**Addiction: Disease or Personal Choice?**

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At the very beginning of addiction development, substances or lifestyles provide a temporary and fleeting solution to an individual’s problems. However, there is some debate as to what actually “causes” people to become addicted. The answer to this debate has a very real application to today’s medical field and addiction counselling workers. Some view addiction as a disease. Others view addiction as the result of choice. Others view it as the playing out of genetic predispositions. Still others view it as the result of upbringing and environment. In my opinion, addiction is not a disease that is acquired or a sad example of social victimization, but rather, it is best categorized as the very unfortunate consequence of repeated poor personal choice. In order to be properly understood and helped both medically and psychologically, individuals suffering with addictions should no longer be viewed as people who have diseases, but as people who—due to some unfortunate life situations, choices, or upbringings—have decided to find temporary fulfillment through arguably dangerous substances or lifestyles which, in the end, master them.   
 Before an in-depth investigation into the origins of addiction itself (that is, from disease, choice, genetic predisposition, or environment), addiction itself will be reviewed, including how it affects the body, and what kinds of addictions are out there in the real world. The history of addiction as a realized entity will then be explored in some detail. With a greater understanding of what addiction is and its history, a more complete view of addiction today will result. After a detailed investigation into the origins of addiction itself, the proper response to the issue of addiction as Christians will be explored.

Addiction is a term used to describe anything from a desire, to a medical issue, to an uncontrollable compulsion (Ellis 2005). For the sake of this paper, addiction will refer to the state of being abnormally tolerant to and dependent on something that is psychologically or physically habit-forming. Addictions are very wide ranging, and include alcohol, drugs, sex, video games, food, pornography, and gambling. Addiction is a very large problem in North America, as over 20 million Americans are substance dependant (Anderson et al. 1996). Note that this does not even include those who are addicted to certain lifestyles. In addition, neurological and psychiatric conditions—which includes addiction—count for 1.1% of years of life lost across the world (Quirion et al. 2001).   
 Addictions are complex, but one common link between all addictions is the issue of dependence. Repeated exposure to addicting substances or lifestyles always gives rise to dependence, which always gives rise to tolerance, which is the birthplace of addiction itself. Tolerance means that over time, more and more of the substance or lifestyle is necessary to produce the desired effect (Bissette, 2004). The two types of dependence are psychological dependence and physical dependence. Psychological dependence is the term used when a person feels the need to have a hit (be it a drink, sexual encounter, joint, line – whatever the addiction may be). It can also be referred to as neurochemical tolerance (Clinton et al. 2005). Psychological dependence is very serious, and is the main driver in almost all addictions. Many addicts only experience psychological dependence, especially addictions involving sex, food, gambling, pornography, and video games. Physical dependence is the term used to describe the situation where the body has developed tolerance to a certain drug, and without more and more exposure, withdrawal occurs. This type of dependence is seen more in alcohol and drugs, and also sometimes in sexual and pornographic addictions. Withdrawal symptoms fall in acute or post-acute withdrawal. Acute withdrawal symptoms are those that happen within hours or days after cessation of the addicting substance or lifestyle (Bissette, 2004). Acute withdrawal can become such a detriment to a normal lifestyle, as for those suffering from it, no action seems pleasurable (Harvard, 1998). Post-acute withdrawal can last for up to several years after cessation (Bissette, 2004). Withdrawal symptoms can become very serious and even fatal, as they range from pupil dilation, headaches, mental irritability, inability to focus, and sweats, to delirium tremens, and seizures (Fudala et al. 1990). Not all drugs cause physical dependence, however. For example, cocaine is considered a dangerously addictive drug, even though it cannot cause physical dependence. Thus, cocaine addicts are only experiencing psychological dependence when going through rehabilitation. This gives an indication of how serious both types of dependence are.   
 Many factors influence why people become addicted. Genetic factors refer to the inherited vulnerability to the addictive properties of drugs. Studies have shown that there is a genetic factor involved in addictions, as those with relatives who are addicts are more likely to become addicted themselves (Glantz and Pickens, 1992). However, this is not to say that a person’s DNA determines whether or not they will become an addict; many people with a higher genetic vulnerability do not become addicted, just as many people with a lower genetic vulnerability do become addicted.   
