Out Of Control:
A Consideration of the Appropriate Response To Drug Addiction Given the Complicated Moral Agency of the Addict

Nate Reisinger
Shepherd Poverty Capstone

Professor Howard Pickett

April 21, 2013
Brooke’s Story: An Introduction

The chilly district court room stands in stark contrast to the oppressive Kentucky heat outside. Attorneys and judges banter and chuckle, for this is but another Tuesday in a long line of Tuesdays spent funneling people through the criminal legal system. I stand quietly beside one of the public defenders, my colleague for the summer that I spent interning for the Kentucky Department of Public Advocacy, the agency charged with providing legal representation for indigent clients charged with criminal offenses, observing this scene. It is altogether too familiar for the attorneys in their suits, the judge in his robe, and the individuals in orange jumpsuits who have worn jumpsuits like these ones too many times.

And then there is Brooke.

The holding cell is tucked behind a thick wooden door, unassuming save for the conspicuous deadbolt in the place that similar doors have a simple handle, and as the armed deputies open the door and enter with Brooke, I can tell she is fearful and ashamed. She has not been here before, and she never thought that she would be. She averts her eyes, staring at her feet while six people (prosecutor, public defender, judge, two bailiffs, and the clerk) talk about her, over her, and through her, as if she isn’t a fellow human being standing within an arm’s reach. She is alone, without an attorney or a family member. No one speaks to her.

As the judge reads the charging document, I learn along with the rest of the packed courtroom that Brooke has been charged with manufacturing methamphetamines, and I begin to understand that her trembling body is indicating not only fear but also the symptoms of vicious withdrawal from the three days she has spent in jail and off of meth. Brooke was turned in by a family member trying to beat a drug charge of his own by working as a criminal informant for the Sheriff’s Department. She had been making single doses of meth in a twenty-ounce Mountain Dew bottle in her bathtub to inject into her arm several times a day. After about forty seconds in
front of the judge, Brooke has been formally charged, her bail has been set at ten thousand dollars, to be paid in cash only, she has been appointed a public defender, and she has been led back to the holding cell to return to jail. Because this is her first offense, she faces up to 7 years in prison. She will likely plead to a sentence of 3 years.¹

Drug Addiction’s Connection to Poverty

It is impossible to look at poverty in the United States without being horrified by the reality of desperate need within a nation of considerable wealth and power. Still, American poverty disturbs us not merely because of the devastating dehumanization and hopelessness experienced by its victims. Instead, our distress comes when the daunting task of alleviating poverty reveals poverty to us not as a momentary condition of need but instead as a cyclical trap, a state of affairs that can often seem inescapable, even from generation to generation. There is perhaps no single issue that more directly contributes to this cyclical process than drug addiction and the criminalization thereof. Drug addiction perverts the ability of individuals to pursue their own rational self-interests (to say nothing of the interests of those dependent upon them, such as their children). The criminalization of drug possession, most notably of amounts consistent with personal use (and thus more indicative of a personally harmful addiction than an interpersonally harmful distribution of these substances) leads to increased obstacles to self sufficiency even for those individuals who choose to turn away from their addiction. The un-employability of recovering addicts due to their classification as criminals, both legally and socially, ensures that drug addiction drives individuals into poverty and then keeps them there. Indeed the cyclical nature of drug addiction is both closely analogous and significantly contributory to the cyclical nature of American poverty.

¹ Nate Reisinger, Journal of Shepherd Summer Internship Experience, June 12, 2012.
One primary reason for this, and the area upon which this paper will focus, is the role that considerations of moral accountability that play into the American public’s perceptions of drug use. In his book entitled *The Welfare State Nobody Knows: Debunking Myths About U.S. Social Policy*, Christopher Howard paints a picture of an American welfare state primarily concerned with helping the *deserving* poor as opposed to helping the poor generally. With notable exceptions passed primarily with robust Democratic control of political power, welfare programs eek through the political process often with conditional benefits that transform what we might think of as a purer, means-tested welfare into a murkier hybrid between incentivized values and poverty alleviation. Specifically, poverty-based policies that benefit the elderly (who have presumably already ‘put their time in’), working parents (who are putting that time in now), and children (whose vulnerability protects them from a characterization as undeserving) are the most likely policies to gain political traction. On the other hand, drug addicts are often considered among the least deserving of the poor, as seen, in one example, by the manner in which even a single instance of illegal drug use can cause an individual to lose their public housing or, even worse, never be able to successfully apply for such housing in the first place. From this account, we see that desert is closely tied to whether or not, in the simplest since, the agent being evaluated has done something wrong. Prolific philosophical thinker Thomas E. Hill, Jr. describes considerations of desert as “relations between wrongdoing and suffering because of one’s wrongdoing.” Though he is obviously far from the only philosopher to discuss desert—and though this is a far from a complete explication of such a complex notion—his proposal, in combination with Howard’s account, demonstrates the unifying features of desert that we may now apply to the problem of drug addiction. Simply put, we see that

---

desert is conceived as inversely related to fault, or, to draw desert into our earlier conversations, to *blameworthiness*. In other words, “the notion of desert is tied to the notion of individual responsibility.”

