

Dear Editor:

We wish to respond to the recent interview of Gene M. Heyman regarding his book “Addiction: A Disorder of Choice.”

We find the recent article on Gene Heyman’s views of addiction curious. In some ways, the emphasized points seem rather straightforward and well accepted: (i) there is a wide range of drug use patterns, (ii) only some people develop severe addictions, and (iii) most behaviors involve decisions and choices. What is disconcerting about the article is its proposal that these three points lead to the conclusions that (a) addiction is not a “brain disease,” and (b) those individuals who develop more serious addictions are an aberration that can be ignored.

This strikes us as a serious misunderstanding of the literature. When scientists say that addiction is a brain disease, they usually mean at least two things. First, there is tremendous individual variability in brain function, and some of these differences can make people vulnerable to developing addictions. The fact that some of these vulnerability traits overlap with those that predispose people to other psychiatric disorders is not, as Heyman claims, “problematic” for addiction theories; it is, instead, part of the problem. Second, once people start to use drugs, the substances can produce long-lasting changes in the brain. Again, the extent of these changes varies from person to person. As a result, some individuals will use the potentially addictive drugs only occasionally and manage not to develop serious problems. None of this changes the fact that 15 to 30% of drug users develop extremely serious addictions, and for them the ability to choose is eroded most terribly.

What Heyman’s argument has ignored is the evidence from epidemiological, genetic, neuroimaging and treatment research studies which show that addiction is indeed a brain-based medical illness often characterized by a rapid progression from voluntary to compulsive use. While choice does play a role in determining whether a person with addictions chooses to try to reduce drug intake or to quit completely, the majority of addicts who want to quit are unable to do so. In those cases, state of the art medication and psychological therapies designed to correct underlying brain function abnormalities greatly improve treatment outcomes. In fact, treatment outcomes for addictions are comparable to those of other chronic relapsing medical disorders such as hypertension, diabetes and asthma with more intensive treatments leading to better overall outcomes.

Despite improvements in the effectiveness of treatments, less than 15% of people who meet criteria for the diagnosis of drug and alcohol addictions ever seek treatment. We are concerned that by couching the discussion of these brain-based illnesses in the loaded terms of “personal choice,” Heyman’s book will discourage those contemplating treatment from seeking professional help and may also increase the stigma associated with addiction in general. We also question the propriety of Mac Leans decision to highlight this article on the cover in such a way as to send an inappropriate message to both individuals living with the challenges of drug addiction and to members of the general public alike.

Research into the causes and treatment of addictions (including those with co-morbid psychiatric disorders) is underfunded in Canada. Heyman’s arguments should not be permitted to draw attention away from the significant progress being made in the neuroscience and clinical science of addictions, and the understanding of substance use disorders. Drug and alcohol addictions are legitimate brain-based illnesses worthy of the evidence-based treatment and prevention approaches needed to help those Canadians and their families who suffer from these devastating illnesses.

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