

The Addiction Debate: Choice or Disease?

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ABSTRACT

Many believe that addiction is a conscious choice, and that everyone who is hooked on a substance is there due to a lack of self-discipline or morals. Others contend, however, that because addiction is a sickness, it cannot be fully treated or even resisted with strict discipline. The first perspective has historically been the most prevalent understanding of addiction, and as a result, there is stigma attached to those who battle with substance usage, which frequently discourages individuals from voluntarily seeking assistance. The nature of addiction has recently become a prominent topic of debate among experts and the general public due to recent research conducted over the past few decades that has provided data to challenge that concept. Is addiction a decision that a person makes and keeps making, or is it an illness that wreaks havoc on their brain and eliminates choice from the picture? Which side prevails in the debate over addiction is the primary objective of this research.

Keywords: *Addiction, Debate, Choice, Disease*

Even in the twenty-first century, addicts and their families face discrimination, rejection, hostility, social isolation, and are prohibited from fully integrating into their communities. People suffering from addiction face a great deal of emotional shame, guilt, and humiliation for having a medical ailment, which prevents them from seeking medical and psychological care (Satish Rasaily, 2022).

Some ideologies, as well as society at large, consider addiction to be a personal choice. While no one forced an addicted individual to start taking drugs, it's difficult to fathom someone voluntarily ruining their health, relationships, and other significant aspects of their lives. If conquering addiction were as simple as deciding to quit, the problem of addiction would be considerably easier to handle, and relapse would be less prevalent. (Frank LE, Nagel SK, 2007)

It should be highlighted that the "addiction is a choice" perspective is mostly held by individuals and small communities. There are few, if any, nationally renowned drug abuse-focused organizations whose perspectives on addiction have not developed to regard it as an illness or disease.

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The Addiction Debate: Choice or Disease?

Merriam-webster dictionary describes addiction as “*a compulsive, chronic, physiological or psychological need for a habit-forming substance, behavior, or activity having harmful physical, psychological, or social effects and typically causing well-defined symptoms (such as anxiety, irritability, tremors, or nausea) upon withdrawal or abstinence*”, to simply put it Addiction is defined as not having control over doing, taking, or using something to the point where it could be harmful to you. Although similar, this to state it plainly lack of control over something or situation to the point that it might be damaging to you is what is meant by the term "addiction." Although they are similar, the diagnostic standards for a group of diseases known as Substance-Related and Addictive Disorders should not be mistaken with this concept of addiction. (Tyler, M , 2018)

Addiction may have a major negative impact on a person, leaving them agitated, delusional, paranoid, and frequently in a hallucinatory and reactive state. It can also leave their sensory motor system vulnerable to street drug usage. While social drugs stimulate or boost arousal qualities.

The recurrent and early exposure to addictive drugs and behaviors, according to experts, is a key factor. According to the American Society of Addiction Medicine, genetics also roughly doubles the probability of developing an addiction. (American Society of Addiction Medicine)

While other research reveals the link between addiction and low self-esteem. Additionally, an addiction might lower life happiness since a low sense of self-worth is linked to a low sense of contentment with life. (Hawi, Nazir & Rupert, Maya, 2016)

The environment and culture also influence how a person reacts to a substance or activity. A person's social support system may be lacking or disrupted, which can lead to chemical or behavioral addiction. Addiction can develop as a result of traumatic experiences that impair coping capacities.

This study seeks to explore the underlying meaning of addiction and attempt to resolve the debate over whether addiction is a choice or a disease, and why it is thought to be both. This paper was written using doctrinal research approach. Data from books, articles, and journals is collected, categorized, analyzed, quoted, and modified to make this endeavor more comprehensible.

What is Addiction?

Understanding the fundamentals of addiction is necessary before delving into its psychology. According to Psychology Today, it's really easy: When people indulge in an enjoyable pastime but are unable to quit, even at the expense of daily life, and their health and welfare suffer as a result, this conduct would be seen as an addiction.

A person who continues to drink despite losing their job and alienating their friends and family is probably hooked to alcohol. Similar to this, a person who can't help but gamble, even spending their life savings, and only wants to gamble is definitely hooked to the risk involved. (Psychology Today)

People who acquires or develops an addiction may not be aware that their behavior is creating issues for both themselves and others because addiction affects the executive processes of the brain, which are located in the prefrontal cortex. A person's behaviors may

The Addiction Debate: Choice or Disease?

eventually become dominated by the desire to experience the pleasurable benefits of the substance or habit.

