In a book sure to inspire controversy, Gene Heyman argues that conventional wisdom about addiction—that it is a disease, a compulsion beyond conscious control—is wrong.

Drawing on psychiatric epidemiology, addicts' autobiographies, treatment studies, and advances in behavioral economics, Heyman makes a powerful case that addiction is voluntary. He shows that drug use, like all choices, is influenced by preferences and goals. But just as there are successful dieters, there are successful ex-addicts. In fact, addiction is the psychiatric disorder with the highest rate of recovery. But what ends an addiction?

At the heart of Heyman's analysis is a startling view of choice and motivation that applies to all choices, not just the choice to use drugs. The conditions that promote quitting a drug addiction include new information, cultural values, and, of course, the costs and benefits of further drug use. Most of us avoid becoming drug dependent, not because we are especially rational, but because we loathe the idea of being an addict.

Heyman's analysis of well-established but frequently ignored research leads to unexpected insights into how we make choices—from obesity to McMansionization—all rooted in our deep-seated tendency to consume too much of whatever we like best. As wealth increases and technology advances, the dilemma posed by addictive drugs spreads to new products. However, this remarkable and radical book points to a solution. If drug addicts typically beat addiction, then non-addicts can learn to control their natural tendency to take too much.

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My Personal Review:
This is an important, well-written and eye-opening book on the nature of addiction and voluntary choices. Don't let the title fool you. In attacking the disease model of addiction, Heyman is in no sense out to punish or stigmatize addicts. I've written a full length positive review at [...] here are the first few paragraphs:
Controversy about addiction over the last few decades has centered on the virtues and drawbacks of the disease model: Is addiction justly portrayed as akin to other mental illnesses such as depression, obsessive compulsive disorder and schizophrenia, and perhaps even physical illness? Or does the disease model conceal important dissimilarities to these conditions, and therefore compromise our efforts to treat and prevent addiction? The current consensus in the addictions establishment, for instance at the National Institute on Drug Abuse (NIDA), strongly favors the disease model. NIDA, other agencies, and addiction specialists have worked hard to promote the idea that "Addiction is a chronic disease similar to other chronic diseases such as type II diabetes, cancer, and cardiovascular disease." Since it's often seen as a moral failing, declaring addiction a disease has helped to destigmatize addicts and encourage parity for addictions treatment under medical insurance. This is all to the good, even if the conception of addiction driving these trends is contested.

Gene Heyman's well-written and persuasive book takes dead aim at the disease model, so will likely not be welcomed by its supporters. But whatever side of the debate they're on, anyone interested in the nature of addiction and choice should read it. Heyman, a psychologist with appointments at Harvard and Boston College, presents an eye-opening and empirically grounded theory of voluntary behavior that goes a long way toward explaining addiction, not as a disease, but as choice-making gone bad. His analysis adds substantially to the growing literature in behavioral economics that shows we are not optimally rational maximizers of our own self-interest. Addiction, it turns out, is simply one rather vivid manifestation of a basic feature of voluntary action: judged from the standpoint of an ideal consumer taking a long-term view of her choices, we tend to overconsume our immediate preferences, and in so doing undermine our net self-interest over the long haul. Drugs, including alcohol, are very good subverters of ideal, globally informed choice-making, so addiction properly understood is a paradigm disorder of choice, of voluntary behavior. Since diseases as commonly defined don't primarily hinge on choices, addiction doesn't qualify as a disease.

Because it presents choice-making as a function of controlling contingencies, not free will (p. 114), Heyman's theory does at least as much to destigmatize addiction as the disease model, while staying true to its actual behavioral dynamics. Those advocating for addicts need not deny the obvious: that addiction is unlike illnesses by virtue of the role voluntary behavior plays in becoming addicted, in obtaining drugs, and in ceasing to use them. As Heyman points out, even though people choose to use drugs and alcohol, no one chooses to become an addict. Moreover, he emphasizes that addicts can't simply choose to quit without a change in the circumstances, biological and environmental, that control their choices. He is not, therefore, a stern moralizer bent on punishment, but a clear-thinking, humane psychologist wanting to apply our best behavioral science to the treatment and prevention of addiction. No one should pre-
judge this book based on preconceptions about what questioning the disease model might entail.

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