

Addiction: Disease or Behavior?

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It can be an uncomfortable moment, facing someone who insists addiction is a disease, and not knowing how to respond. Below are some suggestions for how to handle this situation.

Begin by acknowledging that there is a kernel of truth in the disease model. The kernel is that addictive behavior can be (although it is far from always) extremely difficult to change. Because it can be so difficult some individuals will allow themselves to experience dire consequences from addiction. Some die before changing. These outcomes make the notion of a disease seem plausible.

Acknowledge also that there is a genetic (or physiological) component to addiction. Which is to say, addiction runs in families. This is actually not much of an "admission:" There isn't much that doesn't run in families! What seems to be transmitted from generation to generation is a higher natural tolerance to the ill effects of a substance, and greater enjoyment of the substance. (Let us simply set aside how this might apply to activity addictions such as gambling). What also seems to be transmitted, in the non-addicted, is lower tolerance and lower enjoyment.

Often when speaking to large audiences I do a quick survey: How many don't enjoy drinking? Typically about 25% report that if alcohol disappeared it would be no significant loss to them, nor would it ever have been. These individuals are quite unlikely to develop alcohol problems. They don't enjoy drinking enough to develop a habit for it.

On the other hand, if you naturally enjoy alcohol, and if you don't seem at first to notice many ill effects (that is, if you are genetically predisposed), it would be easy to develop a habit for it. Does everyone genetically predisposed develop an alcohol (or other drug habit) or worse. No! So genetics must be only one factor.

What are the other factors? Now is the time to stand your ground! Because addictive behavior is a voluntary behavior (even though it can be habitual), it is chosen based on some form of cost-benefit analysis. That it is voluntary becomes clear if you imagine an extreme cost-benefit analysis.

Consider the "gun to the head" thought experiment, in which the "alcoholic" is given a first drink (to get craving going strongly), then a second. The alcoholic may have the second drink also, but will be shot in the head. Assuming the alcoholic is not suicidal, can you imagine that someone is so "out of control" that the drink is consumed?

Perhaps it is objected that alcoholism is a form of suicide, so we cannot assume the alcoholic is not suicidal. Instead, place the gun against the head of someone else, the alcoholic's parent, spouse, or child. Is the alcoholic so out of control that a loved one would be shot?

Perhaps it is objected that the alcoholic would just wait until the gun was gone, then drink. Exactly! As long as it is important enough not to drink, there will be no drinking! The problem is that over time the substance has become so important there is less and less to stop for.

This helps explain why families can be so devastated by addiction problems. If you really love me, why can't you stop for me? Maybe you don't love me so much!

There is another angle to the gun to the head thought experiment. Yes, the disease model would appear to explain why "alcoholics and addicts" keep using. But these individuals often stop, if not permanently then at least for significant periods. How does the disease model explain stopping?

If you press someone, who claims to be in recovery from this "disease," how the change occurred, the answer (you may need to press awhile) will be some form of cost-benefit analysis. "I realized I would lose my family/job/health, etc." It didn't even take a gun to the head, just a realization that there was something more important than the addiction.

I don't make these suggestions in the hope that you will persuade many die-hard disease advocates. But I do want you to feel secure in the facts about addictive behavior, and be able to present them succinctly to open minded individuals. Yes, the choice not to use can be tough, and especially tough with a genetic predisposition, but the choice is made the way all choices are made, based on some form of cost-benefit analysis.

A few other points to consider. If this is a disease, why hasn't the treatment for it changed since 1935 (when AA was founded)? Why is alcoholism a disease, but cigarette smoking or gambling or overeating perhaps not a disease (depending on whom you talk to)? Each of us at times may have "felt" out of control of some behavior (I suspect this is a universal experience), but this does not make our "feeling" correct. Had someone come in with a gun right then, we would have taken control immediately!

There are technical arguments against the disease model as well. All effective addiction treatments to date are consistent with a maladaptive behavior model (not a disease model). There is no medical test that can identify this disease (as distinct from the effects of the disease, such as liver damage), despite decades of looking for the physiological basis of the disease. Not everyone with problems has them get progressively worse. Some individuals need to abstain, but some return to controlled use or involvement (without major problems). However, these arguments require that you have a good knowledge of the scientific literature, and be talking with someone who has a similar level of knowledge (but if that individual did, you would already be in agreement, addiction is not a disease!).

The disease model does more harm than good. If someone has a firm belief in it, and finds it helpful, I make no effort to persuade otherwise. However, public policy is better based on facts than dogma. Almost our entire US treatment system is based on treating this "disease." Individuals with addictive behavior are led to think that the most important question is, am I an alcoholic/addict? Of course, rather than admit this, many just ignore problems until they get worse. A more rational system would encourage earlier problem identification, and present a range of options for responding to problems.

When you have a receptive audience, I suggest you present our message of hope: You don't have a disease, you are not powerless. By staying focused on what is most important to you (which might be a higher power, but could be all sorts of things), you can gain full control of your behavior, and learn to lead a wonderful life!