Research shows that recovery is more common than not, despite the fact that all addictions have the potential to cause feelings of shame, remorse, and hopelessness. The path to healing can take various forms. Natural recovery is the process by which an individual improves their physical, psychological, and social functioning on their own. (Keane H, 2018)

The Root Cause of Addiction

A sort of emotional tension, which is so deeply ingrained in a person's subconscious mind that it is too difficult to even imagine, is at the heart of addictive behavior. Excessive enjoyment, such as the fun of a wild night out with friends or the rush of placing a large gamble, is known to reduce tension and make it go away.

The appearance of addictive activity shows that there are no appropriate coping methods for that issue; ceasing the behavior threatens to bring thoughts back to whatever that source of emotional stress is. The only available techniques are harmful and diversionary ones, such as substance abuse or problematic conduct. According to Psychology Today, the urge to act when that emotional tension manifests itself is what matters, not the addiction's primary focus.

Because their emotional stress doesn't manifest as one of those addictive behaviors, some people are able to stop drinking or engaging in compulsive behavior cold turkey². For many others, however, their drug or alcohol use is a sign of a problem they may not even be aware of having, and this requires treatments like long-term therapy and counselling. (Matthew Hoffman, 2021)

“Addiction does not occur because of moral weakness, a lack of willpower or an unwillingness to stop. This finding stems from decades of work investigating the effects of substance use on the brain.” (Jillian Hardee 2018).

Role of Associative Learning in addiction

Up to this moment, the Association for Psychological Science reports that only 20 to 30% of drug users genuinely experience addiction (Association for Psychological Science, 2015). The association explained that the desire for drugs starts as a goal-directed behavior: A person finds and takes drugs (the action), and then they feel high. The association was reviewing a study that was published in the European Journal of Neuroscience on "neural and psychological mechanisms underlying compulsive drug seeking habits" (European Journal of Neuroscience 2014). This is a kind of associative learning, which is the straightforward procedure of picking up a new skill based on a new input. Associative learning is exemplified by Ivan Pavlov's well-known experiment in which he trained his dog by ringing a bell to call it and then rewarding it with food (Huddle, J., 2016). Associative learning is controlled by a specific region of the brain that makes use of the neurotransmitter dopamine.

The brain naturally releases dopamine when a person engages in an enjoyable and rewarding activity. The act of eating and drinking assures the survival of the individual, their family,

² Many people may opt for the “cold turkey” approach, which means abstaining from a substance or habit immediately and completely.

The Addiction Debate: Choice or Disease?

and the species as a whole while also making us feel good. Because sex is both an enjoyable and rewarding act and a necessary one for existence, dopamine production is one of the primary forces driving sex (Castleman, M., 2012). The creation of a memory of the event as a result of dopamine production makes us want to seek out the experience once more. When our favorite meal is provided, we think back on previous experiences with it (which are gratifying and reassuring), which feeds the cycle.

Dopamine and Addiction

Dopamine is naturally secreted by the brain during healthy activities, but substances like cocaine or heroin (or compulsive behaviors, such as gambling, shopping, or eating) will cause the brain to release enormous amounts of dopamine and then prevent the brain from reabsorbing the dopamine, prolonging the pleasurable experience unnaturally. Chronic or heavy substance use frequently alters the chemistry of the brain to the point that everyday actions (such as enjoying one's favorite cuisine or having sex) don't result in the same levels of dopamine as they once did. The brain has been rewired through associative learning to solely correlate emotions of pleasure, reward, and the expectation of future pleasure and reward with the euphoric high that comes from using drugs or engaging in compulsive activity.

Brain imaging methods like positron emission tomography and magnetic resonance imaging have been used to reveal the chemical effects of drugs on the brain. These methods demonstrate the degree to which the pleasure/reward regions of an addict's brain have been damaged by long-term or severe drug exposure (Yasmin Anwar, 2015). These realizations have substantially demolished archaic beliefs that addiction is a moral failing, a sign of weak character, or even that substance use, and obsessive behavior have a religiously sanctioned component. High-resolution optical imaging technology that revealed the brains of people who had some type of mental health disorder that presented itself as substance use seemed to seal the deal. The rise of the 12-Step movement and peer organizations like Alcoholics Anonymous had set the stage for the so-called "moral model of addiction" to be cast aside, evolving the conversation to think of addiction in terms of a disease. (National Institute on Drug Abuse, 2014).

