

Advantages and disadvantages of conceptualising addiction as a disease



**ASSIGN
BUSTER**

The question of whether alcoholism or drug addiction can be correctly defined as a disease has been the subject of debate for well in excess of 70 years.

It has, however, been a very fertile debate with many writers, thinkers and researchers contributing arguments on both sides which we will discuss in the course of this paper. Although he was not the first person to propose that alcoholism was a disease, Jellinek (1960) in his landmark book established the debate as we know it today and few writers on the subject can overlook his work and discussion. Jellinek did not use a broad brush to describe all who presented with alcoholism as addicts of the brain disease concept, rather he broke it down into five categories. Of these five categories he suggests that two of the groupings might be described as a disease. Other experts differ in opinion feeling that the disease label (White 2001) should be abandoned, that it fails to provide an adequate framework for prevention and is a term misused.

Since Hogarth's (1751) depiction of the perils of gin in his famous painting 'Gin Lane' there have been many wide ranging and inhumane attempts at addiction treatment. From spiritual crisis to spiritual awakening, taking the pledge or imprisonment the cures and success chronicles of the last 200 years are varied. In this essay I set out some of the advantages and disadvantages of conceptualising addiction as a disease.

In his article (White 2000) suggests the disease concept challenged public health authorities to take responsibility for the treatment of addiction and altered public perception of the alcoholic. In the USA in the late 1970's and

early 1980's White tells us there was a huge growth of treatment programmes from private rehab facilities and hospitals who implemented and promoted the disease based concept.

One advantage of the 28 day residential model was that treatment could more easily be accessed through private medical insurance. The disease concept was, in part,

intended to remove the moral stigma of a condition previously regarded as self-inflicted. By 2001 White (White 2001) states that the disease concept was accepted by many including people in recovery, Doctors, Psychiatrists, counsellors and other professionals. It also went some way to support disturbed family members by offering acceptance and removing shame and guilt around their relationships with the addict. White argues that the disease concept encourages self-seeking behaviour and relieves guilt, replacing moral censure with unprejudiced access to health care institutions. He also claims the disease concept works as an umbrella to understand the various potential causes of the problem, as well as the evolution and the interventions that are available as treatment options.

Mansell Pattison et al (Mansell 1977) also note that whilst 'disease' does not have a written-in-stone definition, just as any deviation for health may be regarded as a disease, any condition that progresses over time may also fall into that category.

Pattinson recognises that E M Jellinek's book (Jellinek 1960) had been a most important and pervasive influence on the so-called disease model. Its

primary intent being to influence both contemporary medical practices with <https://assignbuster.com/advantages-and-disadvantages-of-conceptualising-addiction-as-a-disease/>

social and political developments. Jellinek alludes to five sub categories of 'alcoholisms' though he defines only two, the gamma and the delta varieties of alcoholism as a disease. This model effectively captured the notion that addictive disease was not a one size fits all malaise. Further Jellinek acknowledges that the definition of 'disease' as effective for the medical profession is not necessarily the identical definition of disease as held by the general public.

Burnham

(1994)

determines

that the

inability to

abstain and

loss of control

in the context

of an illness

appears to

normalize and

legitimize the

compulsive

drinking

behaviour. It

reduces the

sense of

isolation,

blame,
stigma, guilt
and shame,
and
subsequent
resistance to
seeking help.

It provides a
healing
rationale and
justification
for self-
punishing
actions whilst
at the same
time instilling
hope and
optimism that
recovery is
possible.

Burnham also
suggests that
it is probable
that
treatment

promotes
identification
and
connection
with others
who are
similarly
afflicted.

Burnham
concedes that
the
advantages of
the disease
concept are
far-reaching
and can have
positive
effects for
both female
and male
alcoholics.

Placing the
inability to
abstain and
loss of control

in the context
of an illness,
which can be
treated, is
comforting to
the sufferer
and family
members. It
reduces the
sense of
isolation,
blame,
stigma, guilt
and shame,
and
subsequent
resistance to
seeking help.
It instils hope
that recovery
is possible
and probable
with help, as
so many have
demonstrated

. It also promotes identification and connection with others and provides information as to the causative factors behind the continued consumption.

