On Addicts’ Moral Responsibility and Action

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Abstract: Most people have the kind of agency over their actions that amounts to their being morally responsible for those actions. The article concerns the question whether addicts belong to this group of people when their addiction brings about problems of controlling their addictive behaviour. Addicts are usually seen as somehow out of control. Their action is not considered to be the same as non-addicted persons because of their addiction. Neuroscientific research on addiction has given rise to brain model of addiction which supports the idea that addiction is an organic neurobiological condition that subscribes to causal theories of biology, pharmacology, and neuroscience. This can be seen to support the brain disease model of addiction in which addicts’ neurobiological and pharmacological mechanisms in the brain differ from those of non-addicted persons substantially. As the paper assumes having control over one’s action as a necessary condition for being morally responsible for one’s action, it is considered whether addiction diminishes or undermines the addicts’ control over their addictive acts and thus undermines the addicts’ moral responsibility for their addictive acts. In the article it is argued that the addicts’ alleged loss of control is not the kind that undermines their agency in a way in which it undermines their moral responsibility.

Keywords: addiction, agency, control, alternative possibilities, moral responsibility

Introduction

If I ride my bike too fast in the city centre in normal circumstances, I am morally responsible for my action, i.e. riding the bike too fast, for, among other things, I am in control the action in an appropriate way. The article starts with a preliminary assumption that most people have the kind of agency over their actions that amounts to their being morally responsible for those actions.1 The question is whether addicts belong to this group of people when their addiction brings about problems of controlling their addictive behaviour. Does addiction undermine the addicts’ responsibility for their addictive acts? I take it that moral responsibility usually entails some kind of control over oneself and one’s action. Commonly it is regarded that morally responsible agents are free in a relevant sense. Free agents can usually be considered to have control at least in two senses. First, they are able to choose from an array
of alternative possibilities, and, second, the origin or source of their choices and actions is in themselves and not in anything or anyone over which they have no control. The two aspects are not necessarily distinct from each other, but they are, depending on the view on freedom and moral responsibility, related to differing degrees. In this article, I will analyse the first aspect of control in relation to gambling. To be more precise, I regard some forms of gambling as behavioural addiction and I will consider whether the agency of addicted gamblers is the kind that the addicts are able to choose from alternative possibilities when they engage in gambling.

Addiction seems to be one of the most predominant predicaments of modern society. Resources have been harnessed for overcoming its negative aspects and effects. Discussion on addiction seems abundant and manifold. Indeed, defining addiction in a satisfactory way is not an easy task in itself, as there seems to be quite an array of different kinds of conceptions of addiction, even if the discussions were narrowed down to academic ones. Recently there has been an increased interest in addiction in neuroscience. Neuroscientific research on addiction has given rise to brain model of addiction which supports the idea that addiction is an organic neurobiological condition that subscribes to causal theories of biology, pharmacology and neuroscience. This can be seen to support the brain disease model of addiction in which addicts’ neurobiological and pharmacological mechanisms in the brain differ from those of non-addicted persons substantially. In fact, there are many who define addiction as a disease. They consider addicts as victims of a disease for which they are prey. This view particularly highlights the questions concerning addicts and their moral responsibility. It seems that addicts cannot be responsible for their addictive acts if their addiction is a disease, i.e. something over which they do not have proper control. Others see addiction primarily as a moral condition. According to this view addicts are merely weak willed people who should act otherwise, but maybe lack the moral character or moral motivation to do it. There is also a view which regards it as simply pleasure seeking behaviour. This view emphasises that addicts are rational agents who act on normative reasons. On this view, addicts simply choose the pleasure (and pain) of their addiction. The point in
this article, however, is not to try to capture the necessary and sufficient conditions for the concept of addiction. Instead, providing some features that characterise a paradigm case of addiction is enough for the purposes of this article.

