



**A Philosophical Approach to the Opioid Addiction Crisis: Advocating for  
Mandatory Rehabilitation in the Spirit of American Freedom**

SAMANTHA EVE ROBINSON

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Professor Marius Stan, Thesis Advisor

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*To Dad: forever I'll love and miss you*

*Al Phearis Robinson (1967-2022)*

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## INTRODUCTION

I have always found debates surrounding the opioid addiction crisis to be overwhelmingly empirical. Regardless of what legislative policy or other approach is being advanced to tackle the crisis, there has been constant reliance on numbers, graphs, and statistics to push a certain agenda. Of course, I would never suggest excluding empirical evidence as a tool in solving such a serious problem like the addiction crisis altogether. Data and statistics prove important within the context of the opioid crisis for a variety of reasons. For one, they act as visual markers, allowing us to track specific patterns among common groups to reveal where the problem is or may become the most threatening. For example, 1,340 confirmed opioid-related overdose deaths in Massachusetts alone occurred in the first nine months of 2022.<sup>1</sup>

Numbers often also better reflect the extensiveness of a crisis; data and statistics help those who may not possess a lot of knowledge on the topic to easily recognize the severity of the issue at hand. Data regarding the financial impact of the crisis prove useful in this regard. According to a methodology adapted by the Joint Economic Committee, the opioid epidemic cost an estimated \$1.04 trillion in 2018.<sup>2</sup> Furthermore, the crisis has affected millions of people worldwide, with over 16 million individuals suffering from opioid use disorders and over 2.1 million in the United States alone.<sup>3</sup>

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<sup>1</sup> Pat Anson, "Fentanyl Linked to 94% of Overdose Deaths in Massachusetts," Pain News Network, last modified December 16, 2022,

<https://www.painnewsnetwork.org/stories/2022/12/16/fentanyl-linked-to-94-of-overdose-deaths-in-massachusetts>.

<sup>2</sup> U.S. Department of Health & Human Services, "Opioid Overdose," Centers for Disease Control and Prevention (CDC), Pat Anson, "Fentanyl Linked to 94% of Overdose Deaths in Massachusetts," Pain News Network, last modified December 16, 2022,

<https://www.painnewsnetwork.org/stories/2022/12/16/fentanyl-linked-to-94-of-overdose-deaths-in-massachusetts>.

<sup>3</sup> Dydyk AM, Jain NK, Gupta M. Opioid Use Disorder. [Updated 2022 June 21]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK553166/>

While of course statistics such as those provided above are helpful, I believe that we have gotten lost in the numbers surrounding opioid addiction and the ever growing multifaceted crisis. Considering the opioid crisis still remains a critical problem throughout the United States, it appears that empirical evidence has only gotten us so far in informing us on methods and tactics to decrease national addiction and overdose rates. Moreover, we have yet to translate the numerous statistics we have gathered into effective, lasting solutions for slowing opioid addiction and overdose rates.

In considering what to write for my thesis, I knew I wanted to emphasize that the field of philosophy was more than just a culmination of weighty arguments with no application beyond their given context. In the same vein, I wanted to challenge empiricists to consider that a normative approach to current issues can make an important contribution to the discussion, and quite possibly, help us reach a solution faster than initially planned without a philosophical grounding. Of the various philosophical routes I could have taken and applied to the opioid addiction crisis, the one that most interested me was how I could incorporate our most valued American principles into the central debates that shape the opioid addiction epidemic. The cultural ethos of America is grounded in the principle of freedom. America has long stood for its people's liberty, and has taken freedom to be a prerequisite for human flourishing, or living a truly meaningful and fulfilling life.

The opioid crisis tacitly touches on the principle of freedom and the concept of human flourishing, mainly in the context of the addict and whether by using drugs, an individual addicted to a substance is making the choice to do so freely and thus truly enjoying the life they are leading while under the influence of these substances. In recent years, there has been a massive push to end the stigmatization of opioid use, and transition into a new way of thinking

about the crisis. Policy makers and advocates have fought to change the narrative surrounding addicting by pushing for us to turn away from thinking about opioid use as a careless decision that ought to be punished to recognizing it as a sickness that must be treated. We have surely seen this movement gain support. In 2017, former President Donald Trump declared the opioid crisis a public health emergency, urging a need for a more comprehensive medically-driven approach to relieving the crisis.<sup>4</sup> President Biden has also committed to this approach, urging lawmakers on the hill to develop comprehensive policies to best assist those struggling with addiction.