Emotional Stress and Addiction

Understanding the complete context of "emotional stress" becomes critical when discussing the psychology of addiction. Emotional stress can manifest itself in a variety of ways and be caused by a variety of factors. Domestic violence (whether physical, sexual, verbal, or emotional) in the home, for example, can have long-term consequences on vulnerable and powerless family members and witnesses, particularly children and women. According to the American Psychiatric Association, partner violence can result in a variety of mental health issues in both victims and those who witness the abuse. Among these conditions are:

- Depression
- Anxiety
- Panic attacks
- Post-traumatic stress disorder
- Suicidal thoughts (American Psychiatric Association)

Emotional stress is classified as trauma by the American Psychological Association, which defines trauma as an emotional response that occurs when a person feels severely scared for their life or well-being. A woman who is assaulted by her partner and a child who witnesses

The Addiction Debate: Choice or Disease?

the assault may be so terrified that their brains are unable to fully process the experience, a process that fundamentally alters the brain's functioning and chemistry (similar to what happens to a soldier's brain after a traumatic event) (Prof Eamon McCrory, 2016). This shock's aftermath might appear as one of the disorders described above. Untreated, emotional tension accumulates and festers, and only harmful activities (such as substance abuse or obsessive shopping, gambling, sex, and so on) may quiet the inner storm (American Psychiatric Association).

Addiction and Trauma in Women and Children

"The vast majority of people with addiction have suffered significant prior trauma," according to TIME magazine (Szalavitz, M. (2012). Many of the victims are women, who are disproportionately victimized in houses where domestic violence is widespread (Elizabeth Landau, CNN). According to the Journal of Psychiatric Research, women have a "heightened fear response," making them twice as likely as males to acquire post-traumatic stress disorder in the aftermath of a traumatic experience. (Anxiety and Depression Association of America)

In addition to substance abuse, girls who experience or witness domestic violence are more likely to engage in risky and uncontrollable behaviors, such as being sexually promiscuous (which may lead to the development of compulsive sexual behavior) or engaging in self-harm, such as cutting the skin; this is not a suicidal act, but the intense pain provides a distraction from the emotional stress of domestic abuse. (Berit Brogaard, 2015).

The mental stress induced by witnessing domestic abuse may be extremely detrimental for children. When their parents shout and fight, their children are frequently unable to comprehend what they are witnessing, which has a long-term influence on their brains, usually in the form of an anxiety or stress problem. According to the Center for Nonviolence and Social Justice, the differences extend throughout adulthood, thus children who grow up in stable and good families have significantly different brains than children who grow up in a domestic abuse household. (Kleber RJ, 2014).

Do Childhood Trauma cause Lifelong Addiction?

The discrepancy, according to the journal Neuropsychopharmacology, is due to "connectivity problems" in the parts of the brain that correlate emotions with ideas; another afflicted area is important for planning actions and responses to events. Teenagers who experienced domestic abuse as youngsters have brains that are incapable of regulating their emotions and behaviors depending on those feelings. If not addressed, the brain is unable to handle the sights and sounds of abuse and instead seeks solace via obsessive behaviors or substance use. (Szalavitz, M, 2015). Children have a tendency to internalize their circumstances, with some even blaming and feeling responsible for their parents' violence.

When all of this comes together, "childhood trauma creates lifelong addicts," according to The Fix. Enduring abuse damages a child's psyche to such an extent that they grow up with a massive risk of acting out in dangerous and unhealthy ways with the freedoms of adulthood. (Szalavitz, M, 2018) Researchers surveyed 587 participants and discovered a strong statistical link between childhood abuse (whether sexual, emotional, or physical) and substance use as a symptom of post-traumatic stress disorder:

- 39% of respondents abuse liquor
- 2% abused solution pain relievers or heroin

The Addiction Debate: Choice or Disease?

- 1% utilized cocaine
- 8% utilized marijuana(Khoury L, Tang YL, Bradley B, Cubells JF, Ressler KJ, 2010)

Addiction psychology can be impacted by factors other than childhood and domestic trauma. Athletes who are subjected to head injuries in sports such as football, boxing, wrestling, and ice hockey are at danger of traumatic brain damage if the head is struck with such force that the brain collides with the side of the skull, shredding nerve fibers.(Everett, J., Lehman, M. S., Hein, M. J., Baron, S. L., & Gersic, C. M., 2012) One of the numerous consequences of this type of damage is that the pathways in the brain that convey signals of pleasure and reward are disturbed in a way that is very similar to how those pathways are affected when a person takes drugs or alcohol.