However, where women alcoholics are concerned, Burnham (1994) discusses the impact of the disease concept and the need for

women in
particular to
engender
self- efficacy
and feelings
of
empowermen
t, several
problems with
the disease
concept
emerge. Its
emphasis on
illness evokes
images of a
dependent
whose
wellness is
under the
control of
medical or
mental health
professionals,
contradicting
the disease

rhetoric of
clients taking
responsibility
for their
recovery.
Burnham
further
observes that
given
women's
socialized
patterns of
dependency
and
subordination
this additional
dependent
role
reinforces
any learned
helplessness
formulated
during early
childhood and
later years.

The obsessive
and
compulsive
lack of control
of drinking, a
primary
symptom of
the disease
concept, can
readily be
symbolically
generalized
to a lack of
control of the
totality of her
life in the
woman's
belief system.
Instead of
believing in
herself, in her
personal
creative
abilities and
strengths,

she focuses
on her
childlike,
immature and
needy traits.
Underhill and
Lester argue
that women
need to feel
empowered
with their life
situation
(Burnham
1994)

In his article
(White 2001
Counsellor 3)
White argues
that the
disease
concept strips
the addict of
freedom and
responsibility
and can be

misapplied.

He suggests

that labelling

alcohol/drug

problems as

incurable

diseases

could

dissuade

heavy

drinkers from

seeking help,

and

furthermore

that by

restricting the

definition of

vulnerability

to a small

group it has

let alcohol

and drug

industries

escape blame

for the

promotion of
their
products.

White goes
on to
recommend
(White, Apr
2001)

that disease
concept

critics claim

that the

majority of

people who

resolve

alcohol-drug

related

problems do

so without

seeking

recourse to

any

treatment

programme

or group. The

paper
continues to
say that
addiction is
not a disease
but rather a
choice
founded in
weakness of
character, a
habit under
the control of
the Will that
could be
broken like
any other
habit.

Another
adverse
result was
that there
was a
financial
backlash
against

access to the

‘ industry’

managing

access to

treatment, in

particular, the

prototype 28-

day inpatient

programme.

Right of entry

became more

restricted

towards the

end of the

twentieth

century

unless it

could be paid

for, insurers

did not like

the heavy

costs.

Professional

consensus

was again

resurfacing
that some of
the addiction
problems
might be best
resolved at a
personal,
cultural and
environmenta
l level. In a
later paper
(White,
Counsellor
Apr 2001)
proposes that
one of the
first
definitions
needed is
that of
disease. The
addiction field
must follow
the rest of
medicine in

moving away
from the
depiction of
disease as an
entity to an
understandin
g of disease
as a
metaphor. “
Disease” is a
word and an
idea used to
convey
substantial,
deteriorating
changes in
the structure
and function
of the human
body and the
accompanyin
g
deterioration
in
biopsychosoci

al

functioning.

Burnham

(1994)

argued that

diseases were

usually

thought of as

being inside

the body but

alcoholism

and

addictions

present

through

mainly

environmenta

l factors.

Lewis (2016)

asserts that

the disease

model is

scientifically

baseless and

sustains

stigma. Lewis suggests that we are starting to recognise addiction as a consequence of social ills rather than individual flaws.

Furthermore, he observes that medical care only makes sense for medical illnesses.

The enduring debate about whether there are advantages or disadvantage

s in using the
disease
concept
terminology
will rumble on
and until we
have some
definitive
wisdom as to
the cause of
addiction. We
know that the
disease
concept has
lent hope and
identity to
many addicts
and their
families, we
also know
that some
people
recover from
drug/alcohol
addiction

without any
treatment
intervention
at all.

Lewis (2006)
argues that
the disease
model
undermines
hope, fails to
end stigma
and doesn't
always get
addicts the
help they
need. Lewis
further
suggests that
the brain
changes
observed in
long term
substance
abusers are
nearly

identical with
those
suffering from
obesity,
gamblers,
porn
aficionados,
gamblers and
internet
addicts,
pointing to
the idea of
responding to
cues
predicting
their
preferred
rewards.
Dopamine
flows in
anticipation
of pleasure,
(Maté 2012) a
response to
an outside

stimulus

rather than a

disease which

originates

within,

children are

constantly

chasing

dopamine.