 In addition to genetic factors, how the brain interacts with its environment also plays a role in addiction. The brain releases dopamine in response to positive experiences and surroundings. Dopamine is the hormone that gives the feeling of well-being and happiness. Eating, drinking, sex, alcohol, drugs, entertainment, and anything else that one feels “good,” cause’s dopamine release by the brain. However, the brain balances dopamine levels by developing tolerance, and by decreasing the amount of the hormone available for secretion. Thus, depending on a person’s dopamine regulation and response in the brain, a drug or activity may be more or less addicting to different people (Nader and Czoty, 2005).   
 A third factor that influences why people become addicted is their social environment. This refers to the social pressures that are put on a person—which is often linked to moral or religious affiliation—that makes someone more or less likely to begin engaging in lifestyles, or the use of substances in their lives. A person from a family that frowns upon addicting lifestyles and substances is less likely to become addicted simply because they are less likely to start in the first place (Wilson, 1999). On the other hand, a person from a very open family is more likely to begin to engage in these activities, and as such, is more likely to become an addict.   
 A fourth factor that influences why people become addicted is mental health. Over half of all addicts at some point in their life have struggled with mental health, especially anxiety and depression (Reiger et al. 1990). Although the issue between addiction and mental health is complex, many people suffering from a mental illness have a decreased ability to see the long term issues with addiction, and thus rely on the short term alleviation that addiction supplies. Indeed, the positives are immediate, but the problems are long term.   
 Although these four factors presented here relate to how readily someone will potentially engage in and become addicted to substances or lifestyles, there is no simple answer. Of all the intricate layers that make up addiction, one thing is certain; no one plans on becoming addicted.   
 Now that addiction has been briefly introduced, the history of addiction as a realized entity will be explored. In 1784, a general surgeon of George Washington’s revolutionary armies named Benjamin Rush birthed the concept of addiction as something that should be recognized by the medical community. His treatment of this perceived disease included massive doses of medicine and copious bleeding (White, 1998). This was the first recorded mention of addiction being recognized in the medical community. The first collective group that came together to discover more about addiction was the American Association for the cure of Inebriates, in 1870. This organization consisted of 14 physicians from Eastern United States (White, 1998). They set out to find the real cure for alcohol addiction, as if alcoholism (and every other kind of addiction) was a disease, analogous to the influenza virus, the flu, or cancer. Thus, the earliest groups that recognized addiction saw it as a disease. However, during the Colonial America’s, poor drunkards were flogged and jailed, never hospitalized. This action was termed “drunkenness,” which needed punishment. The term inebriety was considered a disease of high class, which needed rest and renewal (White, 1998). This simply shows how limited the understanding of addiction was, and how completely unsuccessful treatment was, due to the lack of knowledge.   
 Dispersed throughout the nineteenth century was a variety of self-help groups, indicating that it was at this time that addiction really began to be viewed as a personal problem, rather than addicts being viewed as victims of disease. The Washingtonian Total Abstinence Society was a group started in the 1840’s by six men in a tavern. These six men recognized their drinking problem and formed a network of accountability partners to help them all overcome their personal problems with drinking. The WTAS grew rapidly, as members went out and actively recruited followers in other bars and taverns. The recruiting effort was so intense that the city was divided into ward-like segments, to ensure that each tavern was visited for recruitment purposes. By the end of the first year, there were over five thousand members, and by three years, over twelve thousand people belonged to the Washingtonian Total Abstinence Society. When Abraham Lincoln was the honorary speaker at one meeting, over one hundred thousand people attended. One very interesting point about the WTAS is that clergy members were excluded for the meetings. This was done in an attempt to remove all attitudes of discomfort or shame. The WTAS, however, was poorly organized as they had no real leadership structure or regular meetings. Some people began to use the WTAS to make a quick dollar, by speaking at the meetings about alcoholism, even though they knew little or nothing about it. Due to the haphazard organization and membership structure, the WTAS dissipated as quickly as it had formed.   
 The Fraternal Temperance Society was also present in the 1800’s. These organizations held secret meetings, offered a sober support system, and were better organized than their WTAS counterparts. Although they were secular in nature—meaning that they did not use a proper relationship with God as a means of inducing change—they did allow all races to attend, which was unprecedented at the time (White, 1998). The Reform Club was another self-help organization present at that time. This group was made up of mostly businessmen, who saw a problem with their excessive drinking in response to their stressful work lives. Their motto was to not necessarily abstain from drinking, but to hold it in moderation. This organization, however, was only as successful and virulent as each leader, and each club rose and fell with their individual directors.   
