

## Is Addiction Really a Disease?

Being addicted to a melancholy as she is.

William Shakespeare, *Twelfth Night*

If you watch TV, read the newspaper, or listen to almost any social worker or religious minister, you soon pick up the idea that addiction is a condition in which addicts just physically cannot control themselves, and that this condition is a medical disease.

The federal government views alcohol addiction as a disease characterized by *loss of control*, with a physiological 'etiology' (cause) independent of volition. According to a typical statement of the government's view by Otis R. Bowen, former secretary of health and human services,

millions of children have a genetic predisposition to alcoholism . . . alcohol use by young people has been found to be a 'gateway' drug preceding other drug use . . . about 1 out of every 15 kids will eventually become an alcoholic. . . . alcoholism is a disease, and this disease is highly treatable. (Bowen 1988, pp. 559, 563)

You may easily conclude that all the experts agree with this kind of thinking. Most people with no special interest in the subject probably never get to hear another point of view.

The true situation is a bit more complicated. Public opinion overwhelmingly accepts the claim that addiction is a disease, but the general public's views are seriously inconsistent. A 1987 study of public views on alcoholism showed that over 85 percent of people believe that alcoholism is a disease, but most of them also believe things that contradict the disease theory. Many people seem to support and reject the disease theory at the same time. For instance, they often say they believe that alcoholism is a disease and also that it is a sign of moral weakness (Caetano 1987, p. 158).

The addiction treatment providers, the many thousands of people who make their living in the addiction treatment industry, mostly accept the disease theory. They are, in fact, for the most part, 'recovered addicts' themselves, redeemed sinners who spend their lives being paid to preach the gospel that social deviants are sick.

Among those psychologists and others who think, write, discuss, and conduct research in this area, however, opinion is much more divided. In this small world, there is an ongoing battle between the 'disease model' and the 'free-will model'.

Biomedical and psychosocial scientists range across both sides of the controversy (Fillmore and Sigvardsson 1988). Some biomedical researchers accept the disease model and assert that genetic and physiological differences account for alcoholism (for example, D.W. Goodwin 1988; F.K. Goodwin 1988; Blum et al. 1990; Tabakoff and Hoffman 1988). Other biomedical researchers have investigated their claims and pronounced them invalid (Lester 1989; Bolos et al. 1990; Billings 1990). Many social scientists reject the idea that alcoholics or other addicts constitute a homogeneous group. They hold that individual differences, personal values, expectations, and environmental factors are key correlates to heavy drinking and drug-taking. Others reject strictly psychological theories (Maltzman 1991; Madsen 1989; Vaillant 1983; Milam and Ketcham 1983; Prince, Glatt, and Pullar-Strecker 1966). Some sociologists regard the disease model of alcoholism as a human construction based on desire for social control (Room 1983; Fillmore 1988). Some embrace the disease model even while agreeing that addiction may not be a real disease—they hold that utility warrants labeling it as such (Kissin 1983; Vaillant 1990). Their opponents believe the disease model does more harm than good (Szasz 1972; Fingarette 1988; Alexander 1990a; 1990b; Crawford et al. 1989; Fillmore and Kelso 1987; Heather, Winton, and Rollnick 1982; Schaler 1996b).

My impression is that the disease model is steadily losing ground. It may not be too much to hope that the notion of addiction as a disease will be completely discredited and abandoned in years to come, perhaps as early as the next 20 years.

If this seems like a fanciful speculation, remember that other recognized 'diseases' have been quite swiftly discredited. The most recent example is homosexuality. Being sexually attracted to members of one's own sex was, overwhelmingly, considered a disease by the psychiatric profession, and therefore by the medical profession as a whole, until the 1960s. Psychiatry and medicine completely reversed themselves on this issue within a few years. Homosexuality was declassified as an illness by the American Psychiatric Association in 1973. It is now officially considered a non-disease, unless the homosexual wishes he were not a homosexual. This doesn't go far enough, but imagine the same principle extended to drug addiction: the addict is not at all sick unless he says he is unhappy being addicted!

Before homosexuality, there were the recognized diseases of masturbation, negritude (having a black skin), Judaism (described as a disease by the German government in the 1930s), and being critical of the Soviet government, which 'treated' political dissidents in mental hospitals (see Rush 1799; Szasz 1970; Robitscher 1980; Lifton 1986; Conrad and Schneider 1992; and Breggin 1993). A similar fate may be in store for the 'disease' of drug addiction.

Many people accept the disease model of addiction on the basis of respect for the messenger. Addiction is a disease because doctors say it's a disease (social psychologists call this peripheral-route processing) rather than critical evaluation of the message itself (central-route processing). Peripheral-route processing has more in common with faith than reason, and research shows that in general its appeal is greatest among the less educated. Reason and faith are not always compatible. Reason requires evidence, faith does not.