This indicates that traumatic brain injuries might raise a person's risk of developing a drug use disorder because they affect the "incentive motivation neurocircuitry,"(Ohio Valley Center for Brain Injury Prevention and Rehabilitation) which is disrupted, according to the Journal of Neurotrauma. According to study on the subject of "Substance Abuse and Traumatic Brain Injury," published by Brainline.org, up to 20% of persons who have TBIs go on to become addicted as a result of the trauma.

Athletes deal with chronic pain and tiredness in addition to head traumas that impair brain function. They frequently compete when they are not mentally or physically prepared for it out of fear of losing expensive contracts or failing their teams and supporters. Because of the extreme strain, many people abuse medicines and steroids to play through the agony, many developing drug addictions in the process .(Reardon CL, Creado S., 2014)

Veterans who return home from the war have elevated rates of drug use, which is a world apart from the playing field. As part of their job, soldiers run the same risk of suffering from chronic pain and exhaustion and traumatic brain injuries. The sights and experiences of battle also raise the likelihood that they may acquire post-traumatic stress disorder. Each of these factors can, on its own, support the emergence of an addiction; taken together, they almost ensure it. (Andrew J. Saxon, 2011).

Officials in law enforcement especially police department, have similar challenges. Because of their demanding, traumatic, and sometimes humiliating work, corrections officers experience PTSD at rates that are more than twice as high as those of veterans of the armed forces (The Guardian News and Media). According to a clinical researcher with expertise in working with police, 14 percent of military veterans and 34 percent of prison officers showed the particular symptoms of PTSD (hypervigilance, flashbacks, suicidal thoughts, and sadness). Retired police admit to using drugs and alcohol as a kind of self-medication to deal with the emotional stress they encounter at work. 27. (Palmer, B., 2014)

Relation between Emotional Stress and Addiction

According to Maia Szalavitz's 2016 book *Unbroken Brain: A Revolutionary New Way of Understanding Addiction*, emotional stress causes addicts to lose control of their compulsions (whether to seek out and use drugs, or gamble, overeat, shop, etc.). According to the Washington Post, those who are compelled to engage in addictive behavior find it difficult to resist the impulse to do so - not because they are corrupt or weak, but rather because their mind is under continual strain and tension. When seen in this light, the moral model's assumptions about greed and hedonism in addicts do not hold true; rather, addicts experience anxiety, despair, or trauma brought on by (or resulting from) a suppressed,

The Addiction Debate: Choice or Disease?

hidden incident or set of events in their past. Giving in to compulsive behavior, such as drinking or gambling, is an escape strategy that serves as a potent source of pleasure to balance a strong emotional stressor. (Rosenfeld, J. 2015)

However, the issue grows more complicated the more study that has been done on the psychology of addiction. According to Pacific Standard, addiction is not a matter of willpower. The magazine cites five distinct studies that assert that treating addiction as an illness, based on "the genetic and physiological roots of addiction," has been successful. However, even if one accepts the conventional view of addiction as a sickness, it is still feasible to "conceptualize addiction as a choice," according to Frontiers in Psychology. In fact, after examining the neurological roots of addiction, the American Journal of Medicine came to the conclusion that it is a "pathology of motivation and choice." (Kalivas, P. W., & Volkow, N. D. (2005)

The Addiction Debate: Choice or Disease?

Addiction is viewed as a component of both the sickness and moral models in this new school of thinking, which Maia Szalavitz herself advances in *Unbroken Brain*. It also exhibits enough extra and distinctive qualities to even produce a third model. Proponents contend that this is the most effective strategy to address the unique psychologies that underlie addiction rather than isolating one aspect of the broad and varied range of drug use. The paradigm change is long needed according to many in the medical world; although viewing addiction as a human problem was incorrect, viewing it as an illness was also incorrect. ("Is Addiction Just a Matter of Choice?"- ABC News, 2003)

However, there is debate among the medical professionals, which illustrates how complex the psychology of addiction is. While some psychologists, physicians, and professors questioned by ABC News called for a different approach to addiction, others obstinately defended the notion that addiction is a disease. (Lance Dodes, 2011)

Addiction is a Choice was written by psychologist Dr. Jeffrey A. Schaler, who believes that "people have more control over their behavior than they think." However, "many scientists say addicts have literally lost control," and that this is a feature of the disease of addiction. A psychiatrist told ABC that the effects of drug addiction force patients to "actually lose their free will."

In October 2002, *Psychiatry Today* published two articles on the subject, one headed "Addiction Is a Choice" (Jeffrey A. Schaler, 2002) and the other, "Addiction Is a Disease," (John H. Halpern, 2002) serving as an excellent illustration of the argument over the psychology of addiction."