 It was at this time, in the late nineteenth century, that government run treatment centers began cropping up all across the continent. These facilities were primarily medical and experimental in nature, as the knowledge about addictions remained very primitive. Many different treatment methods were tried, but mostly in the sake of research, rather than actually trying to help the “subjects.” By 1925, almost all of these treatment centers were gone, due to their inability to help “cure” the addicts. Shortly after in 1935, the best-run and most influential self-help organization began—Alcoholics Anonymous (Alcoholics Anonymous, 1984). Today, Alcoholics Anonymous has over 1.8 million members (Fact File, 2008). AA is so successful—and has been around for as long as it has—because it focuses on the transformation of moral character and encourage personality change that is sufficient for alcoholism recovery (Humphreys and Kaskutas, 1995).   
 Now that the history of addictions has been reviewed, a discussion about the origins of addiction can be explored. Note that the discussions of the different models that describe the origins of addiction are different than the factors influencing the probability to addiction, as previously explored. The discussion of the origins of addiction are concerned with how the addiction, at the very beginning of its “life,” is born, thus identifying the areas that treatment and prevention for addiction should concentrate. There are many different opinions on this matter, but they all belong to one—or a mixture of two or more—of four different groups. The four most common thought origins of addiction are the environment, genetic predisposition, disease, and personal choice.   
 Those who believe that the environment is responsible for people becoming addicts point to the difference in the attitudes and opinions of close friends and relatives about addicting substances and lifestyles. Often, those who are addicted have are socially surrounded with peers, co-workers, relatives, and close friends that find little or no fault in the substances or lifestyles that the addict is addicted to (Miller, 2005). This is not say that their peers, co-workers, relatives, and close friends approve of the addiction—for no one in their right might would say that addiction is a good thing—but that the original activity or substance in the first place, so long as done within moderation, is not a significant issue. In addition to social environments being associated with the beginning of a person’s addiction, the environmental model points to the frequency of relapses for those who have gone through treatment. Those with strong social environments have a much higher success rate of staying addiction-free, while those with little or no social support show much higher rates or relapse (Robinson and Berridge, 2001).

Those who hold to addiction being caused by genetic predisposition point to the strong correlation between addicts and the number of relatives who are also addicted to substances or lifestyles. This may suggest, as those who hold to this model of addiction would readily point out, that addiction is strongly influenced by a hereditary phenomena, similar to how certain genetic predispositions can make someone more or less as risk for developing certain types of cancer (Claus et al. 2004). For example, one such study has shown evidence that suggests that depending on genetic factors, dopamine receptors can be more or less sensitive to their substrate (Nader and Czoty, 2005). During cocaine use, this means that depending on the type of receptors a person has, they may be more or less likely to develop an addiction to the drug with less exposure. Thus, those who become addicted to substances or lifestyles may have their problem due to their genetic predispositions (Piazza et al. 2000). Genetics, on the other hand, can also make someone less likely to become addicted. For example children of alcoholics sometimes posses the ability to metabolize alcohol faster than normal, and exhibit higher tolerance levels to alcohol (Wilson, 1999). These studies suggest that one way or another, genetics may play a large role in the origins of addiction.   
 The disease model views addiction is a disease that has a medically-based cure. Those who hold to this cure look at specific physiological dysfunctions in the brain and the endocrine system (Miller, 2005). This view is still somewhat popular today, as addiction is still seen as a relapsing brain disorder (Leshner, 1997). In this view, addicts are seen as victims of biological and neurological problems. Thus, the most effective treatment includes, most importantly, a biological component (Leshner, 1997). Many learned scientists adamantly defend disease model, by saying that “addiction is a disorder of the brain no different from other forms of mental illness” (Nash, 1998).   
 These three models (environment, genetic predisposition, and disease) show varying degrees of feasibility in describing and serving as appropriate models for understanding addiction. In my opinion, addictions are as much of a disease as homosexuality is, as someone who physically beats their spouse, as much as a serious killer killing many innocent people. Indeed, addicts, like these other troubled individuals, are acting in ways and taking part in very dangerous and damaging lifestyles or activities because it temporarily fills the void of some much deeper and more serious problems.   