While the movement to change the narrative surrounding opioid addiction evidently exists within the country, the rhetoric surrounding the issue has largely remained in conversation, and has not resulted in action. The United States has yet to develop a cohesive public health approach to the opioid crisis among all of its 50 states. While public health measures are being advocated for and slowly implemented at both the federal and state levels, the response to the crisis remains to be largely punitive in nature. And even with public health approaches gradually being instilled, the majority of these approaches work under the assumption that addicts can and will agree to enter treatment, or engage in the various other health related responses to the addiction crisis.

When I think about the growing — yet slow and arguably unsuccessful — push to move us away from the overwhelmingly punitive approach and to a national public health approach, I turn back to my point above regarding the need to contribute a philosophical discussion into the empirically-dominated conversation. I believe the contribution of philosophy to the fight against

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<sup>4</sup> United States Government, "Ongoing Emergencies & Disasters," Centers for Medicare and Medicaid Services (CMS), accessed March 27, 2023, <https://www.cms.gov/about-cms/agency-information/emergency/epr/current-emergencies/ongoing-emergencies>.

the opioid addiction crisis is plausible, given the underlying philosophical principles of freedom and human flourishing the issue raises. Moreover, I believe philosophy may provide us a clearer and more efficient path for a new and more successful approach, which this work will set out to do.

This paper begins with a brief account of American conceptions of freedom and flourishing, including a history on the development of such ideas as they have and now apply to our social and political contexts. Next, it turns to its main focus, the addiction crisis, first by providing a historical account of the development of the crisis — to demonstrate the gravity of the issue — and then by turning to two dominant models of the addiction theory. Next, I apply philosophical accounts of freedom and flourishing to the crisis: by explaining how they manifest themselves in each side of the debate, and then by advocating for the disease model on the basis that it paradoxically further advances the American project as compared to the choice model.

I then turn to current approaches to fighting the opioid addiction crisis. In particular, I discuss the dominant punitive approach, and highlight its shortcomings in the battle against addiction. Then I discuss the rehabilitative approach, and its various forms, ultimately arguing that there exists a lack of justification — a failure — in supposing an addict (as understood in the disease model) has the capacity to freely choose to go to rehab when they lack the autonomy in their decision to use drugs. This work will conclude with proposing a new approach: mandatory rehabilitation. I will advocate that, in order to both help addicts overcome addiction and to keep alive American values of freedom and flourishing, we ought to temporarily take away an addict's freedom for the sake of recovering it.

Overall, this thesis seeks to contribute to a broader understanding of the opioid epidemic and the complex factors that underlie it. By exploring the relationship between addiction,



flourishing, and freedom, I hope to shed light on new approaches to treatment and recovery that can help individuals affected by this crisis to live meaningful, fulfilling, and free lives.

## CHAPTER 1

# THE AMERICAN HISTORY OF FREEDOM AND HUMAN FLOURISHING

*“Freedom is the open window through  
which pours the sunlight of the human spirit and  
human dignity.” - Herbert Hoover*

### *I. Sourcing American Values: John Locke & John Stuart Mill*

Numerous thinkers throughout our history have influenced the development of our modern liberal society. Specifically, they have provided critical insights into the best and most appropriate ways we should think about individuals in the context of their political body, and what values and principles should be enshrined in a nation’s cultural, governmental, and social contexts. Two of the most arguably influential thinkers — and those that I find to be most useful for our understandings of freedom and flourishing in the modern context — are John Locke and John Stuart Mill.

John Locke has been accredited as one of the main sources of the ideas of the American Revolution of 1776. This, according to many, was not necessarily because Locke was revolutionary in his ideas, however. Rather than producing an entirely new way of political thinking, Locke gave “clear and reasonable expression to beliefs” that were already the product of centuries of political experience; and for the sake of this thesis, provided important interpretations of two philosophical principles that will be discussed throughout: freedom and

human flourishing.<sup>5</sup> Much of Locke's discussions regarding freedom are closely connected to his theory of natural rights. Locke argues that in order to correctly understand political power, it must firstly be deduced from where such a power derives. To that aim, we must begin with man in his pre political state by considering "what state all men are naturally in" or in other words, what defines the state of nature of man.<sup>6</sup> Before man becomes politically involved, Locke argues that is "in a "state of perfect freedom" to order his actions and dispose of his possession as he sees best fit.<sup>7</sup> In the state of nature, man is independent of the will of any other man. The one thing that man is subjected to, however, is the law of nature which obliges that being all equal and independent, no one ought to harm another in his life, health, liberty or possessions."<sup>8</sup> Through his vision of the law of nature, Locke clearly demonstrates his value of individual freedom, advising that government interference aside, man is still bound to respecting another's freedom to act as he sees fit, and that so long as he does that, he is free to do as he pleases.