Adult children

seek to

recreate the

same.

Conceivably

the ritual of

pouring a

drink or

assembling

drug

paraphernalia

offers this

promise, and

this is outside

the body and

in the

environment.

Should we
look more
closely at
lives rather
than genetics
and
addictions as
the disease,
keeping in
mind the
human brain
is shaped by
environment.

Some addicts,
in a moment
of sudden
insight can
change
course and
turn away
from
addiction, this
is undeniably
at odds with

the disease

concept.

Is there an

argument to

look at what

is right about

addiction?

Are there

undeclared

forces at work

to encourage

the disease

model, such

as the alcohol

industry,

advertising

and

marketing

companies,

pharmaceutic

al companies,

costly private

rehab

residential

centres and

the Inland
Revenue.
Lewis (2015)
argues that
the disease
label locates
the problem
of addiction in
the individual
and therefore
it is hard to
see how that
counteracts
stigma. Most
addicts
eventually
recover with
or without
help and it is
therefore
confusing for
them to be
labelled as
chronically ill.

An

opportunity
to explore
this model
was
presented
when
(Finagrette,
2010) when
the Supreme
Court
considered
the issue of
whether
alcoholism is
a disease and
whether
being
alcoholic
excuses one
from criminal
responsibility.
Although,
when
entering this
fray, Herb

Finagrette's
sense was
that
alcoholism
had been
established to
be a disease,
his
examination
of the issues
thoroughly
convinced
him
otherwise.
There was no
genetic or
other
biological
explanation
for why a
person drinks
too much
either on a
particular
occasion or

habitually,
why a person
commits
violent or
criminal acts
when drunk,
why a person
decides that
he or she is
an alcoholic
and that
drinking is an
excuse for
misbehaviour.
Instead, Herb
saw, drinking
was an all-
purpose
excuse, a
special case
of self-
deception
anointed by
science but
actually

steeped in
the lore of
magical “ loss
of control” —”
I couldn’t help
myself” —as
though this
description of
irresponsibilit
y was
somehow an
explanation
and an
excuse for it.

It remains the
case that
treatment is
not available
to the
majority who
seek it.

Recovery
from alcohol
dependence
bears no

necessary
relation to
abstinence,
(Pattinson
1977)
although such
a
concurrence
is frequently
the case.
(Levine 1978)
reminds us
that there are
different
conditions
facing people
in the 20th
century,
particularly
giant
organisations
and the
consequent
degree of
human

interdependence, evolving what were once viewed as individual problems into problems of a more social nature.

(Vaillant 1995) reminds us that alcoholism produces enormous suffering and to deny treatment to alcoholics is inhumane.

Virtually all follow-up studies show alcoholics

better off for
several
months after
clinic
treatment
than they
were just
before
treatment.

The disease
model of
treatment
facilitates the
understandin
g of facts
rather than
illusions
about the
addiction
which, in
turn, serves
to assist the
natural
healing
process.

Summing up
the
advantages
and
disadvantage
s of
conceptualisi
ng addiction
as a disease
we must look
at how the
addict might
benefit from
either point of
view.

Drug
treatment
programmes
(Coomber et
al 2013)
discuss
ideologies
that vary
considerably
in terms of

treatment,
some
programmes
are
abstinence
based
whereby drug
use is not
tolerated.

This might
include the
AA 12 step
programme
or a disease
model rehab
programme.

The
alternative
philosophy
draws on the
principles of
harm
reduction
without using
a closed

environment.

The addict will have their own views on which treatment offers them the better opportunity of success. It is important not to discount the degree of self efficacy the addict may possess or the goals he/she may be determined to attain in order to enable recovery.

There may be

a situation of natural 'maturing out' and reaching a stage where other things replace the drug of choice such as a relationship, children or a job. (Coomber 2013) advocate that successful outcomes depend, in part, on the appropriate match between an individual's needs and a particular

drug

treatment

modality.

