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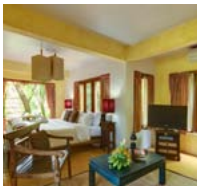
Addiction: Learned Behaviour or a Disease?






Addiction: Learned Behaviour or a Disease?

By Ben Moller

Over the last two hundred years or so, medical doctors, addiction counsellors, psychiatrists, psychologists and addicts themselves have struggled to define exactly what addiction is and what its causes are. How addiction impacts a person both physiologically and psychologically has come to the forefront of the debate, with particular emphasis being placed on whether addiction is a learnt behaviour i.e. a condition brought on by an unsuitable environment and one's character flaws or whether addiction is actually a disease beyond the means of an addict to control through sheer willpower alone.

Whilst debate about this distinction has been going on in the addiction community for some time, today the most widely accepted definition of addiction is that it is a chronic neurological disorder exemplified by a compulsive use of a substance or engagement in a behaviour despite continuing negative consequences. Further to this, the medical community has judged addiction to be an illness which affects the reward system in the brain and is characterized by poor neurotransmission, particularly low dopamine production. As dopamine is the brain's 'pleasure and reward' chemical, addictive substances and behaviours serve to provide feelings of reward absent in addicts due to their low dopamine production. These two definitions alone strongly point to addiction being a disease rather than learnt behaviour.

The increasingly dwindling proponents of addiction being a 'learnt behaviour' maintain that it is a habitual response. They will claim that addiction is merely a bad habit, or learned behaviour taken out of hand, "a human tendency to put off pain in favour of immediate pleasure." Besides the weight of evidence overwhelmingly confirming this is not the case, it is also vitally important for the general public to start seeing addiction as a disease. Recognising addiction as a disease eliminates the stigma of addicts being seen as simply immoral or weak-willed and allows them to more easily access professional and effective treatment for their addiction. It also legitimises the addiction treatment field within the greater medical community and allows treatment providers to acquire better access to funding for research, increases collaboration with medical community, leads to more effective treatment models and much more.

In 1951 the World Health Organisation (WHO) paved the way for addiction to be seen as a disease by declaring alcoholism a serious medical problem. In 1956 the American Medical Association (AMA) went further by declaring addiction to alcohol and other drugs to be a disease with the American Psychiatric Association following suit in 1960.

For addiction to qualify as a disease it had to meet the following medical criteria:

- **Is Primary** – the illness exists in and of itself
- **Is Chronic** – does not go away, heal or go into remission
- **Is Progressive** – over time it gets worse
- **Is Symptomatic** – can be diagnosed by the way it manifests in a person's physiology, behaviour and lifestyle
- **Is Fatal** – untreated can result in death
- **Is Treatable** - proven medication, therapies, and lifestyle changes do result in the ability to live without the abused substance.

More recent developments in recognising addiction as a disease occurred in 2007 when the US introduced a bill to congress to change the name of the National Institute on Drug Abuse (NIDA) to the National Institute on Diseases of Addiction (also NIDA). When introducing the legislation, former Senator and current Vice President Joe Biden asserted that "By changing the way we talk about addiction, we change the way people think about addiction, both of which are critical steps in getting past the social stigma too often associated with the disease." At this time, those still touting addiction as a learnt behaviour were further seen as outdated, and agreement on viewing addiction as a disease became almost universally recognised by doctors, counselors, psychologists, treatment centres and the wider addiction community.

For NIDA, the reasoning was simple. Addiction is a disease because it changes the brain. In brain imaging research done on addiction, NIDA director Nora Volkow maintains "Drugs of abuse affect multiple systems, not just those involved with learning and memory." She elaborates that they impede areas of the brain that inhibit undesired behaviour:

> *"What happens in the brain of the addicted person is equivalent to a state of deprivation. It changes the brain from operating in a situation where someone has a choice and does something because he wants to do it to a situation where it feels like need."*

Moreover, it is important to note that addiction, much like many diseases, can affect people more severely at a certain age and at specific developmental levels. Research shows that it blocks and re-patterns neurons in the frontal cortex of the brain, the seat of judgment, and a region which is not fully developed in adults until their early 20's. A connection between the addiction disease and the susceptibility of youth in contracting it becomes apparent considering this.

With respect to the causes of addiction, the medical view takes into consideration that the disease may be the result of "other biological, psychological, or sociological entities," in conjunction with a genetic predisposition.

NIDA explains that within the disease model of addiction, a genetic predisposition is believed to be present and an environmental event is also felt likely to be required. These hypotheses would explain the result of studies that have been carried out, indicating that twins separated at birth have a higher likelihood of concordance (similarity) for addictive disease than would be expected were there not a genetic component, and indicating that these twins have a lower likelihood of concordance for addictive disease than do twins who remain together in identical environments.

By attributing addiction to a 'monkey see, monkey do' scenario of a learnt behaviour, we undermine the concrete and scientifically studied affects and progenitors of addiction. Furthermore, it threatens to put treatment at risk itself; in that those seeking to treat and recover from an addiction may find little threat in relapsing when viewing addiction as a learnt behaviour rather than as a physical illness with real health risks and life threatening consequences.

Seeing addiction as a disease rather than simply learnt behaviour is therefore not only crucial in defining addiction and understanding it causes, but it is also essential in creating an effective treatment method and attitude towards treatment in the minds of the addict and their treatment provider, as well as removing any stigma the general public may hold towards people suffering from addiction.



Credits:

http://homepage.ntlworld.com/gary.sturt/health/Theories%20of%20substance%20abuse.htm

http://www.allinahealth.org/ac/transcript.nsf/alltopics/Addiction:_What_is_it

http://www.washingtonpost.com/wp-dyn/content/article/2007/08/24/AR2007082401699_2.html