Locke's discussions of freedom in the state of nature shape his understanding of the concept in the context of political institutions and how our government ought to order itself. Locke believed that in the state of nature, man faced a constant threat of his preservation. In order to overcome such a challenge, men formed social contracts and established governments.<sup>9</sup> Locke explains that the social contract is an agreement among individuals to surrender their natural rights and freedoms to a government in exchange for protection of their natural rights to life, liberty, and property. In this way, the government derives its power from the consent of the governed, and its primary responsibility is to safeguard individual rights and freedoms. Locke

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<sup>5</sup> John Locke, *The Second Treatise of Government*, ed. Thomas P. Peardon (New York, NY: Macmillan Publishing Company, 1952), vii.

<sup>6</sup> Locke, *The Second*, 4.

<sup>7</sup> Locke, *The Second*, 4.

<sup>8</sup> Locke, *The Second*, 5.

<sup>9</sup> Locke, *The Second*, 56.

provides a specific definition of freedom, arguing that it means “to be free from restraint and violence from others.”<sup>10</sup>

While viewing the government as being tasked with protecting individual liberty, Locke does not support a boundless type of individual freedom. In his own words, Locke explains that “freedom is not, as we are told, a liberty for every man to do what he lists.”<sup>11</sup> He follows this thought with the following inquiry: “for who could be free, when every other man’s humour might domineer over him?” In raising this question, Locke reveals that his conception of freedom is not unlimited. While the purpose of government is to protect our liberty, boundless freedom creates the potential for people becoming subjected to the arbitrary whims of others, ultimately causing their rights and freedoms to be curtailed. Unlimited freedom poses the threat of one being harmed and losing power to another, thus necessitating limitations to such a right for Locke. Nevertheless, Locke concludes that while freedom is an imperative right of human beings within the context of their political associations, man can only be free insofar as his actions or choices that associate with his liberty remain within the “bounds of that law he is under.”

Locke’s discussion of freedom acts as a basis for his understanding of what it means to flourish as a human being. In emphasizing a government’s relationship to individual freedom, Locke argues that “the end of government is the good of mankind.”<sup>12</sup> As previously stated, Locke believes that the end — or goal — of government is to ensure individual freedom is preserved within the bounds of the laws of the political body. We see through these two definitions of what constitutes a government’s end the presence of a fundamental concept in

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<sup>10</sup> Locke, *The Second*, 32.

<sup>11</sup> Locke, *The Second*, 32-33.

<sup>12</sup> Locke, *The Second*, 128.

logic: the transitive property. In explicit language, if Locke concludes that the end of government is the good of mankind, and that the end of government is to secure individual freedom, then the good of mankind is possessing this very freedom. Through this logical deduction, Locke proves himself committed to the idea that freedom is inextricably linked to what it means for a human being to flourish. The collective good of the community rests in the government's capacity to protect our natural right to act upon our desires and make choices that fit within the bounds of the law. Resultantly, Locke commits himself to the idea that in order for a community of individuals to achieve their goals and objectives, live a meaningful life, and ultimately flourish, they must be free and have their personal liberty protected by the government.

John Stuart Mill shared similar views with John Locke. Considered to be a naturalist, utilitarian, and a liberal, Mill sought to combine the most critical thinking of the Enlightenment with newly emerging discussions of nineteenth-century Romantic and historical philosophy to provide new discussions to the field of political philosophy.<sup>13</sup> Mill's view of freedom is grounded in his belief that individuals should be free to pursue their own interests and goals, so long as they do not harm others. Viewing freedom as a priori, and a given right for individuals, Mill believes that freedom is closely related to human flourishing, which in his understanding, emphasizes the importance of individual autonomy and self-development for human happiness and well-being.