Addicts are usually seen as somehow out of control. Their action is not considered to be the same as non-addicted persons because of their addiction. It seems for instance that addicts are impaired in their ability to act according to their own deliberative conclusions because they continue to feed their habit even in the face of great negative consequences. This seems to suggest some kind of problem with control. In what follows I will analyse whether the addicts’ alleged loss of control over their addictive behaviour is the relevant kind that affects their moral responsibility for their addictive acts, i.e. acts that are conducted in order to feed their addiction. To put it more concretely, the article is concerned whether addicted gamblers’ alleged loss of control over their gambling is something that diminishes their moral responsibility for that gambling. I will not consider whether addiction makes a single act more blame- or praiseworthy. So the moral nature of the addictive acts is not at issue here. The act of gambling does not seem to be, after all, inherently and unarguably something for which the agents should be blamed or praised. Nor will it be considered in the article whether addiction provides an excuse for an action. If an addict commits a crime she had not otherwise committed, is having an addiction something that should be taken into consideration in blaming? For instance, a gambler may steal money from the company she works for in order to pay her gambling debts. She may have every intention to pay back the money as soon as her gambling is on the roll again and she would not have stolen the money in the first place, had she not been addicted to, say, playing roulette. So, to be clear, as I take it that having control over one’s action is an individually necessary condition for being morally responsible for one’s action, I will consider whether addiction diminishes or undermines in the relevant sense the addicts’ control over their addictive acts and thus undermines the addicts’ moral responsibility for their addictive acts.
Gambling as Addiction

Needless to say, not all gamblers are addicts. The activity of gambling, i.e. playing games of chance for money, is not something that will automatically make the actors addicts. Spending a whole night at the casino does not make an individual an addict nor does playing lotto every fortnight with your friends. By addiction people usually refer to disordered substance use. In addiction literature usually a distinction is made between different addictions on the basis of whether the object of addiction involves digesting some substance. Even if this kind of distinction does not from a philosophical perspective seem necessarily worthwhile, it seems clear that substance dependence can bring extra features to those addictions in question or they may intensify the phenomenon of addiction. Of course, behavioural addictions also have their own extra features depending on the characteristics of the activity that is the object of addiction. However, as I will take gambling as the basis of my consideration, I will first provide a brief characterisation of what I consider addiction on a very general level and then show how gambling can be regarded as an addiction within this characterisation.

Addiction is typically seen as a long-term dispositional condition with susceptibility to particular type of desires. R. Jay Wallace gives an account of these desires. First, addictive desires are typically experienced “unusually resilient”. This means that an addictive desire persist or assails the addict periodically during periods in which it is left unsatisfied. This persistence or assault realises in a way which seems to be detached from the agent’s own deliberative verdicts about the value to be gained by satisfying it. It seems plausible to think of a gambler who needs to play the game of her choice on a daily basis. If the need is left unsatisfied, the gambler can identify withdrawal symptoms such as irritability.

Second, addictive desires are experienced unusually intense. People generally refer to them even as cravings. For instance Gary Watson describes the intensity with an analogy to noise. He depicts a case in which you are home alone and there is a party next door. The noise from the party captures your attention and you cannot concentrate on anything else. These desires are experienced being so “loud” in the agent’s mind that the agent cannot
think about anything else. Their “noise” drowns out the agent’s deliberative verdicts. For instance, a person who is hooked on online poker may find it almost impossible, say, to read a book in a room in which there is a computer with internet connection. Instead of concentrating on the literary pleasure on her hands, she finds herself contemplating whether she should switch on the computer and what her next game strategies in poker are.

Third, addictive desire seems to be linked in various ways with our conceptions of pleasure and pain. Addicts are said to act in order to achieve pleasure for instance by getting high with heroin and at the same time the heroin addicts need the drug in order to avoid and prevent (or rather postpone) the withdrawal symptoms that can be painful. This could be easily seen to be applied to behavioural addictions too. An addicted gambler seeks her pleasure from the adrenalin rush when she places her bets on the roulette table and as she anticipates the result. In a Finnish research on online poker, for instance, the possibility of winning, the “excitement” of losing money, and playing and competing against other players are listed as features that give rise to the potential dependence for gambling. These features can be seen to have aspects of pleasure and if not pain then at least discomfort (for losing and not being able to play). In fact it seems plausible and maybe even necessary to accept the idea that one needs to find some kind of pleasure in the object of her addiction to become addicted in the first place.