Thus, this paper seeks to carefully explicate, in as precise a manner as possible, what level of moral responsibility is actually possessed by the drug addict. In other words, this paper will attempt to discover the extent to which the addict is morally blameworthy for his or her decision to use drugs. Instead of fully endorsing and explicating a particular ethical tradition, and far from establishing a new one, I will focus my argument on the nature of our ethical obligations to these individuals through philosophical accounts of moral accountability and blameworthiness generally. In order to sketch this account, I will begin with an examination of what will become the underlying reasons for these ethical considerations, namely, the empirical nature of addiction. Next, I will apply the empirical evidence of addiction to philosophical accounts of moral accountability. By sketching an account of our moral obligations as they pertain to this often-considered concept of moral accountability and combining the exploration of this concept with the nature of addiction described in the first section, I will demonstrate how drug addiction might fit into such a moral system. Finally, I will return to the question of desert, one step removed from questions of moral accountability, and argue that it becomes similarly complicated. Ultimately, I will argue that the physiological and psychological nature of addiction creates a unique impairment of human free will that prohibits us from holding the addict as morally responsible for his decision to use drugs as we might hold a freer and more fully rational moral agent for similar decisions. Accordingly, public dialogue that envisions the addict as responsible for—and thus deserving of—the poverty and health problems stemming from their addiction is inconsistent with both empirical evidence and justifiable moral arguments.

---

I. The Nature of Addiction

An Empirical Account: Existing Medical Knowledge of the Nature of Addiction

Before we consider our ethical obligations surrounding the problem of drug addiction, we have to clearly explicate what it is we mean when we talk about drug addiction. This is not merely a philosophical clarification of terms, or at least, it cannot be if it is to be informative and helpful for our purposes. Instead, we must illuminate the nature of drug addiction and its impact on human beings’ ability to make decisions regarding their own self interest and moral standing through an examination of the empirical research on drug addiction’s actual effects on the human body. To do this we enter a common debate previously mentioned. Specifically, is addiction primarily an indicator of reprehensible violations of moral responsibility or would it be more accurately characterized as a health problem that should receive medical intervention?6

David Friedman and Sue Rusche create a convincing picture of the latter pole of this debate in their book *False Messengers: How Addictive Drugs Change the Brain*. They write, “The best working definition of addiction that we have is the loss of control of drug-taking behavior.”7 This, I think, provides a good starting point for a few reasons. First, the loss of control indicates a compromising or damaging of the human will; their definition of addiction suggests that, to at least some extent, a decision by an addict to use drugs is not one that the addict fully or robustly chooses. This, we will see in the second section, will have profound implications for our evaluation of the addict as a moral agent. Second, this definition is compatible with prevailing and authoritative scientific views of addiction—including those of the World Health Organization and the American Psychiatric Association—due to the definition’s “core feature” as “compulsive drug

6 Note that the presentation of this choice as dichotomous is indicative of two poles of a complex debate, and, as a result, our answer need not fall fully on one side or the other.
or substance use, despite serious negative consequences.” ⁸ In his work regarding the neurobiology of addiction, Steven Hyman writes, “Compulsive drug use means that the affected person cannot control use for a significant period of time…” ⁹ which makes clear that “compulsive drug use” is indeed synonymous with a loss of control. Third, although they focus on the chemical and structural changes to the human brain as a result of the use of addictive drugs, Friedman and Rusche’s definition of addiction is behavioral as opposed to biological or chemical, again consistent with Hyman’s. ¹⁰ Simply put, we cannot point to a specific change in the human brain that helps us easily identify an addict as compared to a non-addict; the line between addicted and not addicted is at least a bit blurry. Finally, and connected to the third point, this definition of addiction is vague even from the point of behavioral analysis. As Friedman and Rusche adeptly ask, “What does ‘loss of control’ mean anyway?” ¹¹ Certainly the person who sells all of their possessions and lives in the street in the pursuit of satisfying her cravings for heroin has lost control, but what of the more casual but regular drug user who experiences consequences of less severity? Indeed, Friedman and Rusche admit that this definition “reflects the uncertainty that exists in defining and measuring that characteristic with precision.” ¹² Each of these reasons contains meaningful and serious objections to any account of addiction, and these objections demand appropriate responses before we continue to a fuller conceptualization of the nature of addiction and the ethical obligations it carries with it. Accordingly, I turn to these objections now.

We can begin with objections to the factors supporting Friedman and Rusche’s that may be appropriately set to the side for the moment. The second reason in support of Friedman and

---

¹¹ Friedman and Rusche, False Messengers, 142.
¹² Friedman and Rusche, False Messengers, 143.
Rusche’s definition as a starting point—its consistency with prevailing authoritative views on the subject—is primarily helpful because of its deference to the authority of entities far more qualified than myself to evaluate claims of this particularly medical or psychological nature. Thus, objections to my argument based on more technical or nuanced critiques of the medical nature of addiction, while intensely important, nonetheless may be set aside for the purposes of this relatively brief, interdisciplinary, and not primarily medical argument. The third and fourth reasons, which point to a certain level of ambiguity in our ability to categorize addicts, demand further exploration, which I will engage later in this section. However, even further examination of this ambiguity, I will argue, will only lead us to an unsatisfying situation in which we must accept a certain level of uncertainty when asking ourselves the question of whether someone is really addicted. Let us then turn our attention to the first reason to start with this definition, specifically the connection of the effect of addiction to human will. This is truly the most critical issue, for, in evaluating the moral agency and accountability of a drug addict that does, in fact, use drugs, the key factor seems to be the extent to which we could rightly say that she has chosen to do so.

We may begin to focus upon this issue by examining more precisely how addictive drugs affect the brain. Steven Hyman writes that we may think of addictive drugs as “Trojan horses in the brain,” appearing, from a chemical standpoint, to our brain as good, desirable or beneficial things, when they are in fact filled with Greeks ready to sack the proverbial city. Hyman writes that, “Despite their differences, addictive drugs share the pharmacologic property of releasing dopamine in the forebrain.” Dopamine exists as a chemical that rewards the brain, signaling to the brain “that the world is better than expected” and thus “reinforcing” the behavior that caused that release of dopamine. The result, as one might expect given a common sense understanding

---

14 Ibid.
15 Ibid.
of addiction, is that “Instead of making choices freely, addicted individuals are powerfully influenced by a reward circuit that has been usurped by false (i.e. direct pharmacologic) signals.”\textsuperscript{16} In other words, the brain is effectively deceived into thinking that addictive drugs are good for it, are desirable, and, when they become the only way to obtain similarly high dopamine levels, \textit{necessary} to view life positively.