Mill's view of freedom is perhaps best articulated in his 1859 work *On Liberty*. At the outset of his work, Mill sets out very clearly the overarching project of his writing:

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<sup>13</sup> Stanford University, "John Stuart Mill," Stanford Encyclopedia of Philosophy, last modified August 25, 2016, accessed April 5, 2023, <https://plato.stanford.edu/entries/mill/>.

“The object of this Essay is to assert one very simple principle, as entitled to govern absolutely the dealings of society with the individual in the way of compulsion and control, whether the means used be physical force in the form of legal penalties, or the moral coercion of public opinion. That principle is, that the sole end for which mankind are warranted, individually or collectively in interfering with the liberty of action of any of their number, is self-protection. That the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant ... The only part of the conduct of any one, for which he is amenable to society, is that which concerns others. In the part which merely concerns himself, his independence is, of right, absolute. Over himself, over his own body and mind, the individual is sovereign.”<sup>14</sup>

At stake here in Mill’s work is the sovereignty of the individual. Mill strongly values freedom, and believes that man should be free to order their lives and pursue their own interests as they see fit. As demonstrated from the quote above, Mill does believe that there exists limits to this freedom. Specifically, he articulates that individuals are free so long as they do not harm others. Naming this the harm principle, Mill provides that “the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others.”<sup>15</sup> By harm, Mill understands this broadly speaking, and not only in terms of physical harm, but also harm to our freedom. He utters that “the only freedom which deserves

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<sup>14</sup> John Stuart Mill, *On Liberty* (n.p.: James R Osgood and Company, 1871), 22-23.

<sup>15</sup> Mill, *On Liberty*, 23.

the name, is that of pursuing our own good in our own way, so long as we do not attempt to deprive others of theirs, or impede their efforts to obtain it.”<sup>16</sup> Through this quote, Mill expresses that freedom is not unlimited, but can be restricted if one’s free acts are antithetical to another’s personal liberty. The government thus has the power to restrict such freedoms that pose a direct harm to another’s ability to freely pursue their interests and goals. Nevertheless, while freedom is an important value in Mill’s work, he echoes Locke in his belief that freedom is not unlimited and can be restricted by the government.

Like Locke, Mill also sees a direct relationship between freedom and human flourishing. He argues that freedom is essential for flourishing, or what he calls “free the development of individuality.”<sup>17</sup> There exists an imperfection of mankind, thus leading to variability and uniqueness of each individual. With this idea in mind, Mill does not see human flourishing as being defined by one particular way of living, as in that case, it would fail to adhere to the various goals and interests of each individual. The imperfectness of man renders “different experiments of living.”<sup>18</sup> Human flourishing thus rests on the principle of freedom in that Mill believes that to truly live the good life is to possess the liberty to pursue one’s interests and goals as they see fit, and for every individual to each develop their own unique identity. The uniqueness that encompasses Mill’s understanding of flourishing thus acknowledges that flourishing is not a concrete and rigid definition.

## ***II. Applying Locke’s Principles: America’s Founding Fathers***

The principle of freedom - and its relationship to the idea of human flourishing - was a central component in the founding of America; and was developed by the founding fathers through a

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<sup>16</sup> Mill, *On Liberty*, Introduction.

<sup>17</sup> Mill, *On Liberty*, 109.

<sup>18</sup> Mill, *On Liberty*, 109.

complex process of intellectual, political, and social change. John Locke was among one of the most influential political philosophers in shaping the thinking of the founding fathers on these very principles; and Mill's similar understandings were applied shortly thereafter to advance the founding fathers political aims. Specifically, the political philosophies Locke and Mill developed were later combined in the American context to develop the elemental values and principles by which our government would be guided.

In the midst of the American Revolution in 1776, Thomas Jefferson led in the authoring of The Declaration of Independence: a document that would formally announce the United States' separation from Great Britain. The beginning of the documents echoes the ideas of Enlightenment thinker John Locke:

“We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.—That to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed, —That whenever any Form of Government becomes destructive of these ends, it is the Right of the People to alter or to abolish it, and to institute new Government, laying its foundation on such principles and organizing its powers in such form, as to them shall seem most likely to effect their Safety and Happiness.”

