team from the University of Pittsburgh. Participants consisted of 278 adolescent boys, aged 10-12 and 16 years old, (who were then followed until the age of 19) who either qualified as having SUD according to the DSM-III-R or had no psychiatric disorder. The researchers evaluated the psychometric properties (for the purposes of this paper, we will assume psychometrics to be the branch of psychology that studies intelligence, aptitude, and personality traits) of the neurobehavior disinhibition (ND). The ND was measured by behavior control, emotion modulation, and executive cognitive capacity in this research study, and was found to predict SUD in adolescents at a high rate. Also, according to the research, SUD is

believed to cause criminalization in later life (Mezzich et al. 2007). This is similar to the drug-crime relationship and the belief that one causes the other. However, as much of the research has concluded, there is not a causal relationship between the two; they are simply correlates of one another (Faupel, Horowitz, and Weaver 2004; Gaines and Kraska 2003). From reviewing the literature on these differing studies, it is evident that there is much dispute regarding the issue of biology and neurology as it relates to the prediction of drug use and addiction. In addition, most of the accredited research findings surrounding this field of study are fairly new and much more is needed to make a convincing argument that drug addiction is in fact a disease.

From these conflicting viewpoints, it is evident that sociologists and scientists alike do not have a clear answer to the question that continues to arise throughout the many domains in our society: Is drug addiction a disease? We have examined the many environmental risk factors for addiction, including the community, family life, school, and influence from one's peers; it is clear from the research that they all play a role in influencing drug and alcohol addiction in the individual. Similarly, we also looked at the function of "set" and "setting" for the addict. Research on this topic has provided evidence that it is more commonly the environment in which one uses drugs that determines an addiction, rather than a genetic predisposition. Also, the argument that poses addiction as merely a pleasure-seeking behavior, that is voluntary and deliberate has been discussed. The researchers supporting this perspective acknowledge that drugs act directly on the pleasure pathways of the brain, but this however, only means that individuals who choose to use drugs are simply seeking out the pleasure sensation. The opposing viewpoints on this debate were also presented. Research in this field has found

a link between certain chromosomes and an individual's genetic predisposition. Similar to this argument is that held by those who believe Substance Use Disorder to be predicted by an individual's behavior control, emotion modulation, and executive cognitive capacity. From the abundance of research presented here, it is no wonder that society does not have a clear-cut answer to the question.

Hopefully, after taking a part in this debate yourself, the answer to this question has become apparent. Drug addiction is not a disease and must not be labeled as such for the sake of our society's welfare. Addiction is something that the individual brings upon him/herself, and although this may be considered to be a poor choice by many, it does not qualify as something that simply happens to people, as a disease does. Classifying addiction as a disease gives the individual addict a way out of the over-arching stigma, and takes away the personal responsibility that he/she must face. Society, as a whole, must be able to recognize this myth in order for effective treatment and policy to be implemented, making the addict aware and accountable for his/her own actions.

Future research on a topic of such debate is necessary, not only for the advancement of sociological study, but also for the sake and benefit of society. Additional studies on addiction might focus on a specific gene that predicts addiction, which would lead to a more concrete deliberation on the topic. Also, research might take a more in-depth look at possible psychological dispositions that could trigger drug use in an individual. Further research of this degree will enable sociologists and the public at large to form a well-educated opinion on the influential factors that play a role in drug addiction. The determination of such conflicting viewpoints will allow for proper

treatment and policy regarding addiction, while at the same time lifting an enormous weight off the shoulders of society.

Bibliography

- 1) Elster, Jon. 1999. *Addiction: Entries and Exits*. New York, NY: Russell Sage Foundation.
- 2) Faupel, Charles E., Horowitz, Alan M., and Greg S. Weaver. 2004. *The Sociology of American Drug Use*. Boston, MA: McGraw-Hill Companies, Inc.
- 3) Foddy, Bennett and Julian Savulescu. 2007. "Addiction is Not an Affliction: Addictive Desires are Merely Pleasure-Oriented Desires." *American Journal of Bioethics* 7:29-32.
- 4) Gaines, Larry K. and Peter B. Kraska. 2003. *Drugs, Crime, and Justice*. 2nd ed. Prospect Heights, IL: Waveland Press, Inc.
- 5) Hicks, Brian M., Blonigen, Daniel M., Kramer, Mark D., Krueger, Robert F., Patrick, Christopher J., Iacono, William G., and Matt McGue. 2007. "Gender Differences and Developmental Change in Externalizing Disorders from Late Adolescence to Early Adulthood: A Longitudinal Twin Study." *Journal of Abnormal Psychology* 116:433-447.
- 6) Kuehn, Bridget M. 2006. "Genome Provides Clues on Addiction." *Journal of the American Medical Association* 295:2345-2346.
- 7) LeGrand, Lisa N., Iacono, William G., and Matt McGue. 2005. "Predicting Addiction." Pp. 143-151 in *Taking Sides: Clashing Views in Drugs and Society*, edited by Raymond Goldberg. New York, NY: McGraw-Hill Higher Education.
- 8) Levy, Neil. 2007. "The Social: A Missing Term in the Debate over Addiction and Voluntary Control." *American Journal of Bioethics* 7:35-36.
- 9) McGovern, Thomas F. and William L. White. 2002. *Alcohol Problems in the United*

- States: Twenty Years of Treatment Perspective*. New York, NY: The Haworth Press, Inc.
- 10) McMahon, Robert. 1999. "Child and Adolescent Psychopathology as Risk Factors for Subsequent Tobacco Use." *Nicotine and Tobacco Research* 1:S45-S50.
 - 11) Mezzich, Ada C., Tarter, Ralph E., Feske, Ulrike, Kirisci, Levant, McNamee, Rebecca L., and Bang-Shiuh Day. 2007. "Assessment of Risk for Substance Use Disorder Consequent to Consumption of Illegal Drugs: Psychometric Validation of the Neurobehavior Disinhibition Trait." *Psychology of Addictive Behaviors* 21:508-515.
 - 12) Substance Abuse and Mental Health Services Administration. 2007. National Survey on Drug Use and Health. 2003 and 2005.
 - 13) Sullum, Jacob. 2003. "H: The Surprising Truth About Heroin and Addiction." Pp. 152-161 in *Taking Sides: Clashing Views in Drugs and Society*, edited by Raymond Goldberg. New York, NY: McGraw-Hill Higher Education.
 - 14) Van Gundy, Karen. 2008. Class Notes. January 29 and February 7.
 - 15) Volkow, Nora and Ting-Kai Li. 2005. "The Neuroscience of Addiction." *Nature Neuroscience* 8:1429-1430.