\textit{A Philosophical Account: The Connection of Addiction to the Possibility of Free Will}

Note that Hyman describes the addict as “powerfully influenced” by the effect of addictive drugs on the addict’s brain, and \textit{not}, conspicuously, as fully subject to the now damaged “reward circuit.” It seems reasonable to expect that at least some of the individuals we would characterize as addicts experience their drug use as wrong, regrettable, or undesirable despite the reward of dopamine in the brain during instances of use. Harry Frankfurt describes such a conflicted addict this way:

[The unwilling addict] hates his addiction and always struggles desperately, although to no avail, against its thrust. He tries everything that he thinks might enable him to overcome his desires for the drug. But these desires are too powerful for him to withstand, and invariably, in the end, they conquer him. He is an \textit{unwilling} addict, helplessly violated by his own desires.\textsuperscript{17}

Frankfurt describes this uniquely human turmoil as a battle between desires of the first and second orders. We can understand desires of the first order as the will most closely tied to action; it is the will that, when not prevented from being freely pursued by external forces, matches what we do.\textsuperscript{18} Frankfurt describes a desire of the first order as “an \textit{effective} desire—one that moves (or will or

\textsuperscript{16} \textit{Ibid.}, 211.
\textsuperscript{18} Frankfurt, “Freedom of Will,” 84.
would move) a person all the way to action.” Note, then, that a desire of the first order is not a mere expression of preference—though it may often be tied to preferential concerns—but is instead one that pushes the desirer to the pursuit of the desire. When the addict wants the drug and to experience its effects and, in response to this desire, takes the drug, we may confidently identify his first-order desire as the desire to take the drug. Similarly, when the addict does not want a drug (perhaps he is sleepy and he knows that the drug will keep him awake, for example), and he does not take the drug, we may confidently identify his first-order desire as the desire not to take the drug. Frankfurt puts it simply when he writes, “An agent’s will, then, is identical with one or more of his first-order desires.” Desires of the second order, on the other hand, could be stated as ‘S wants to want x.’ Frankfurt writes, “Someone has a desire of the second order…when he wants a certain desire to be his will.” In other words, desires of the second order are desires for desires of the first order; they are the desire that one of the first order desires actually become the person’s will—that it, out of all the first-order desires, become the effective one.

This notion of second-order desires is familiar to us. Consider the example of a marathon runner who genuinely wants to finish the race. As she stands at the starting line, we can easily imagine that she wants to want to keep running throughout the race; this is the only way she will successfully finish the race. We can also easily imagine that, at this point, she has no conflicting first-order desire, say, to not run; she is awake, alert, healthy, prepared, and even excited to get this race going. She wants to want to run, and, at this moment, she indeed wants to run. So she begins the race. As Alfred R. Mele writes, “In simple cases involving little or no motivational opposition and suitable confidence about one’s relevant practical powers, the transition from judgment [which we might understand roughly as a desire of the second order] and intention [which we might...

---

19 Frankfurt, “Freedom of Will,” 84, emphasis original.
20 Frankfurt, “Freedom of Will,” 84, emphasis mine.
understand roughly as a desire of the first order] is smooth and easy.”22 This is the case for the runner at the starting line.

Yet, we can also imagine that same marathon runner when she arrives at the twenty-fourth mile, two miles from finishing the race. Something has changed. She is exhausted, she is in severe physical pain, and in the physiological and psychological turmoil of that moment she now possesses an additional and conflicting first-order desire—she wants to stop running. But this desire to stop running does not seem to encapsulate the identity of this runner we met at the starting line. Indeed, despite her actually wanting to stop running, we tend to think that the marathon runner only temporarily wants this; she really wants to finish the race. In other words, she “identifies [her]self...through the formation of a second-order volition, [and thus] with one rather than with the other of [her] conflicting first-order desires. [She] makes one of them more truly [her] own...and withdraws [her]self from the other.”23 The desire to finish the race, then, is tied to who she is (given her second-order desire to want to want to finish the race), while the temporary desire to stop running seems a temporary condition—merely how she feels. Focusing on this moment, when the marathon runner simultaneously wants desperately to stop running, and, with a similar intensity, wants to will herself to keep running, reveals the complex nature of desires of the second order. Desires of the second order have the potential to incentivize or de-incentivize first order desires that the desirer must choose between. This is the critical moment of the race, then, for we of course know that some marathon runners finish the race (despite this painful conflict), and others do not (because of it).

Let us first suppose that our marathon runner does in fact finish the race, despite a genuinely powerful desire to stop running. Here, we might say that the second-order desire, or judgment as to which course of action would be best, has triumphed over the desire to stop

running that defies her best judgment and second-order desire. We might say that this runner exhibits “self-control,” which might be defined “roughly” as “a trait of character exhibited in behavior that accords with one’s best judgment in the face of temptation.” Here, despite the challenging conflict between first order desires, the runner forces herself to adhere to the path set out by her second-order desire.

On the other hand, suppose our marathon runner gives up and does not finish the race. Here, we might say that the tempting new first-order desire to stop running has triumphed over the second-order desire that dictated that she keep running; this, as we have seen, means that she has acted against her best judgment. Her resolve to finish the race has lessened; her will, in a sense, has weakened. This weakening of the will, in the language of Aristotle, may be deemed *akrasia*, defined roughly as “a trait of character exhibited in uncompelled intentional behavior that goes against the agent’s best judgment—that is, a judgment to the effect that it would be best, on the whole, to take a particular course of action.”