Jefferson and his fellow authors echo Locke's political theory throughout this beginning paragraph of the Declaration of Independence. Firstly, the authors emphasize that all individuals possess the natural right to liberty, demonstrating the founder's shared dedication to the principle of freedom within the political context. Like Locke, the founding fathers also argue that



governments have the responsibility to preserve individual freedom, among the other natural rights, for all of its citizens. Moreover, the government derives its power from the consent of the government, and a government can not infringe upon the natural born right to freedom that every individual possesses. The Declaration of Independence also echoes the inherent link between freedom and flourishing. The three natural rights of men - life, liberty, and the pursuit of happiness - reveal the founding fathers' belief that liberty is essential for an individual to live a good life. Nevertheless, by situating liberty in the context of life and happiness, the founders advocate for the necessity of personal freedom to live a meaningful and fulfilling life.

While Mill's work came long after the creation of America's founding documents, his ideas regarding individual liberty and human flourishing surely were applied in the American political context. In the late 19th and early 20th centuries, a labor movement emerged in the United States that echoed the very principles of government intervention for protecting individual freedom that Mill advanced in his writing. One of the major achievements of the labor movement was the establishment of labor laws that protected the freedom of workers. For example, the Fair Labor Standards Act of 1938, which established maximum working hours and child labor standards, ensured that young workers' freedoms were not exploited.<sup>19</sup>

Mill's ideas also played a significant role in shaping American economic policy. Government intervention for the sake of protecting an individual's freedom to pursue their own interests has been reflected through a number of American economic policies. One of the most significant examples of Mill's influence on American economic policy is the passage of various antitrust laws amidst the labor movement period. These laws were designed to prevent large

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<sup>19</sup> U.S. Department of Labor, "Wages and the Fair Labor Standards Act," Wage and Hour Division, <https://www.dol.gov/agencies/whd/flsa>.

corporations from using their power to crush competition and dominate markets, thereby limiting the economic freedom of smaller businesses and individuals.<sup>20</sup> The implicit principle within these laws is surely the idea that government intervention for the sake of preventing the impediment of individual freedom is justifiable: a framework Mill advanced in his writing.

### ***III. Creating & Preserving a Lasting Cultural Ethos: Freedom and Flourishing in the Modern***

#### ***Context***

Today's American political body continues to dedicate itself to preserving freedom for the sake of human flourishing. Moreover, just as individual liberty guided the way our founding fathers laid out a framework for early American government, that same important principle shapes how we order and organize ourselves within the context of society and government today. I recognize that in our modern context, freedom is not the prevailing principle that encapsulates our political theory. Of course, if America were to instill in its political makeup a political theory that is exclusively grounded in freedom, I believe that our government would most likely resemble a libertarian form. In the same vein, we would be entirely committed to freedom and lack any sort of government intervention or legislation that would allow for freedom to be tainted. As a democratic republic, America is not entirely committed to freedom in the libertarian sense, and thus, is not committed to just this principle alone as a political theory. We see in many pieces of legislation, freedom not being the overarching political concern. If it were up to many individuals, they would prefer possessing the freedom to not pay taxes. However, in our government this is not the case, and many other policies suggest that freedom is not entirely controlling of our governmental structure.

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<sup>20</sup> U.S. Department of Labor, "Wages and the Fair Labor Standards Act," Wage and Hour Division, <https://www.dol.gov/agencies/whd/flsa>.

The principle of freedom, and the way in which it grounds our conception of what it means to flourish as a human being, acts more so as an overarching guide for our government, rather than as a theoretical principle that our government fully adheres to in its political framing. In this sense, I argue that freedom and human flourishing come to define what we can call America's cultural ethos. The cultural ethos of a nation, in my understanding, is best understood as a set of meanings and values that organize a common way of life among a nation's citizens. A nation's cultural ethos is not solely limited to shaping a common personal way of life. Rather, we see that a cultural ethos of a nation has a profound impact on the legislative process and how our government functions.