Fourth, the susceptibility of addictive desire typically has a physiological basis. This means that addicts’ proneness to act in accord with their addiction may be connected to the transformations in their brains that are induced by their continuous use of drug. For instance in some substance addictions, repeated consumption of some drug may affect the functions of transmitter substance in the addict’s reward system; many addictive drugs block the reuptake of dopamine after its release from the presynaptic terminal. However, when addiction is located in the functions of the reward system, it does not rule out that behavioural addictions would differ from substance addictions. Gambling clearly does not have the kind of physical dependence on any external substance that would intensify and reinforce the addictive behaviour in the same way as using heroin or cigarettes does, but it may have
the similar kind of effect on the brain as the substance addictions have in other respects.\textsuperscript{23} In fact, there have been studies which try to explore the common neurobiological basis for substance addictions and behavioural addictions.\textsuperscript{24}

So generally, if one talks about gambling as an instance of behavioural addiction, it usually refers to the point that gamblers may satisfy the criteria for addictive behaviour in terms of preoccupation, tolerance, withdrawal, persistent desire or unsuccessful efforts to cut down or control substance use despite negative consequences and so on.\textsuperscript{25} Preoccupation and tolerance for instance are characteristics that can be identified in Wallace’s characterisation of desires that one has in addiction. Gamblers may feel that they would like to gamble all the time, fill their days with just gambling and they may feel that they need to increase the amount of money they are betting in order to get the rush.

The described desires seem to resemble another phenomena namely appetites. Roughly, by appetites I mean basic or natural needs, such as appetite for food, that are essential for individuals’ survival. Appetites seem to involve a similar kind of desires as addictive desires characterised above. In fact, Watson suggests that addiction is a nonnatural or acquired appetite. An appetite is nonnatural or acquired in a sense that one has not been born with it.\textsuperscript{26} People for instance apply the same kinds of strategies and techniques of self-control to appetitive desires as to addictive desires.\textsuperscript{27} A dieter may have the same kind of difficulties on concentrating on working when desire for food keeps on growing as the smoker experiences when trying to cut down smoking.

If addiction is considered an appetite, it becomes evident that addicts are generally competent in decision-making in this respect. Addiction is not, thus, anything that would absolutely and categorically deprive the addict from all the other possible ways of acting, unless having appetites necessarily amounts to that. Nonetheless, even if the addict \textit{can} act otherwise in this sense, it does not rule out that the addict may be compelled to follow her addiction in some other sense. I will next consider addicts’ agency and this “compellingness”.
Choosing from an array of alternative possibilities

The article started with the notion that moral responsibility for an action usually entails some kind of control over one’s actions and stated that this kind of agency concerns having control at least in two senses. The first sense holds that agents are able to choose from an array of alternative possibilities, and, the second one holds that the origin or source of their choices and actions is in themselves and not in anything or anyone over which they have no control.28

The two aspects of control can shed some explanatory light to addiction. Usually addicts are described in terms of not being able to control their action, that is, to do otherwise than their addiction dictates. Their addictive desire is making them satisfy it and thus leaving no options for the agents. In other words, their action is compulsive. If compulsion is understood as being simply about the strength of the desire and a binary property, i.e. an action is either compulsive or not, and not a matter of degree, i.e. an action is more or less compulsive, it is quite clear that addiction, in general, is not compulsive, as addictive behaviour is not something in which people absolutely lack choices. Most addicts can get rid of their addictions and even when they are addicted, they can generally choose the time when they act according to their addiction. Heroin addicts are being reported to decide to go through withdrawal in order to lower their tolerance29 and there are other research providing evidence for the addicts’ being price sensitive.30 These points do not suggest a total absence of choices regarding one’s addiction.