The question, then, is why? What causes a person to choose the powerful first-order desire to stop running over the similarly powerful first-order desire to keep running, despite the fact that but one of these desires is aligned with her second-order desires? Simply stated, what, if anything, determines whether a person will be *akratic* or self-controlled?

We have already hinted at this answer with our examination of the marathon runner prior to beginning the race. Mele draws out two factors that play into the struggle between *akratic* and self-controlled action; these are the extent of “motivational opposition” and “confidence about one’s relevant practical powers.” The notion of “motivational opposition” is fairly self-explanatory, serving to encapsulate the first-order desires possessed by a given agent; there are

---

contradictory ends towards which the marathon runner in the twenty-fourth mile is motivated, including one to make her legs stop hurting and another to feel the sense of accomplishment that comes from finishing the race. An evaluation of “confidence about one’s relevant practical powers” would consist in the runner’s belief that she is capable of fulfilling a given action; if her leg is broken, for instance, she is unlikely to have confidence in her ability to run 2.2 more miles. Thus, it seems that whether the runner will choose the akratic or self-controlled action depends both on the battle between motivations and her evaluation of the ability to actually succeed in the choices available to her. If her legs only hurt a little bit in relation to her desire to complete the marathon and she is confident that she will be able to finish the race, she likely will keep running. If the pain in her legs is horrific and more severe than her desire to finish the race is robust, and she does not believe it is likely that, were she to attempt it, she would finish the race, she will likely give up.

The addict whose neurological reward circuit has been hijacked by the dopamine-releasing effects of addictive drugs faces a situation of a similar framework, but of an even more challenging nature. Addiction creates in the addict a desire of the first order; he wants to take drugs. But addiction does not rob him of his second-order desires nor of his existing first-order desires; he may value his health, for example, and, knowing that drugs are harmful to that health, he may also not want to do drugs. In other words, it is the case that this addict I have described actually simultaneous does and does not want to take drugs. Thus, the “motivational opposition” of the addict’s case is powerful and unpredictable. The deeply physiological desire to use drugs that characterizes addiction—a desire that, when fulfilled, signals to the brain “that the world is better than expected”—seems much more powerful than the desire caused by exhausted legs. Furthermore, the addict’s “confidence” in his “relevant practical powers,” is likely to be low, given the powerful nature of addiction that makes each moment of abstinence a struggle. Analogously,

Mele writes, “If there is nothing special about today, abstaining from alcohol today will do an alcoholic little good if she goes on a binge tomorrow.” In other words, if the addict does not believe that he will be able to sustain his abstinence in the long-term, the decision to do so in the short-term seems pointless. This will be especially true for the addict that has previously tried to abstain and failed. Thus, the addict, even more so than the marathon runner, is pushed towards akratic action, and thus, towards choosing the first-order desire created by the addiction—with which he does not identify—as opposed to the first-order desire created by the second-order desire that feels as if it is more closely tied to who he is. It is this choice of second-order desires that causes the addict to feel as though he is making choices he has no control over, or, more accurately, the desires he identifies as truly his own are not matching up with the desires from which he feels alienated. Frankfurt puts it this way:

It is in virtue of this identification and withdrawal…that the unwilling addict may meaningfully make the analytically puzzling statements that the force moving him to take the drug is a force other than his own, and that it is not of his own free will but rather against his will that this force moves him to take it.

Kadri Vihvelin suggests that it is “irrational” to possess these conflicting desires, since these conflicting desires “cannot (logically, and not merely contingently) both be satisfied.” This, however, is no objection, since “someone who is unfree is irrational,” and we have already seen how freedom of will is inhibited for the addict that possesses both these desires. Note that our account of addiction thus far does not indicate that the addict that makes these “meaningful…analytically puzzling statements” is actually correct. This account does not suggest that the addict is actually fully unwilling, and it certainly does not suggest that the addict is fully

---

32 Ibid.
subject to an addictive force that exists fully outside his will. Instead, this account suggests that
drug addiction complicates the decisions surrounding the will by creating and intensely
incentivizing first-order desires that may never have existed absent the effects of the drug. The
power of the physiological connection to these first-order desires contributes to an incredible and
unique difficulty for the addict to choose the desires that he genuinely wants to have. He is not
robbed of his free will in its entirety, but certainly the freedom of his will has been shackled as he is
faced with first order-desires that seem to arise not from his second-order desires (or at least what
he experiences his second-order desires to be), but from the chemical dependency resulting from
the effects of the drug on his brain. As we move now to a consideration of ethical questions
surrounding the drug addict, it is of critical importance that we remember this intermediate or
partial freedom of the will suggested by an interweaving of empirical and philosophical accounts.

II. Are They to Blame? An evaluation of the moral responsibility of drug addicts

Before we begin to consider how the nature of addiction plays into a normative account
surrounding that addiction, allow me to clarify what I will—and more importantly what I won’t—
be attempting to accomplish in this section. I will pursue arguments that flesh out a generally
palatable account for a variety of ethical theories regarding when it is appropriate to hold someone
morally accountable or blameworthy. I will not, given the brevity and scope of this sort of paper,
attempt to appeal to one specific ethical tradition or standard. Instead, I hope to present a
discussion of normative considerations surrounding drug addiction that could be applicable to
many, if not most, ethical traditions. In order to do so, I will attempt to analyze a notion that is a
critical factor within a great deal of ethical inquiry: moral accountability. Simply put, this account
will seek to answer the question of when it is—and when it is not—appropriate to attribute moral
blame to a person. Central to this discussion will be an analysis of the role that free will and rationality play in moral assessments.