Dr. Jeffrey A. Schaler, who spoke to ABC News about his book of the same name, claims that there is no evidence to support the claim that addiction is a sickness in "Addiction Is a Choice." Dr. Schaler claims that addiction is a behavior that is "clearly intended by the individual person." The openly religious aspect of 12-Step organizations like Alcoholics Anonymous is one of the examples Dr. Schaler uses to support his claims. He challenges how addiction can be a disease if "religion is the best available treatment." According to the 12-Step concept, addiction is an ethical issue rather than a medical one. Even talk therapies like psychotherapy and counselling, which are essentially just conversations with a therapist, are built on the disease model, which aims to persuade the client that their substance use, and subsequent behaviors are caused by a condition rather than a choice. If addiction is a

The Addiction Debate: Choice or Disease?

sickness, then addicts are unable to regulate their behavior. Dr. Schaler cautions against emphasizing this to clients since it might give them the impression that they are not accountable for their conduct and that whatever wrongdoing they committed when they were addicted can be attributed to the "disease."

Dr. John Halpern offers cigarette smoking as an example in his paper "Addiction Is a Disease." 17.8% of Americans still choose to smoke, despite "multiple warning labels" explaining the dangers of tobacco being placed on every pack of cigarettes sold for decades. 43 Although there is a significant anti-smoking campaign in the United States, with graphic billboards and messaging warning about the risks of smoking, statistics on current tobacco usage nationwide have not changed noticeably since the turn of the twenty-first century.

This shows that "choice has little to do with the decision to continue using tobacco," according to Halpern. More than 1 million smokers make an effort to stop every year, yet less than 15% are successful in giving up cigarettes for a whole year. The majority of smokers are completely aware of the risks and dangers of smoking, as well as the fact that any advantages are at most transient; nonetheless, they compulsively keep smoking for an extended period of time. According to Halpern, not all options are equal since a variety of genetic, environmental, and other factors might impact a person's decision to start smoking, continue smoking, or participate in activities that promote smoking.

What Addiction Isn't!

However, despite being an "intense biological process," Sally Satel, a lecturer in psychiatry at Yale University, contends that drug addiction is not a brain illness. She is one of many who cautions against categorizing addiction as an illness, despite how alluring it may be to do so. Doing so runs the risk of putting addiction into a category to which it does not belong. Psychology Today contends that despite the fact that the war is waged in the brain, addiction is not Alzheimer's disease, and despite the fact that the patient's body changes, and the symptoms are uncontrollable, addiction is not cancer.

Although addiction is an illness in the sense that it requires treatment, it differs from all other diseases in many ways. According to Psychology Today, addiction is actually a combination of behaviors that are triggered by emotionally upsetting memories or situations. Going too far with the illness model misrepresents what addiction is, what it causes to a person, and how it may be treated, yet moving away from the moral model of addiction was useful. (Lewis, M, 2015)

The inadequacies of the above models are effectively addressed by a "psychological model" of addiction. Understanding addiction as a compulsive behavior puts the sufferers of addiction beyond basic dynamics of weakness and sickness, since it is neither a character flaw nor a "disease." Patients are no longer constrained by the adage "once an addict, always an addict," and they are also not pushed into the helpless position that detractors of the 12-Step approach find objectionable. (Sally Satel, 2016)

Many medical professionals and academicians disagree with how vigorously the illness model has been (and still is) promoted since it represents a significant departure from the accepted understanding of the previous few decades. Sally Satel claimed in *The Conversation* that therapy must take a person's decisions into account if recovery is to be successful and effective since addiction is "a problem of the person." In contrast, treating the problem will actually treat the person, even if it necessitates admitting that the patient had an

The Addiction Debate: Choice or Disease?

active role to play in their addiction. Erasing complicity and responsibility by attributing consequences to the "disease" creates an unrealistic approach to solving the problem of addiction. (Satel S, Lilienfeld, 2014)

In addition, Sally Satel coauthored a study titled "Addiction and the Brain-Disease Fallacy" that was published in the *Frontiers of Psychiatry* journal. In this study, she argued that the theory that addiction is a disease of the brain "over-medicalizes" addiction while still acknowledging that there is a "legitimate place" for using medication to treat addiction and that it ignores "the dimension of choice in addiction." When individuals are able to quit drinking but still struggle to succeed in their newly abstinent lifestyles, the flaw in the brain-disease paradigm is evident. Choice shouldn't be a problem if addiction were only a sickness of the brain, but Satel stated in the journal that "addicts can choose to recover," a claim that many addiction researchers may have found heretical just a few years ago. (Marc Lewis, 2016)

Is society to be blamed for addiction?

