**Rationale:** In order to develop addiction research, more effective treatment measures, and social policies to prevent and control addiction, it needs to be asked whether the addiction research is based on conceptually plausible notions of agency and action.

**Argument:** The way in which addiction and the agency of addicted individuals is conceptualised has conceptual and practical implications in the ways in which addiction research and treatment should be conducted. The drug-centered view of addiction has the danger of limiting the notion of agency in a way that makes it unrealistic and unethical. The explanations of action that single out the motivation that moves addicted individuals are true, but on a very general level. They fail to describe the agents in a way which gives justice to the realities of (addicted) human agency. The notion of agency is important, as it plays an essential role in treatment and recovery.

**I Building the argument:**

**My action theoretical assumptions:**

- The standard causal explanation of action: “agents always act on the strongest motivation”, but in the same vein it should not be assumed that

1. agents were unable to get motivated by something else in the first place

2. the description of that motivation as a “desire to use drugs” is sufficient in understanding the phenomenon

The descriptions of addicted individuals’ behaviour accord with the ways in which addicted individuals act, but it does not guarantee that this piece of explanation is sufficient for explaining addiction.

**II The case:** Despite the research conducted on addiction, there still fails to be a treatment that is overall effective in addiction treatment. This suggests that the research may be too narrow in scope. In order to show conceptual shortcomings of “the drug-centered” view of addiction, I showcase my philosophical critique of a simplistic notion of agency and action with an actual bioethical discussion of heroin-addicted individuals and their ability to give informed consent in a research on heroin-assisted treatment.

**The central question** Are addicted individuals able to give informed consent voluntarily to research on heroin-assisted treatment? (focus on the strength of desire)

**YES**

**Foddy & Savulescu:** “We have argued that addicts act on the basis of normative reasons. They may be mistaken about what they have good reason to do, but they act as rational animals and not as mere automatons in response to irresistible physiological or psychological impulses. We should believe that they have strong drug-oriented desires, which cause them to autonomously choose actions which we believe are harmful to them.”

**Levy:** “Since many addicts find themselves unable to structure their lives in such a manner as to avoid drug-taking – despite the fact that many of them genuinely desire to abstain permanently – their autonomy is impaired. However, this impairment is not sufficient to make addicts incompetent to consent to prescription of their drug…”

**NO**

**Charland:** “Because of their condition, addicted subjects cannot rationally weigh the risks and benefits associated with their decision to consent. But their sense of value is warped and biased by addiction, so benefits are over-weighted. Their decision is not truly theirs, and so they cannot be held accountable for it. It follows that they are not competent to consent.”

**Critticism against this kind of discussion:**

*The polarization is not sufficient as addiction and competence are a matter of degree.*

(In a broader sense on administering drugs to drug addicted individuals, e.g. Carter & Hall 2008, 215)

**Change of focus in the bioethical question:** Are addicted individuals able to give informed consent voluntarily to research on heroin-assisted treatment? (irresistible desires; focus on contextual and circumstantial aspects)

**Walker:** “We have already seen addicts are competent to consent to such research. It now also appears that this consent can also be voluntary. As such, it seems, drug addicts can consent to research that involves offering them drugs where those drugs will only be available in the future.”

**Henderson:** “…we should not presume that heroin addicts are competent to consent to heroin prescription… Since there is evidence to suggest that they might choose this option, not because they find it highly attractive, but because they do not have any acceptable alternative options, it cannot be ruled out that their consent is non-voluntary. What constrains their choice is not their desire for heroin, but the wider social and psychological circumstances of their heroin addiction and the beliefs about their options that these circumstances create.”

**III My question:** Everyone seems to more or less agree that desire for using heroin is not the whole story of heroin addiction and is not, as such, sufficient in the analyses of informed consent in this case, why then the options on which all of these views work with are framed merely on the basis of heroin?

**To have access to heroin in the research**

**Heroin:** To have access to heroin in the streets

**To have access to heroin in the research & in the streets**

**No heroin:** To abstain

If the motivation for treatment is added to the options:

To have access to heroin in the research (treatment)

To have access to heroin in the streets (no treatment)

To have access to heroin in the research & in the streets

To abstain (treatment/no treatment)

Desire (i.e. motivation) to access heroin does not sufficiently explain the agent’s motivation in a way that could be utilized in research without it having presumptions about the about the desire to use the drug. In short, the insistence on the drug seem to rely on the idea that addicted individual’s agency necessarily involves the desire for drug use. This is trivial if the desire to use drugs is taken in a descriptive way: If the addicted individual uses drugs, he has motivation to use them. However, the motivation may involve different reasons for action (Pickard 2012). Also, the desire for use heroin is not sufficient for heroin addiction: It is true that an individual may have a desire to use heroin even if he or she has never used the drug. A person, who knows that heroin relieves pain, may have a desire to use it when experiencing, say, an acute tooth ache.

**Conclusions:** The desire to use heroin is characteristic of heroin addiction, but it is not necessary nor sufficient. In light of this conceptual analysis, the framing the addicted individual’s option only in terms of access to heroin is insufficient, as the case illustrates. Describing actions in simple terms may cause problems, as they do not reveal the reasons in actions in a way that sufficiently captures addiction. Too strong focus on the (desire for) the drug does not do justice the realities of addicted individuals and thus may prevent or hinder the research and development of new treatments for addiction.

**References**