Drug addiction presents, I think, a peculiar problem in terms of our ethical obligations to others. It can be stated, I think with very little argument, that an initial decision to use damaging, illegal, and addictive drugs represents a moral choice that is easily evaluated. Prior to the development of addiction to a given drug—a temporal space into which a first-time user would necessarily fall—there is no complication or hampering of the agent’s free will. Furthermore, given the damaging effects of drugs not only on the user’s health but on the user’s ability to pursue other endeavors, the decision to use a damaging, illegal, and addictive drug represents not merely an imprudent choice but an immoral one, at least absent profound coercion. Even if we were inclined to reject a quasi-Kantian notion of obligations to oneself, we would have to agree that using heroin could never be the most moral choice. Time spent getting high and destroying your body, it seems, could be better spent feeding the needy, or expressing love to a friend, or even appreciating some pleasure that is not so destructive to one’s body that allows one to engage in ethical pursuits at some later time.

33 This is, of course, a bit of an oversimplification on any sociological view of the potential for external influence upon that initial decision. However, from the standpoint of a moral argument, the freedom of this initial choice of drug use at least seems no more or less constrained than other moral choices we must make. Nevertheless, the problem of drug addiction is surely closely tied to problematic (and poverty-based) social determinants that are likely to lead to initial drug uses. This is most certainly a problem, though one that... rests outside this particular paper, which is constrained to the already large question of our ethical obligations to those already addicted to drugs.

34 Though it should be clear that the illegality is far from the most important consideration in evaluating the ethics of using these drugs. Furthermore, the legalization of these drugs would certainly not, at least as a matter of necessity, change the ethical implication of using these drugs.

35 By profound coercion, I mean to include situations in which the decision to use such a drug is placed directly against the safety or security of oneself or of another. For instance, if a man broke into my house and threatened to kill my wife unless I did heroin, it seems that the exchange of my personal health for the life of my wife would be a noble one. Similarly, we may not wish to hold a young child responsible for using drugs in an abusive household when coerced into doing so by an abusive parent. What I do not mean to include, at least at this point, are situations of peer pressure or social consequences for refusing to participate in the taking of these drugs.
The problem, of course, arises with the ensuing decisions to use these drugs. As we have seen, drug addiction is both causally linked to and complicated by repeated use of addictive drugs; as the strength and severity of the addiction increases, so too do the obstacles to the realization of a robustly free will. Thus, ensuing decisions to use addictive drugs (especially if we can confidently characterize the deciding agent as an addict, though, I’ve acknowledged, this is no easy task given the vague and behavioral definition of addiction) are not so easily evaluated as moral choices. The agent making these decisions has less obviously complete control over their actions, and so we turn to the question of whether the addict is equally morally responsible for these ensuing uses of the drug as he is for the first use of that drug. Or, given addiction’s ability to weaken an individual’s capacity for making decisions in his own rational self-interest, are we more inclined to view the addict as less responsible for the ensuing choices, especially in the example of particularly severe addiction?

To begin to answer this question we turn to Susan Wolf’s *Freedom Within Reason*, in which she writes the following:

> When we hold an individual morally responsible for some event, we are doing more than identifying her particularly crucial role in the causal series that brings about the event in question. We are regarding her as a fit subject for credit or discredit on the basis of the role she plays. When, in this context, we consider an individual worthy of blame or praise, we are not merely judging the moral quality of the event with which the individual is so intimately associated; *we are judging the moral quality of the individual herself* in some more focused, noninstrumental, and seemingly more serious way…We may refer to the latter sense of responsibility as *deep* responsibility.  

Wolf draws an important distinction in this passage between what we might call causal responsibility (“crucial role in the causal series…”) and what Wolf refers to as a “real self view.”

This real self view “attempt[s] to ground an agent’s responsibility for her actions and attitudes in

---

the fact…that they express who she is as a moral agent.” Note that this is closely tied to our discussion of the nature of second-order desires as being tied to the identity of an individual. In other words, Wolf’s account of moral responsibility does not assign moral responsibility by merely examining the “moral quality” of an action (like taking drugs) as either moral or immoral, and then evaluating whether the agent in fact caused it (such as the agent causing the drugs to be ingested into herself), assigning the moral quality of the act to the causal agent. Instead, Wolf indicates that when we assign moral responsibility to an agent, we are asking a question of a considerably deeper and more personal sort; we are, in a sense, making a claim about the nature of the agent. She herself is either good or bad in some ethically important way.

This account seems intuitively strong. Though vaguely conceptualized, Wolf’s demand for moral assessment to consist of “deep praise and blame” consistent with the “deep” sort of responsibility associated with moral judgment rings true. When we call a person unethical, we do not merely mean that he is the causer of immoral acts, but that he himself is unethical; as a moral agent, he is, in some sense, deficient. Angela Smith points out that, according to Wolf, “the mere fact that an action or attitude expresses something about ourselves” remains insufficient for the assigning of moral responsibility, since “we must also show that it is our fault that we are the way we are.” This too seems consistent with common sense notions of morality. Consider the following.

A man, while visiting the zoo, falls into the tiger cage, and, before anyone can come to his assistance, he is killed by one of the tigers. We might be sad for this man and even evaluate the quality of the event (his being killed by a tiger) as bad. However, we are unlikely to hold the tiger morally responsible, though the tiger is clearly (at least partially) causally responsible. Our unwillingness to assign this moral responsibility presumably stems from the fact that the tiger

40 Smith, “Control, Responsibility and Moral Assessment,” 368, emphasis mine.
cannot help but be the way it is, a ferocious wild animal. We can imagine human agents that are similarly unable to help being the way they are. Consider, for instance the severely mentally ill man that, in a hallucinatory psychotic episode, assaults a stranger who (falsely) appears to the man as a bear attacking him.\(^{41}\) The psychotic man is *causally* responsible for the death of the stranger, but we would be hard pressed to hold him *morally* responsible given his inability to control whether or not he is psychotic.