 So far, environmental, genetic, and disease-based origins have been explored as the potential origins of addiction. However, I feel that the research clearly shows that personal choice is primarily responsible. I think that the active addict is using drugs and engaging in addictive lifestyles to fight off feelings of stress, confusion, fragmentation, alienation, and worthlessness (Cushman, 1990). This view is especially prominent and widely accepted with regards to sexual addiction (Carnes, 2001). Viewing addiction as the result of a person choosing to engage him or herself in substances or lifestyles that could become addicting, if not taken in moderation, can be affected by many things. Stress, for example, can be one factor that makes people more readily choose to engage in drugs. One study clearly shows that drinking and substances abuse in students dramatically increases a week before exams (Noel and Cohen, 1997). Many scientists agree that unless we stop pawning off addiction as a response to environment, disease, or genetic predisposition, any type of treatment will enjoy limited results as the personal choice aspect is not addressed (McLellan et al., 2000).   
 God is very clear that He cares not only about the spiritual wellbeing of humans, but also about the physical wellbeing of His people. In his many miracles here on earth, Jesus showed how much he cares for the physical bodies of his followers by doing many miracles of healing. Also, God desires each and every human body to honour Him by keeping their bodies in good health and condition, as each body is a temple of the Lord (NIV, I Cor 6). Thus, it is clear that helping the addicts by drawing towards them in love and understanding is important to God, and will contribute to the furthering of His kingdom.   
 God hates to see people sin. However, since the fall of man, God allows us to feel—to some degree—the consequences of our sin. If someone is either hiding from their problems or finding temporary fulfillment in substances abuse of dangerous lifestyle engagement, the real root of the problem is not addressed or resolved. The substance or lifestyle becomes temporary portal of escape from the real problem for these people—and when their choices have time and time again led to that temporary solution to their problems, addiction is born. One writer, when discussing the sad reality of sexual addiction, described sex addicts not as those who are in the quest of pleasure, but those in which “the psyche has confused sex with love and the body interprets a rush of adrenaline as a triumph over fear, loneliness and inadequacy” (Batz, 1998).   
 Although it is important to keep in mind that as Christians very well know, the true purpose and meaning of life is to accept the saving grace that God offers to those who ask of Him, repent and be forgiven of sins, and live from now on and forever more in thankfulness and service to Him by doing His will. In this way and with this knowledge, even the most difficult problems of this life are nothing compared to the amazing love and grace of God. For, as Paul says in Romans, “neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord” (NIV, Romans 8:39). Thus, we know that God is bigger than the problems in our lives, and He is bigger and more satisfying than the temporary solutions we find in addicting substances and lifestyles. All creation owes its existence to God, and because of that, our desire for relationship is the basic component of our human nature (Clinton et al. 2005). That is, intimately knowing our Creator and having a right relationship with Him is and should forever remain the primary task of all people (Clinton et al. 2005).   
 With this said, it is important to note that the best way to help those who are addicted is by sympathising with their personal problems and state in life. Shoving the gospel down their throat is not the way to help these people, and will, in the end, be detrimental to their long-term health, both physically and spiritually. It is tremendously important to have addictions cease to be viewed as simply a condition or disease (like, a disease like Chlamydia or the flu, or a condition like FAS or ADD). Rather, Christians need to see past the immediate problems of the addiction itself, and concentrate more on the deeper and often spiritual problems that existed in the first place to give birth to the person attempting to find answers in addicting substances or lifestyles. As Christians, we know that the true reason for us living on this earth is to commit our lives to Christ, repent from our sins, accept His promises, and work out our salvation every day again by serving God with our lives to the best of our ability. True happiness in this world can truly only come by observing Gods commands. Thus, going through the difficult process of detoxification, or abstaining from the addicting lifestyle in order to once again live as productive and normally functioning members of our society is merely half the battle. We need to look deeper to the more serious problems – the problems inside. The reason Alcoholics Anonymous is so effective in the treatment of alcoholism is that they focus in on the person and their problems (Terra et al. 2008). As Christians medical doctors, professional councillors, therapists, or friends, we can help those suffering with an addiction by empowering them to believe in themselves, and see that through God is the only way we can be truly happy in this life because then and only then will we understand our life’s calling, and our purpose here on this earth.

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