Clinical and public policy should not be based on faith, whether the source is drunken anecdote, the proclamations of self-assigned experts, or the measured statements of addiction doctors. Rather, empirical evidence and sound reasoning are required. Both are lacking in the assertion that addiction is a disease.

If it were ever to be shown that there existed a genetic disease causing a powerful craving for a drug, this would not demonstrate that the afflicted person had no choice as to whether to take the drug.

Nor would it show that the action of taking the drug was itself a disease.

There are various skin rashes, for example, which often arouse a powerful urge to scratch the inflamed area. It's usually enough to explain the harmful consequences of scratching, and the patient will choose not to scratch. Though scratching may cause diseases (by promoting infection of the area) and is a response to physiological sensations, the activity of scratching is not itself considered a disease.

### What Is a Disease?

Is addiction really a disease? Let's clarify a few matters. The classification of behavior as socially unacceptable does not prove its label as a disease. Adherents of the disease model sometimes respond to the claim that addiction is not a disease by emphasizing the terrible problems people create as a result of their addictions, but that is entirely beside the point. The fact that some behavior has horrible consequences does not show that it's a disease.

The 'success' of 'treatment programs' run by people who view addiction as a disease would not demonstrate that addiction was a disease—any more than the success of other religious groups in converting people from vicious practices would prove the theological tenets of these religious groups. However, this possibility need not concern us, since all known treatment programs are, in fact, ineffective.

I will not go into the claims of a genetic basis for 'alcoholism' or other addictions. A genetic predisposition toward some kind of behavior, say, speaking in tongues, would not show that those with the predisposition had a disease. Variations in skin and eye color, for example, are genetically determined, but are not diseases. Fair-skinned people sunburn easily. The fairness of their skin is genetically determined, yet their susceptibility to sunburn is not considered a disease. Neither would a genetic predisposition toward some kind of behavior necessarily show that the predisposed persons could not consciously change their behavior.

With so much commonsense evidence to refute it, why is the view of drug addiction as a disease so prevalent? Incredible as it may seem, because doctors say so. A leading alcoholism researcher

*How should we change it or a disease?*

once asserted that alcoholism is a disease simply because people go to doctors for it. Undoubtedly, drug 'addicts' seek help from doctors for two reasons. Many addicts have a significant psychological investment in maintaining this view, having been told, and come to believe, that their eventual recovery depends on believing they have a disease. They may even have come to accept that they will die if they question the disease model of addiction. And treatment professionals have a significant economic investment at stake. The more behaviors are diagnosed as diseases, the more they will be paid by health insurance companies for 'treating' these diseases.

When we consider whether drug addiction is a disease we are concerned with what causes the drug to get *into* the body. It's quite irrelevant what the drug does *after* it's in the body. I certainly don't for a moment doubt that the taking of many drugs *causes* disease. Prolonged heavy drinking of alcoholic beverages can cause cirrhosis of the liver. Prolonged smoking of cigarettes somewhat raises the risk of various diseases such as lung cancer. But this uncontroversial fact is quite distinct from any claim that the activity is itself a disease (Szasz 1989b).

Some doctors make a specialty of occupation-linked disorders. For example, there is a pattern of lung and other diseases associated with working down a coal mine. But this does not show that mining coal is itself a disease. Other enterprising physicians specialize in treating diseases arising from sports: there is a pattern of diseases resulting from swimming, another from football, yet another from long-distance running. This does not demonstrate that these sports, or the inclination to pursue these sports, are themselves diseases. So, for instance, the fact that a doctor may be exceptionally knowledgeable about the effects of alcohol on the body, and may therefore be accepted as an expert on 'alcoholism', does nothing to show that alcoholism itself is a legitimate medical concept.

### Addiction, a Physical Disease?

If addiction is a disease, then presumably it's either a bodily or a mental disease. What criteria might justify defining addiction as a physical illness? Pathologists use nosology—the scientific classification of diseases—to select, from among the phenomena they study,

*yes*

those that qualify as true diseases. Diseases are listed in standard pathology textbooks because they meet the nosological criteria for disease classification. A simple test of a true physical disease is whether it can be shown to exist in a corpse. There are no bodily signs of addiction itself (as opposed to its effects) that can be identified in a dead body. Addiction is therefore not listed in standard pathology textbooks.

Pathology, as revolutionized by Rudolf Virchow (1821–1902), requires an identifiable alteration in bodily tissue, a change in the cells of the body, for disease classification. No such identifiable pathology has been found in the bodies of heavy drinkers and drug users. This alone justifies the view that addiction is not a physical disease (Szasz 1991; 1994).