These two examples share one key element: irrational agents. The tiger is not rational but instinctual or primitive, while the psychotic is man not rational but deranged. Their inarguable lack of rationality\(^{42}\) seems to be what stands in the way of a willingness to criticize them on moral grounds. Angela Smith argues this very point with her “rational relations view,”\(^{43}\) which complicates and adjusts Wolf’s view by making “rational judgment rather than choice or voluntary control the basic condition of moral responsibility.”\(^{44}\) In other words, the rational relations view contends that, in order for the real self view to have merit, assignments of moral responsibility must regard those decisions that “reflect rational assessments for which we are appropriately regarded as answerable.”\(^{45}\) This condition of answerability also points us in the direction of rationality, as made evident when Smith writes, “Moral criticism, as I have argued, involves an implicit demand for justification; it makes no sense to make that demand of a creature who cannot recognize, assess, and respond to reasons.”\(^{46}\) It follows from Smith’s account that, in order to hold

\(^{41}\) Ibid. 388.

\(^{42}\) At this point, I will acknowledge that rationality is a heavily loaded and problematic term, especially given its vulnerability to critiques of relativism given its arguable socially constructed nature. Accordingly, and given the necessity of brevity in this paper, I will not attempt to sketch a positive account of rationality, containing my claims to agents that I am fairly confident my reader will agree could never be considered rational, including, in this case, ferocious wild animals and a man suffering from severe and hallucinatory psychosis.

\(^{43}\) Smith, “Control, Responsibility, and Moral Assessment

\(^{44}\) Ibid., 369

\(^{45}\) Ibid., 370

\(^{46}\) Ibid., 388
someone morally responsible, and more importantly for my argument in this paper, “blameworthy,” \(^{47}\) it is necessary that that person be rational. Note that the person can nevertheless fail to act according to that which rationality might instruct her to do, but the capacity for rationality emerges as a necessary condition for evaluating someone as a moral agent.

Yet we have already seen that addiction is a condition characterized by irrationality. The fact that addiction creates contradictory first-order desires that seem not to stem from second-order desires, but instead from a hijacked brain reward circuit, necessarily suggests that the addict is not a purely rational agent. She simultaneously wants to use drugs and not to use drugs. Even Smith admits that “severe volitional impairments caused by drugs or mental illnesses of various sorts”\(^ {48}\) cause difficulty in our ability to hold accountable those individuals suffering from such impairments. Note, though, that the conflict between first- and second-order desires is not wholly analogous to the pure irrationality of the psychotic man or the vicious tiger. It seems that the addict is still able to access some level of rationality that allows for the formation of a second-order desire to want not to want to use drugs. The addict, unlike the tiger or the psychotic man, would still be rightly characterized as having a choice between akratic and self-controlled action. However, we have seen the way that this choice is a far more challenging one for the addict than it is for a more robustly free moral agent. Thus, it might be most accurate to say that the drug addict exists somewhere between a normally rational agent and a being lacking rationality. Accordingly, the extent to which we might rightly hold him morally responsible lies somewhere between the robust extent to which we would judge a more purely or fully rational agent and the utter absence of moral evaluation appropriate for a truly irrational being. In the unique case of addiction, then we need not choose, as Smith suggests, between “regard[ing] a person as we would a vicious dog or a bratty

\(^{47}\) Ibid.
\(^{48}\) Ibid., 382, emphasis mine.
toddler” and “regarding” him fully as a person “to be reasoned with.”

Instead, the unique case of addiction forces us to consider a middle ground, acknowledging that the ambiguity of addiction robs a person of their rationality, but only in part. It destroys their ability to act freely and to reason well, but only to a certain extent. Ultimately, we are forced to conclude that the genuine addict simply cannot be held as blameworthy (though certainly may yet be held blameworthy to some extent) as his more fully rational moral counterpart.

Still, this account leaves one lingering, frustrating, and important question; to what extent can we hold the addict responsible? The answer, though accurate given the current empirical evidence of the nature of addiction, is an unsatisfying one. Simply put, there is not an account that can be stated absolutely; we cannot say that the addict is half as responsible, or only slightly less responsible, or just barely responsible at all. Instead we are left merely with a relative—though not relativist—measure. We can hold them accountable less than the freely rational agent, but more than the fully irrational one. This indefinite claim demands further inquiry, but such inquiry rests outside the scope of this paper. For now, we will see that this relative measure of the decreased level of responsibility will be sufficient to discuss both desert and our societal ethical obligations to drug addicts, especially those in poverty.

III. What do they deserve? A consideration of questions of desert for drug addicts

We turn now to the question of desert as it pertains to drug addicts. In contrast to questions of moral responsibility, I consider desert not because of its widespread applicability to normative frameworks but because of its close connection with the political viability of welfare state activity. Because I will return ultimately to policy implications and their political viability, an assessment of desert is critical in connecting theoretical ethical obligations surrounding drug

---

49 Smith, “Control, Responsibility, and Moral Assessment,” 388.
addiction and the policies that those obligations inform. I consider desert because it seems to play a role in the intuitive moral considerations that inform voters and politicians. Far from asserting that desert is a valuable aspect of a moral or ethical framework, I intend to show that even if we were to engage in ethical arguments on the basis of desert, it would be problematic to characterize the drug addict as fully undeserving of our assistance.

