

Barbara Kay: Addiction is a ‘disease’ ... of choice

Wednesday September 26th, 2012



Ronald started using drugs at 14, soon falling into a life of crime and ending up in Vancouver’s notorious Downtown Eastside (DTES). At 40, he stopped using. Drug- free for seven years, he now works for the Salvation Army, helping addicts.

Stan is a giant of a man who used drugs, ran with bikers and engaged in serious criminal activity. Today, he’s been out of the drug scene for a decade and runs a group for addicts struggling to break free of their demons.

I could go on. Millions of people free themselves from addiction. Many of them will be present this Sunday, Sept.30, at the Vancouver Art Gallery to celebrate “Recovery 2012,” Canada’s first official day devoted to addiction recovery.

Conceived and organized by the B.C. Orchard Recovery Centre in partnership with the Drug Prevention Network of Canada (DPNC), the event will rally addiction- recovery stakeholders and supportive politicians to acknowledge the splendid work done in recovery programs by dedicated volunteers. Recovering addicts will step up to the mic and proclaim things like “I’m in Recovery. I’ve been in Recovery for 23 years.” Or 18 months. Or two weeks. It’s a welcome project, worthy of becoming an annual tradition in all Canadian cities, as it already is in the United States.

I wonder if the “progressive” folks who run safe injection sites, such as the infamous Insite, will be in attendance. They’re devoted to a “harm reduction” addiction policy. And many of them see addiction as an incurable disease that can only be compassionately and hygienically managed, never cured. They pay lip service to rehabilitation, but in this domain, you either believe recovery is a viable prospect or you don’t.

Regrettably, the “disease”/“compulsion” model of addiction has taken a firm hold on our collective understanding. Our disproportionately liberal mainstream media complacently swallow the shibboleths of harm- reduction champions (many of whom also advocate for drug legalization) rather than weigh them objectively against arguments from proponents of full- blown recovery — because the latter are more likely to be found amongst practising Christians and other social conservatives.

In his fascinating 2010 book *Addiction: A Disorder of Choice*, Gene Heyman, a lecturer in psychology at Harvard University, rejects the disease model, and makes a persuasive case for addiction as not only a disorder of choice, but one that is relatively easy to reverse.

Heyman poses an awkward question for disease theorists. What “disease” can afflict 1% of people born between 1917 and 1936, but 14% of people born between 1952 and 1963? The answer is none. Disease rates don’t rise or fall depending on the hostility of the general culture toward them, but rates of drug use do — as the numbers above attest. And our culture, once highly contemptuous of drug use, now spurns the judgmentalism of yesteryear.

Heyman is a data hound. He has no political axe to grind, since he does not declare himself for or against legalization of drugs or any particular form of enforcement.

His conclusion, drawing on three major national surveys involving tens of thousands of people, is that of those who had become addicted to drugs by age 24, roughly 75% reported no drug use by age 37. Yet most clinicians have little exposure to these success stories, Heyman argues — because doctors’ clientele disproportionately consists of the drug users with the most intractable problems.

Most addicts stop using by an act of will, and are motivated to do so by simple cost- benefit calculations. Heyman points to age 30 as the usual cutoff, the age when people get serious about careers and mating. (Getting married is enormously motivating. Married people are only half as likely to abuse drugs as singles.)

Heyman agrees that addicts are genetically predisposed to addiction, but he gives great credit to voluntary control over inclinations. Genes shape about half of our behaviour choices. Genetically unlucky people may have to work harder controlling their inclinations, but with support, they can do it.

David Berner, executive director of DPNC and Recovery 2012’s prime mover, points out that rehab costs between \$25,000 and \$50,000 a year per bed, as opposed to prison, which costs \$250,000 per bed per year. He claims rehab offers a success rate of between 25%-80%, depending on the program.

If you had a real disease like cancer, and intervention gave you even 25% odds, while palliative care gave you none, which would you take?

The answer is obvious. So why are we still treating addiction as an incurable disease rather than a choice?

National Post

bkay@videotron.ca

Barbara Kay - Columnist