In the case of America, freedom is a key component of our cultural ethos for several reasons. For one, regardless of political affiliation, freedom prevails as a key driver in how policy makers advance their goals. For Republicans, freedom often means limited government intervention and a free market economy. They believe individual liberties should be protected, such as the right to bear arms and the right to freedom of speech. On the other hand, Democrats often view freedom as a collective responsibility. They believe that in order for everyone to truly be free, society must work to ensure that everyone has equal opportunities and access to resources such that all are able to fully exercise their liberty. For both sides, their unique perspectives shape how they write policy, but despite the differences as to how freedom is outlined, we see on both political sides of the spectrum a shared concern for principle. Nevertheless, while there exists different approaches for how freedom ought to be recovered and what must be implemented to preserve it, both sides remain committed to upholding freedom as an essential component in individuals' lives. By demonstrating the commitment to the same principle on both sides of the debate, it is evident that freedom is ingrained in our American

cultural ethos. Regardless of how it is thought of for each political party, freedom is an intrinsic guiding principle within legislative decision making.

Freedom also proves to encompass America's cultural ethos in the way that individuals remain committed to the principle. Not only does it guide the way policy makers act, but it also shapes how individuals perceive government, and how they situate themselves within the context of government. Just as policy makers understand freedom differently, so do individuals. For some Americans, they believe that freedom is threatened by government intervention. They thus will support policies and political parties that uphold limited government. On the opposing side, other Americans believe that the government is an essential player in preserving freedoms. Moreover, they believe that the government does not impede on one's freedom, but rather, protects it. Just as was proved with a shared larger concern among policy makers, an overall commitment to the principle at large reveals that freedom is clearly valued among individuals, regardless of how each individual understands it in specific terms. Thus, freedom acts as a guiding value that shapes and organizes a common way of life; it encompasses the cultural ethos of our nation.

The notion of flourishing also proves relevant in defining America's cultural ethos. We continue to understand the good life, and what it means to live a meaningful and fulfilling life, as being able to act as we please to best reach our goals and interests. America's melting pot reflects the variety of life paths and variety of interests among individuals. Not everyone holds the same goals, nor do they all believe that to live a good life is defined by a specific way of being. Rather, the general consensus among Americans is that to live a good life is dependent on the unique character of each individual and what their specific hopes and aspirations are during their life. The way in which an individual achieves this end is, of course, through the capacity to order

their actions as they see fit. Moreover, it is the freedom that an individual possesses that allows them to flourish; and because freedom defines America's cultural ethos, so does human flourishing.

John Locke and John Stuart Mill ultimately provided an important building block for American political thinking. The principle of freedom, and its relationship to flourishing, remained present throughout America's founding, with the founding fathers utilizing these thinkers' past intellectual developments to create living documents for our future. Today, it is evident that freedom is valued just as much as it was with Locke and Mill. In fact, freedom defines America's cultural ethos and guides a common way of life for America and its citizens.

## CHAPTER 2

### HOW SUCH PHILOSOPHICAL PRINCIPLES RELATE TO THE OPIOID ADDICTION CRISIS

*“It is an addiction. Yes, we made the choice to use the first, second, maybe even third time but that addiction takes hold and we really do become slaves to it.” -Brandi from Beaver County, PA.<sup>21</sup>*

In the last chapter of this work, I outlined the genealogy of freedom and human flourishing, moving all the way to early discussions by John Locke and Mill to how such philosophical principles manifest themselves in the cultural ethos of today’s American society. As my work seeks to provide a philosophical contribution to the opioid addiction crisis discussion, I will next turn to providing how in fact these principles relate to this very crisis. In doing so, it is imperative I begin by laying out an empirical understanding of the addiction crisis. Theoretical discussion will lead my work, but for one to fully comprehend why I am so concerned with engaging philosophy in the context of the opioid addiction crisis, one must learn about the history of the crisis and the troubling data that speaks to the seriousness of the issue. Once the history has been covered, I will turn to how such principles of freedom and flourishing insert themselves into the context of addiction debates and resultantly, the opioid addiction crisis.

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<sup>21</sup> "Heroin & Opioid Addiction, In Your Own Words," PBS, accessed March 27, 2023, <https://www.pbs.org/wgbh/frontline/interactive/heroin-stories/story/42421-462.html>.

## ***I. The History of the Opioid Addiction Crisis***

According to the Centers for Disease Control and Prevention (CDC), the rise in opioid addiction and overdose across the country can be best described in three distinct waves, all of which possessing unique characteristics relating to the type of opioid being consumed, the way by which users access the drug, and the method of consumption.