Prolific philosophical thinker Thomas E. Hill, Jr. describes considerations of desert as “relations between wrongdoing and suffering because of one’s wrongdoing.” In his analysis of the role desert plays in Kantian ethics, Hill writes that “Kant does assume a necessary connection between wrongdoing and suffering at the core of his moral theory.” Though my own argument will not endorse such a Kantian view, Hill’s analysis of Kantian desert is an appropriate path to understanding general philosophical considerations of desert for several reasons. First, Hill makes it clear that desert typically has no place in utilitarian moral thought, since the maximization of happiness or utility is more tied to future goals and outcomes than to retribution for past actions; accordingly, an analysis of Kantian moral theory will allow for greater explication of desert than an analysis of the utilitarianism as a similarly popular track of moral thought. Second, Hill’s attempts to be charitable to Kant while avoiding characterizing Kant as a “deep retributivist,” suggests that his is an account that makes Kant as palatable as possible to non-Kantians, and perhaps even to critics of Kant. Third, and most importantly, the neo-Kantian account of desert that Hill illuminates is one that seems closely tied to the common-sense notion of desert suggested by Kagan and evident in our current political dialogue. In short, Hill’s account gives us a sturdy framework of desert to which we might apply what we have discovered regarding the nature of addiction.

51 Ibid., 311.
52 Ibid.
Particularly helpful is Hill’s discussion of “the intrinsic desert thesis” which suggests, “It is good in itself that wrongdoers suffer for what they have done.”\(^{53}\) This is a familiar notion to us, especially in the academic setting, where it seems not at all unreasonable to suggest that a student who continually fails to complete and turn in homework *should* suffer the consequences by receiving an ‘F,’ *and* that this consequence will teach the student not to act in such a way in the future. This notion is also familiar when applied to drug use. It is not difficult to imagine a political actor suggesting that the consequences of drug use are the addict’s own fault, and might teach the addict a lesson about the wrongdoing that caused those consequences in the first place. Indeed, Hill argues, “Kant undeniably thinks that criminals *deserve* in some sense, to be punished and that anyone who *lacks a good will* is, to some degree, unworthy to be happy.”\(^{54}\) This is closely tied to the rhetoric surrounding the undeserving nature of drug addicts in terms of public support. Still, while this certainly represents one track of thought about desert—and importantly, a track of thought about desert that is often applied to drug addiction—it still may be more robust than many political actors would endorse, even though they still feel strongly that desert should play a role in determining if and to whom public support should be given. Specifically, it seems likely that these individuals would like to help drug addicts if they could, but a scarcity of resources necessitates that they help *more deserving* individuals first.

But I have already argued extensively that the drug addict is not so morally blameworthy as may have previously been conceptualized (and as is certainly conceptualized in applications of desert that suggest that drug addicts are the least deserving of the poor). If it is the case that drug addicts are moral agents of compromised rationality and thus of limited responsibility, than a fully-fledged application of desert to these individuals is nonsensical. Considerations of desert must be as similarly limited as considerations of the drug addict’s moral accountability. It makes no sense to

---

54 Ibid., 324.
suggest that the addict is purely undeserving of our help if the addict is not purely responsible for his situation and the consequences of his addiction.

Still, the addict remains at least partially morally responsible for his use of drugs, and so the second case of desert, invoked in order to determine the fairest way to allocate limited resources, remains problematic for the addict. It is difficult, for instance, to suggest that the drug addict is more deserving than a non-addict that works at a full-time job, or a hungry child whose vulnerable status prevents the moral evaluation for her to be categorized as undeserving at all. Certainly I may have made the case that it is simply incorrect to characterize the addict as undeserving, but unless his desert rises above these other groups, then such an argument seems ultimately fruitless when we turn to a practical application of this knowledge in a world of limited resources. The question, then, is how the nature of addiction and its connections to moral responsibility we have discussed here actually should affect our practical considerations regarding assistance for drug addicts. We turn to answer this question now.

IV. What Should We Do: A Response to the Critique That the Addict is Still Less Deserving, Even if Not the Least Deserving

Following Ronald Reagan's declaration of “War on Drugs,” in 1970, American rhetoric surrounding what drug addicts deserve has led to “a ‘get-tough approach’” that has resulted in what some scholars have called a “‘race to incarcerate.’”\textsuperscript{55} The number of incarcerated individuals in the United States has increased from 326,000 in 1970 to more than 2 million, a trend that persists\textsuperscript{56} despite the fact that crime rates “peaked in 1992 and have dropped sharply since.”\textsuperscript{57} This increase in

---


\textsuperscript{56} Ibid., 300.

incarceration is unquestionably tied to drug enforcement practices including “sentencing laws that require imprisonment for repeat felons.”\textsuperscript{58} In other words, American policy—and the rhetoric that supports it—suggests that the American people believe that (especially repeat) drug offenders deserve at least some version of the consequences given to other criminals. That is, not only are drug addicts typically seen as undeserving of support, their conduct is actually seen as deserving punishment. Data collected for a 2003 study conducted by Mark A. Cohen, Roland T. Rust, and Sara Steen,\textsuperscript{59} demonstrates this very trend, with approximately 30\% of respondents indicating that an individual who possessed a gram of cocaine (worth $150) and who had previously served prison time should serve more than a year in prison; approximately half of those respondents actually asked for more than three years of incarceration for this individual. This trend is important for two reasons, each of which will reveal not only the foolishness of such a punitive stance against drug users, but also the path we might follow to correct our mistake.