A symptom is subjective evidence from the patient: the patient reports certain pains and other sensations. A sign is something that can be identified in the patient's body, irrespective of the patient's reported experiences. In standard medical practice, the diagnosis of disease can be based on signs alone or on a combination of signs and symptoms, but only rarely on symptoms alone. A sign is objective physical evidence such as a lesion or chemical imbalance. Signs may be found through medical tests.

Sometimes a routine physical examination reveals signs of disease when no symptoms are reported. In such cases the disease is said to be 'asymptomatic'—without symptoms. For example, sugar in the urine combined with other signs may lead to a diagnosis of asymptomatic diabetes. Such a diagnosis is made solely on the basis of signs. It is inconceivable that addiction could ever be diagnosed on the basis of bodily signs alone. (The *effects* of heavy alcohol consumption can of course be inferred from bodily signs, but that, remember, is a different matter.) To speak of 'asymptomatic addiction' would be absurd.

True conditions such as migraine and epilepsy are diagnosed primarily on the basis of symptoms. But, in general, it is not standard medical practice to diagnose disease on the basis of symptoms alone. The putative disease called addiction is diagnosed solely by symptoms in the form of conduct, never by signs, that is, by physical evidence in the patient's body. (A doctor might conclude that someone with cirrhosis of the liver and other bodily signs had partaken of alcoholic beverages heavily over a long period, and might infer that the patient was an 'alcoholic', but actually the doctor

no physical effect

would be unable to distinguish this from the hypothetical case of someone who had been kept a prisoner and dosed with alcohol against her will. So, again, strictly speaking, *there cannot possibly be a bodily sign of an addiction.*)

If you visited your physician because of a dull pain in your epigastric region, would you want her to make a diagnosis without confirming it through objective tests? Wouldn't you doubt the validity of a diagnosis of heart disease without at least the results of an EKG? You would want to see reliable evidence of signs. But in the diagnosis of the disease called addiction, there are no signs, only symptoms (Szasz 1987).

We continually hear that 'addiction is a disease just like diabetes'. Yet there is no such thing as asymptomatic addiction, and *logically there could not be*. Moreover, the analogy cannot be turned around. It would be awkward to tell a person with diabetes that his condition was 'just like addiction' and inaccurate too: When a person with diabetes is deprived of insulin he will suffer and in severe cases may even die. When a heavy drinker or other drug user is deprived of alcohol or other drugs his physical health most often improves.

no bodily sign of addiction

## A Mental or Metaphorical Disease?

Mental illnesses are diagnosed on the basis of symptoms, not signs. Perhaps, then, addiction is a mental illness, a psychiatric disease. Where does it fit into the scheme of psychiatric disorders?

Psychiatric disorders can be categorized in three groups: organic disorders, functional disorders, and antisocial behavior (Szasz 1988). Organic disorders include various forms of dementia such as those caused by HIV-1 infection, acute alcohol intoxication, brain tumor or injury, dementia of the Alzheimer's type, general paresis, and multi-infarct dementia. These are physical diseases with identifiable bodily signs. Addiction has no such identifiable signs.

Functional disorders include fears (anxiety disorders), discouragements (mood disorders), and stupidities (cognitive disorders). These are mental in the sense that they involve mental activities. As Szasz has pointed out, they are diseases "only in a metaphorical sense."

Forms of antisocial behavior categorized as psychiatric illness include crime, suicide, personality disorders, and maladaptive and maladjusted behavior. Some people consider these 'disorders' because they vary from the norm and involve danger to self or others. According to Szasz, however, they are "neither 'mental' nor 'diseases'" (Szasz 1988, pp. 249–251). If addiction qualifies as an antisocial behavior, this does not necessarily imply that it is mental or a disease.

Addiction is not listed in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV). What was once listed as alcoholism is now referred to as alcohol dependence and abuse. These are listed under the category of substance-related disorders. They would not fit the category of organic disorders because they are described in terms of behavior only. They would conceivably fit the functional disorder category but probably would be subordinated to one of the established disorders such as discouragement or anxiety.

Thus, it's difficult to classify addiction as either a physical or a mental disease. Many human problems may be described *metaphorically* as diseases. We hear media pundits speak of a 'sick economy' or 'sick culture'. Declining empires, such as the Ottoman empire at the end of the nineteenth century and the Soviet empire in the 1980s, are said to be 'sick'. There is little harm in resorting to this metaphor, and therefore describing negative addictions as diseases—except that there is the danger that some people will take the metaphor literally.