Abstinence

from drugs

must always

be placed

second to the

health of

users, so it

goes without

saying that a

person

suffering from

alcohol

addiction

should not

undertake a

detox without

medical

supervision.

The disease

model

28dday

recovery

programmes

offer

enlightenmen

t and

understandin

g of some of

the reasons

that may

have led to

addiction.

This may

prompt

further self-

seeking

discoveries,

whether a

relapse

occurs or not,

seeds will

have been

planted

during

therapy

sessions that

can be

revisited. The security of knowing that there are others in the group who are trying to move out of addiction may offer the feeling that it is not a lone journey and a sense of being able to help each other.

AA's Twelve Step Program not only provides accessible group support but also a clear ideology

regarding
addiction. The
programme
addresses the
individuals'
need for
identity,
integrity, an
inner life and
interdepende
nce within a
larger social
and moral, or
spiritual
context. The
ideology
largely
encompasses
a disease-like
point of view
promoting
total
abstinence
and surrender
to a higher

power. Not all attendees feel the need to embrace all AA conventions but may draw on the collective wisdom and companionship of the group as they feel appropriate.

Where the addict can move out of depression and engage in a more meaningful life it can follow that he/she will be less

interested in

mind

numbing

substances.

The Rat Park

experiment

(Alexander

2018) showed

that where a

group of rats

lived together

in a park

offering lots

of interesting

stimulation

and food they

avoided

taking her

heroin that

was offered.

Medicating

with mind

altering

substances is

usually driven

by not feeling
complete
emotionally.

Though there
are strong
arguments on
both sides
regarding the
advantages
and
disadvantage
s of
conceptualisi
ng addiction
as a disease,
the outcome I
feel is that a
non-disease
concept is
marginally
more
favourable.

Reference list

<https://assignbuster.com/advantages-and-disadvantages-of-conceptualising-addiction-as-a-disease/>

- Alexander, B., 2018. *Addiction: The View from Rat Park (2010)* .
[online] Brucekalexander. com. Available from: <http://brucekalexander.com/articles-speeches/rat-park/148-addiction-the-view-from-rat-park>
[Accessed 20 Oct. 2018].
- Coomber, R., McElrath, K., Measham, F., & Moore, K. (2013). *Key concepts in drugs and society* . Sage. P125-128
- Finagrette, H., 2010. Is Addiction Really a Disease?. *Alcoholism Treatment Quarterly* , 28(2), pp. 239-242.
- Jellinek, E. M., 1960. The disease concept of alcoholism.
- Hogarth's, W., 1751. Gin lane.
- Levine, H. G., 1978. The discovery of addiction. Changing conceptions of habitual drunkenness in America. *Journal of studies on alcohol* , 39 (1), 143-174.
- Lewis, M., 2015. *The biology of desire: why addiction is not a disease* . Hachette UK.
- Maté, G., 2012. Addiction: Childhood trauma, stress and the biology of addiction. *Journal of Restorative Medicine* , 1 (1), 56-63.
- Pattison, E. M., Sobell, M. B., & Sobell, L. C. (1977). *Emerging concepts of alcohol dependence* . Springer Publishing Company.
- White, W. L., 2000. Addiction as a disease: The birth of a concept. *Addiction* , 51 , 73.
- White, W. L, 2001 Addiction Disease Concept: Advocates and Critics." *Counselor* 2 (1), 42-46

- White, W. L., Boyle, M., & Loveland, D. (2002). Alcoholism/addiction as a chronic disease: From rhetoric to clinical reality. *Alcoholism Treatment Quarterly* , 20 (3-4), 107-129.
- Alexander, B., 2018. *Addiction: The View from Rat Park (2010)* . [online] Brucekalexander. com. Available from: <http://brucekalexander.com/articles-speeches/rat-park/148-addiction-the-view-from-rat-park> [Accessed 20 Oct. 2018].
- Vaillant, G. E., 2009. *The natural history of alcoholism revisited* . Harvard University Press.