First and foremost, this trend of increased incarceration has proven to be largely ineffective in terms of combatting the American drug problem. Increased incarceration rates have not made it more difficult to acquire drugs—drug costs have actually sharply decreased in the past 20 years\textsuperscript{60}—and they have not decreased drug use, as “drug-related emergency room visits actually “rose steadily throughout the 1980s and 1990s.”\textsuperscript{61} This should be no surprise to us, given the nature of addiction we have already discussed. If the addict already makes the decision to use drugs against her best judgment, then a punitive response that does not acknowledge the causal role played by addiction in drug use cannot hope to be successful in actually de-incentivizing that drug use; when the addict

\textsuperscript{58} Ibid., 18.
\textsuperscript{60} Loury, \textit{Race, Incarceration, and American Values}, 17.
\textsuperscript{61} Ibid., 17.
uses the drug, she knows that she might get caught and put in jail, but she knows for a fact that she will get high, and the power and certainty of that latter consideration greatly outweighs the uncertainty of the former. Thus, even if it were justifiable to suggest that drug addicts deserve to be incarcerated for their actions—which I have extensively argued would not be the case—it seems that the application of that principle of desert is failing to accomplish the much more important goal of eliminating the problems associated with widespread drug use in our society. One reason then, to move away from incarceration as a response to drug use, is that it simply isn’t working.

But suppose the argument were made that this level of punitiveness towards drug users was important or obligatory, and could not be swayed by its lack of effectiveness against the drug problem generally—that drug use was a wrong that demands public retribution for one reason or another. As an individual convinced that effectiveness in alleviating the problems—notably poverty—caused by drug addiction, what argument would I have available to convince that person that we should still move away from this punitive strategy? Simply put, the commitment to punitive incarceration is an expensive one, with spending on criminal justice has grown from $36 billion in 1982 to some $170 billion by 2003. It costs more than $25,000 to incarcerate one inmate for one year, and that cost is only rising. That objection would not be sufficient if the American people—and the political actors creating policy based on such an argument of punitiveness—were willing to pay for this punitive trend, but the evidence is clear that we are not. In the same 2003 study, respondents were asked, in a hypothetical situation in which they were the mayor of their city, how much money they would be willing to dedicate to crime prevention and control strategies. Over three-quarters of respondents were unwilling to contribute any of the funding given to them to add more prison space. However, the dramatic increase in the rate of

64 Ibid.
incarceration has created a massive overcrowding problem in American prisons. Simply put, there is not enough prison space for all these offenders. The combination of “the hypocrisy often found among hard-line advocates of imprisonment, who rarely support allocation of scarce budget resources to prisons,” and the “deteriorating condition of the [prison] facilities,” mean that Americans need to make a decision. Either we must put our money where our increasingly punitive mouth is, or, we have to acknowledge that if we are not willing to dedicate funding to prison space, then we cannot afford to be as punitive as we might like to be. Thus, to successfully approach the implementation of different—and less punitive—strategies for dealing with drug addiction, it is critical that we force the conflict between a public desire for punitiveness and a lack of desire to fund prisons the key focus of the public debate. Punitiveness in the form of incarceration for drug offenders ought to be put in stark relief with the practical and economic realities of our overcrowded and deteriorating corrections facilities, because this is the choice that we are in fact facing. We cannot have our cake and eat it too.

Further, when we consider this trend in light of our considerations of moral accountability and desert, we discover something of critical importance: We are already dedicating resources to drug addicts. In other words, even if the addict is still less deserving than other impoverished individuals, it seems that we are already financially committed to dealing with the problem of drug addiction. The objection of limited resources, then, is no objection at all, and we see that the key debate is actually one regarding the most effective allocation of these already substantial resources. Do we really want those resources to continue being used for an ineffective system of punitiveness that allows not only for the proliferation of addiction but for poverty as well? Or would we rather have those resources dedicated to strategies that more appropriately address the nature of addiction

66 Ibid., 114-115.
as characterized by empirical and scientific evidence, such as effective rehabilitation strategies, or modified sentencing practices designed to target addiction as evident in ‘drug courts’?\footnote{The required brevity of this paper does not permit a full analysis of these strategies’ effectiveness against the problem of addiction, and so they are offered, at this point, merely as suggestions for further contemplation.}

Though I believe my account thus far indicates rather clearly where I would personally fall in this particular debate, I will, for now, leave these questions unanswered, at least explicitly. Instead, I suggest that this argument is but a first step to a critical re-understanding not only of addiction but also of the political debate surrounding our obligations to those suffering from addiction. It is nothing short of bizarre that we currently respond to addiction with a strategy that is both detached from the very nature of addiction as one that compromises moral responsibility \textit{and} ineffective at combatting the problem, especially given that we are not willing to dedicated the resources necessary for this response. Our punitive criminalization of drug addiction fails on both moral and pragmatic grounds; it is neither right nor beneficial to us. In other words, the evidence is abundantly clear that we \textit{must} change the way we respond to the problem of drug addiction in terms of economic sustainability and in terms of our moral obligations to our fellow human beings addicted to drugs. The most painful part of my encounter with Brooke was not my empathetic understanding of the pain she was clearly experiencing, it was not my horror at the way the court failed to grant her the dignity appropriate for her humanity, and it was not the disgust I had for the severity of punishment for a crime that was truly harming no one except for Brooke—though all of these were heart wrenching. Instead it was the look on her face as she left the court room silently crying that said what I heard from so many of our other clients like Brooke: “I just don’t understand how this happened…how it got to this point.”\footnote{Reisinger, Journal.} Addiction is complex, painful, and ultimately stands as a significant obstacle the alleviation of poverty, and this paper represents but one all too brief attempt at understanding this problem. But I think a good place to start is to
recognize that these people whose lives have been shredded by their use of drugs are people nonetheless. We exist alongside them, and it is not merely advantageous but morally imperative that we attempt to alleviate their suffering.