The first aspect of control requires the agent to have alternative possibilities and being able to choose from them.31 As I already noted above, addicts do have at least two possibilities in their reach in a sense that these alternatives exist. They identify that they have two alternative possibilities: to gamble and not to gamble.32 It is not absolutely impossible for the addict to choose not to satisfy the addictive desire. A chain smoker can easily survive a long-term flight without smoking a cigarette. An addicted gambler can decide to stop gambling after spilling a drink over her dress.

When the focus of the analysis is shifted from having the required alternatives to ‘being able to choose’ and if it is understood as the ability to
choose, the control issue becomes a matter of competence.\textsuperscript{33} As already argued above, addiction as an appetite does not deprive one’s competence any more than other appetites do. And if other appetites such as appetite for food deprived people from their competence, there would hardly be any competent people around. It seems clear that as a disposition, an appetite does not prevent people’s competence. It needs, however, to be asked whether there is some aspect or an instance of having an appetite in which one’s competence is undermined nonetheless.

When the gambler feels the appetitive desire growing, could the desire’s intensity and resilience bring about the gambler’s loss of control? Due to this stirring of the appetitive desire, the gambler may be unable to reason the way one should considering all the negative (and positive) aspects of the action. Again, it seems that it is not the strength of the desire or impulse that dictates the situation, but the way in which people reason for action. It seems rather challenging to imagine a gambler to battle against an irresistible desire to gamble and being “beaten” by this desire by its mere strength. It seems more plausible to imagine the desire to gamble luring the gambler on its side. Does this kind of defect in reasoning for action cancel out one’s capacity to understand and appreciate the choice? Surely not. A gambler can be easily seen to understand her gambling; she understands that she is placing bets in the game and no matter what she thinks of her chances of winning, the bottom line is that she knows that the possibility of winning is not fixed and determined irreversibly. Even if she had high hopes and too optimistic views of her chances, she still on some basic level acknowledges that nothing is certain, determined in her gambling in this sense. Furthermore, it is difficult to see why the addict would not appreciate the choice.\textsuperscript{34} Addicts seem far from indifferent to the choice.

Of course one’s practical reasoning can be affected by the addictive desire, but does this undermine one’s control? Anyone who has gone to grocery shopping hungry may find herself with surprising items in her shopping tray – items that one would have not purchased, had one not been hungry. Surely this does not cancel out one’s responsibility even if the agent’s ability to rationally manipulate the information is affected at that moment.
Aristotle already identifies this type of situation when he discusses incontinent agents.\textsuperscript{35} Now, it is important to notice that I am not arguing that addiction is an instance or a matter of incontinence, but merely want to point out that, in my view, it is hardly plausible to describe addiction in terms of incapacity, at least not when discussing the paradigm case of addiction.

Strong emotions and sensations seem to affect one’s practical reasoning and this is not, of course, merely the case in addiction but in all human behaviour. This point does not in itself seem to cancel out one’s responsibility for one’s actions especially in the cases in which one can expect the strong sensation as is the case in addictions and other appetites. A person knows that hunger will eventually come if one has not eaten in a while. An addicted gambler knows that the desire to gamble will wake up at some point. Having control in these kinds of situations even with strong sensations impairing one’s reasoning is possible but it requires knowledge.\textsuperscript{36} The person needs to know how to control one’s behaviour even when one cannot trust one’s deliberation \textit{at that moment}.\textsuperscript{37} Of course, in the case in which the agent lacks control over her action and her moral responsibility for that action is undermined, it may well be that the agent is still responsible for the absence of control.\textsuperscript{16}

Being able to choose alternative possibilities may also be understood to refer to the fact that the costs of acting otherwise than the addiction dictates are too high. An addicted gambler may suffer from unpleasant withdrawal symptoms, be deprived of her social contacts and lose the chance of getting money when skipping her weekly poker night. This, nevertheless, is not a question of control. On the contrary, the addict seems to be in control of the choice in a sense that she is evaluating the harms and benefits of the alternatives in a very rational manner even if it is not reasonable to expect her to choose otherwise (than the way the addiction points her to).