Today any socially-unacceptable behavior is likely to be diagnosed as an 'addiction'. So we have shopping addiction, videogame addiction, sex addiction, Dungeons and Dragons addiction, running addiction, chocolate addiction, Internet addiction, addiction to abusive relationships, and so forth. This would be fine if it merely represented a return to the traditional, non-medical usage, in which addiction means being given over to some pursuit. However, all of these new 'addictions' are now claimed to be medical illnesses, characterized by self-destructiveness, compulsion, loss of control, and some mysterious, as-yet-unidentified physiological component. This is entirely fanciful.

People become classified as 'addicts' or 'alcoholics' because of their behavior. 'Behavior' in humans refers to intentional conduct. As was pointed out long ago by Wilhelm Dilthey, Max Weber, and

Ludwig von Mises, among others, the motions of the human body are either involuntary reflexes or meaningful human action. Human action is governed by the meaning it has for the acting person. The behavior of heavy drinking is not a form of neurological reflex but is the expression of values through action. As Herbert Fingarette puts it:

A pattern of conduct must be distinguished from a mere sequence of reflex-like reactions. A reflex knee jerk is not conduct. If we regard something as a pattern of conduct . . . we assume that it is mediated by the mind, that it reflects consideration of reasons and preferences, the election of a preferred means to the end, and the election of the end itself from among alternatives. The complex, purposeful, and often ingenious projects with which many an addict may be occupied in his daily hustlings to maintain his drug supply are examples of conduct, not automatic reflex reactions to a singly biological cause. (1975, p. 435)

Thomas Szasz agrees that

by behavior we mean the person's 'mode of conducting himself' or his 'deportment' . . . the name we attach to a living being's conduct in the daily pursuit of life. . . . bodily movements that are the products of neurophysiological discharges or reflexes are not behavior. . . . behavior implies action, and action implies conduct pursued by an agent seeking to attain a goal. (1987, p. 343)

The term 'alcoholism' has become so loaded with prescriptive intent that it no longer describes any drinking behavior accurately and should be abandoned. 'Heavy drinking' is a more descriptive term (Fingarette 1988). It is imprecise, but so is 'alcoholism'.

If we continue to use the term 'alcoholism', however, we should bear in mind that there is no precisely defined condition, activity, or entity called alcoholism in the way there is a precise condition known as lymphosarcoma of the mesenteric glands, for example. The actual usage of the term 'alcoholism', like 'addiction', has become primarily normative and prescriptive: a derogatory, stigmatizing word applied to people who drink 'too much'. The definition of 'too much' depends on the values of the speaker, which may be different from those of the person doing the drinking.

Calling addiction a 'disease' tells us more about the labeler than the labelee. Diseases are medical conditions. They can be discovered on the basis of bodily signs. They are something people have. They are involuntary. For example, the disease of syphilis was dis-

Addictions may  
not be diseases,  
+ this is why

covered. It is identified by specific signs. It is not a form of activity and is not based in human values. While certain behaviors increase the likelihood of acquiring syphilis, and while the acquisition of syphilis has consequences for subsequent social interaction, the behavior and the disease are separate phenomena. Syphilis meets the nosological criteria for disease classification in a pathology textbook. Unlike addiction, syphilis is a disease that can be diagnosed in a corpse.

Once we recognize that addiction cannot be classified as a literal disease, its nature as an ethical choice becomes clearer. A person starts, moderates, or abstains from drinking because that person wants to. People do the same thing with heroin, cocaine, and tobacco. Such choices reflect the person's values. The person, a moral agent, chooses to use drugs or refrains from using drugs because he or she finds meaning in doing so.

⇒ Diseases can be diagnosed by changes in the body. In addiction, they don't have signs, they are not diseases in the same sense. There may be damage to liver from alcohol, and that may be a symptom of alcoholism. But it doesn't prove it.

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7/30/02

## Do Drug Addicts Lose It?

They are fanatics in their addictedness to the dance.

*The Reader* (1865)

Absolutely crucial to disease-model thinking is the theory that when addicts are taking their drug, they have 'lost control'. They supposedly cannot help themselves; they have no option but to go on taking the drug.

It's easy to see that this theory is indispensable to the disease model. Without this loss of control, how could anyone claim that the decision to take or not take some drug was not a genuine choice? 'Loss of control' has been repeatedly sought by researchers and has never been found. All the evidence we have supports the view that drug addicts are conscious—yes, even calculating—responsible persons, in full command of their behavior.

### Alcoholics Control Their Drinking

Because of the legal problems involved in providing subjects with illegal substances, the most direct and conclusive investigations involve the legal drug, alcohol. Numerous studies in which alcoholics moderate or control their drinking undermine the theory

✓  
Becker would agree.