The concept that addiction is a sickness is "entrenched," according to *The Guardian*, in popular culture, the media, the legal system, and even among the scientific, medical, and therapy sectors. However, whilst those struggling with addictions profit greatly from counselling, therapy, a change of scenery, mindfulness training, and emotional development, those with cancer, malaria, diabetes, and pneumonia, to mention a few additional illnesses, will only slightly gain from the same interventions.

As a result, according to *The Guardian*, it is inappropriate to refer to addiction as a sickness or the result of personal failings. Instead, it is "a result of social ills" such as psychological stress, external pressure, and bad lifestyle. This equation includes choices, but they are decisions made under difficult circumstances and with low mental health. These are the issues that need to be resolved, not the false notion that addiction is a sickness that must be treated similarly to other ailments. According to *The Guardian*, the illness model has aided in our knowledge of addiction but has outlived its usefulness. Addiction is a complicated and pervasive problem, and the disease label grossly oversimplifies it. (Smith, K., 2015)

Similar to this, the *New York Post* did not mince words when it stated that "addiction is not a disease" and that present treatment approaches are ineffective. The *Post* made the case that it is past time to think of addiction as being far more intricate than a straightforward disease/choice binary dynamic (both in terms of etiology and treatment). Instead, accepting that addiction is an illness of the brain but also a disease of will is necessary to completely understand the psychology of addiction. Patients will benefit from this strategy considerably more than if they are told that they have a sickness that they have no control over. (Jeffrey A. Schaler, 2002)

CONCLUSION

Other studies have shown that regular exposure to drugs and other addictive substances (and behaviors) can alter the brain's molecular and neurochemical makeup and how it functions. A person may be vulnerable to relapsing even after detoxification because earlier, frequent use has had such a profound impact on the brain. When higher doses of the drug (or obsessive activity) are required to provide the same effect, tolerance develops, which further alters the brain. This is one of the features of an addiction. Since the central nervous system is constantly adjusting to find the ideal degree of drug exposure, the researcher contends that drug dependency occurs at the cellular level rather than only in the addict's head. The fact

The Addiction Debate: Choice or Disease?

that abruptly stopping drug use causes obvious and repeatable withdrawal symptoms shows that addiction has a highly medical origin.

Experts in behavioral science argue that any activity that may stimulate a person might be addictive; once a habit turns into an obligation or necessity, it can be described as an addiction. Additionally, researchers assert that the diagnostic indicators of behavioral addiction and substance addiction have a lot of characteristics as well as significant distinctions.

Addiction is brought on by a mixture of behavioral, psychological, environmental, and biological elements, just like diabetes, cancer, and heart disease. About half of an individual's chance of developing addiction is determined by genetic risk factors.

People's brains and bodies do not select how they react to drugs, which is why some people can manage their usage while addiction prevents them from doing so. Addicts can still quit taking drugs, but it's tougher for them than for someone who hasn't developed an addiction. Instead of blaming addicts for having a sickness, they ought to have access to high-quality, scientifically supported treatment.

Most people assume that since addiction is the result of a person's decision to take drugs, it cannot be a disease. The researcher agrees that once addiction has affected the brain, a person loses control of their behavior, even though the first use (or early-stage usage) may have been voluntary.

It is not up to me to define what constitutes an illness. Personal decisions about nutrition, exercise, sun exposure, and other factors have a role in heart disease, diabetes, and some types of cancer. What results from those decisions in the body is a disease.

The American Society of Addiction Medicine (ASAM), which joined the AMA in 2011, defined addiction as a chronic brain condition and not only a behavior issue or the outcome of making poor decisions. The researcher comes to this conclusion by observing that all of the studies on the subject are consistent, that biological abnormalities are always present in addiction, and that a simple theory of choice cannot fully explain the psychology of addiction.

Since addiction and drug use disorders can result from a complicated web of causes and have a variety of effects on various people, they are not entirely understood. However, in order to properly assist people who are suffering from addiction, it is imperative to continue learning more about how substance use is introduced to specific groups and what changes it triggers in the brain.

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The Addiction Debate: Choice or Disease?

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The Addiction Debate: Choice or Disease?

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The Addiction Debate: Choice or Disease?

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Conflict of Interest

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