My discussion of the addicts’ action has been synchronic: I have not systematically taken into account that addiction may well bring it about that because of some antecedent aspects, the situation at the time of action has relevantly changed and the alternatives, even if present in theory, are not realistically available for the addict. Her self-control has been eaten away by
the constant temptation of her addictive desire, for instance. This case resembles the people who want to lose weight and are constantly controlling their appetite for food. The constant controlling takes a great deal of effort so it is no wonder if sometimes it may wear them down and they cave in. In any case, in the article I have considered the agents’ ability to act at that time and have not considered the history of any aspect.

Another way of understanding ‘being able to choose’ from alternative possibilities is to consider it in terms of what is reasonable. As I have already pointed out, this is not in itself a matter of control, but it does have a diachronic aspect that concerns the addicts’ control, namely, that the addict may have brought about the situation to be such that the alternative possibilities are not reasonably available for her. Just like the dieter’s case. The harm and benefit ratio of the alternatives may well be greatly uneven because of the previous actions of the addict in a way that leaves alternative possibilities out of the practical and plausible scope of addict’s choices. In Aristotelian terms it can be considered that the gambler may well be responsible for her addiction and thus responsible for the situation in which she is facing a choice of alternatives that have grave harms (due to her previous gambling). Nevertheless, be that as it may, I will not consider the addict’s responsibility for her acquired addiction here.

**Concluding remarks**

I discussed addicts’ control in terms of the requirement for being able to choose from alternative possibilities. I argued that addicts’ control over their action seems not to be undermined because of absolute and literal absence of alternatives. Addiction is not a question of compulsion in the sense that there exist no alternative possibilities. Moreover, I argue that this applies to all addictions. It is, however, interesting to take gambling as an exemplar of addiction, as our intuitions sometimes seem to be confused by the effects of drugs and other substances. Dealing with behavioural addictions, the physiological, psychological and neurological effects of drugs are excluded from the discussion. In behavioural addictions having alternative possibilities seems more plausible to conceive in this respect, as there is no physiological
dependence on an external substance. Nothing can force a person to act according to her addiction in a way that she would not participate in the action at all (and obviously, it would not count as an action\textsuperscript{17}). However, whether the ability to choose from the alternatives is undermined in another way is another question. One’s practical reasoning seems to be questioned when it comes to strong sensations. This, however, seems to be the same issue as with natural appetites so the addicts’ control is not diminished because her reasoning is impaired by her addictive desire.

So, in conclusion, addicts’ moral responsibility\textsuperscript{18} does not seem to be undermined in addictive action at least in light of addicts’ agency concerning their ability to choose from alternative possibilities. Of course if the addict has lost control over her action (and now it applies to any action, I suppose, as it is not only the acts carried out to feed the addiction but any action that is impaired) due to her addiction, the question is not – at least in Aristotelian terms – merely of having or not having control in that situation but whether or not the agent has brought about the control condition she has; If she has acted in a way that has brought it about that she lacks control, the question is not anymore whether there is enough control in that situation but whether she is responsible for having addiction that results in the lack of control.\textsuperscript{19}

\textit{End notes}

1. Usually this kind of agency is required to fulfil three central kinds of conditions, namely control (or freedom) condition, epistemic condition and authenticity condition. They are usually regarded as individually necessary and jointly sufficient for moral responsibility for an action. (See for instance Warmke, Brandon. 2010. “Moral Responsibility Invariatism” \textit{Philosophia} DOI10.1007/s11406-010-9262-9 Published online 17 September, Springer.)


4. Furthermore, the second aspect of control may be considered a separate condition of moral responsibility, namely condition of authenticity (Warmke 2010). In any case, I will not deal with authenticity condition but concentrate on control (or freedom) condition of moral responsibility for an action.

5. There is controversy for instance whether gambling can be a behavioural addiction or “impulse control disorder” in medical literature. In both of these conceptualisations, however, the problematic
nature of gambling centres in strong desires. In the article I will consider gambling a behavioural addiction in which there is a recurring strong desire that calls for its satisfaction by gambling.


8. This kind of view gives rise to a situation or a phenomenon that Buchman et al. call “the paradox of neuroscience”, namely the language of “brain disease model” provides the same chances for addicts to access health care services and receive compassion as other people suffering from medical diseases. At the same time, however, the language of brain model disease may reduce addicts’ responsibility and make their agency in terms of their neurobiological composition fundamentally different from the non-addicted persons. (Buchman et al. 2010.)


13. Wallace also points out that the desires are not exclusive to addiction but one can experience these kinds of desires in other phenomena as well.


18. I assume this refers to excitement one may feel when one does something that one should not do. It might be that it is thrilling to lose money because you generally should not do so. Maybe a similar kind of feeling of excitement is felt when one eats sweets just before a meal when one has been taught not to eat sweets before a proper meal.


21. Buchman et al. 2010. This point is closely linked with the third feature of the desires, as dopamine is “the transmitter most commonly associated with the positive rewarding and reinforcing effects of both substances and hedonic experiences” (Buchman et al. 2010).

23. And in any case, it has to be borne in mind that substance addictions are far from being a homogenous group with shared or identical effects on the brain.


26. It has to be noted that the concept of appetite and the notions of nonnaturalness and acquiring an appetite are far from being conceptually clear and distinct. Indeed, the differences may well break down under a closer scrutiny. Setting aside the problematic nature of the distinction between nonnatural and natural appetites may have, in my view this distinction serves a clarificatory point in this context.


31. This general notion has been contested in responsibility discussion with Frankfurt-style cases, but I will not touch upon this discussion in the article. Instead, I merely maintain that having alternative possibilities seems *prima facie* to be required for having control in one's action and thus in one's moral responsibility for one's actions.

32. It is, however, an interesting question to consider what counts as gambling and not gambling. A choice “I will not gamble now” may be a decision to postpone gambling. A single act can be more or less easily be refrained from, but to change the pattern of behaviour involved in addiction a great deal more difficult. Ainslie's bunching of choices may offer a solution but not without problems. See for instance Gjelsvik, Olav. 1999. “Addiction, Weakness of Will, and Relapse”. In Elster, Jon & Skog, Ole-Jørgen (eds.). *Getting Hooked Rationality and Addiction*. Cambridge, Cambridge University Press: 47–64.

33. Competence is yet another difficult concept, but I take competence to require four minimal capacities, namely the ability to understand a choice, the ability to appreciate a choice, the ability to rationally manipulate information, and the ability to communicate a choice (Foddy & Savulescu 2006, 3).

34. It is not entirely clear to me what appreciating the choice means. I take it to mean that once the gambler has identified the choice, she appreciates it in a sense that she is not indifferent to the choice. It matters to her what she chooses.


36. It is important to notice that this requirement is not the epistemic condition mentioned earlier. The epistemic condition of moral responsibility in very broad and general terms can be described as acting in full awareness.


38. This may be the case with some addicts. Even in the case of extreme withdrawal symptoms or high intoxication, a heroin addict may lack control over her action, but she is still responsible for the
absence of control. It is a kind of derivative responsibility. Losing control in this manner, however, seems less likely and plausible in discussion of gambling as an addiction.

39. Cf. a person whose knee is being examined by the doctor does not participate in her foot going up, as it is a case of reflex, not an action.

40. People may disagree about what moral responsibility covers, i.e. whether individuals are responsible for their attitudes, emotions or their character, but they usually agree that when it comes to actions (or omissions), having control is required for being an agent and thus being morally responsible for the action (or the omission). I have not touched upon to what, apart from actions and omissions, people can be morally responsible for, but have focused on their moral responsibility for their actions which are carried out in order to satisfy their addictive desires.

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