In 1995, Doctor James Campbell addressed the American Pain Society urging for changes to be made in how medical providers treat and assess pain care in their patients. Specifically, Dr. Campbell expressed his concern regarding the undermanagement of pain by medical providers and advised that health care providers must treat pain as the “fifth vital sign” (P5VS).<sup>22</sup> Shortly thereafter, the Veterans Health Administration (VHA) implemented a national strategy based on Dr. Campbell’s findings and recommendations to the American Pain Society.<sup>23</sup> The VHA’s national campaign included the implementation of mandatory pain screening as well as the addition of pain-related questions to patient satisfaction surveys: both of which were directed at improving pain care, both in patients with acute and chronic pain.<sup>24</sup> The VHA’s national pain campaign gave Dr. Campbell’s findings on “pain as the 5th vital sign” gained much traction across the nation. Resultantly, American health care providers increased their concern for pain management in their patients, both in assessment and treatment of the issue.<sup>25</sup>

At the same time as pain awareness increased among the American medical sector, so did the marketing of a newly developed prescription opioid medication: OxyContin.<sup>26</sup> Purdue

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<sup>22</sup> Clara Scher et al., "Moving Beyond Pain as the Fifth Vital Sign and Patient Satisfaction Scores to Improve Pain Care in the 21st Century," National Library of Medicine, last modified December 15, 2017, accessed March 27, 2023, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5878703/>.

<sup>23</sup> Scher et al., "Moving Beyond," National Library of Medicine.

<sup>24</sup> Natalia E. Morone and Debra K. Weiner, "Pain as the Fifth Vital Sign: Exposing the Vital Need for Pain Education," *Clinical Therapeutics* 35 (November 11, 2013): 1728.

<sup>25</sup> Morone and Weiner, "Pain as the Fifth," 1730.

<sup>26</sup> Health Tragedy," National Library of Medicine, last modified February 2009.

Pharma, the company that created the new pain medication OxyContin, latched on to the claims of Dr. Campbell and the liberalization of pain management campaigns across the country.<sup>27</sup>

Additionally, they claimed that because the drug was released slower than other opioids, it was a safer alternative to existing opioids being prescribed across the country.<sup>28</sup> Purdue pursued an aggressive nationwide campaign to promote the use of their new and “safer” opioid, OxyContin.

While the original focus of the national pain management campaign was focused on cancer-related pain, Purdue sought to create a larger market, thus promoting the use of OxyContin for the treatment of both cancer and non-cancer related pain.<sup>29</sup> From 1996 to 2001, Purdue conducted over 40 national pain-management and speaker-training conferences, where they hosted physicians, pharmacists, and nurses to learn about OxyContin. Purdue instilled a lucrative bonus system which encouraged sales representatives to increase sales of the drug in their territories. Purdue also used a patient starter coupon program that provided patients with a free limited-time prescription of OxyContin. The combination of these various marketing strategies heavily increased the number of health care providers prescribing OxyContin, among other prescription opioids, and the amount of patients taking the addictive drug.<sup>30</sup>

It was not long before people started misusing their prescriptions. Increasing numbers of patients who were prescribed opioids for pain management were over taking their pills. Many health care providers who lacked adequate education on the risks and addictive potential of

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<sup>27</sup> Zee, "The Promotion," National Library of Medicine.

<sup>28</sup> United States Congress Congressional Research Service (CRS), *The Opioid Crisis in the United States: A Brief History*, by Johnathan H. Duff, et al, November 30, 2022 The Opioid Crisis in the United States: A Brief History, <https://crsreports.congress.gov/product/pdf/IF/IF12260>.

<sup>29</sup> United States Government, FDA (Food and Drug Administration), accessed March 27, 2023, <https://www.fda.gov/drugs/information-drug-class/timeline-selected-fda-activities-and-significant-events-addressing-substance-use-and-overdose> Timeline of Selected FDA Activities and Significant Events Addressing Substance Use and Overdose Prevention.

<sup>30</sup> Zee, "The Promotion," National Library of Medicine.



opioids overprescribed to their patients, causing dependency and further addiction in their patients. Prescribed pills were also being distributed through illegal means, causing an increased use of prescription opioids by non-subscribed individuals.

In the early 2010s, healthcare providers and policymakers began recognizing the scope of the prescription opioid overuse problem.<sup>31</sup> In an effort to address the issue of overuse and the subsequent rise of addiction and overdose rates, policymakers implemented a variety of restrictions to limit the prescription of opioid medications around the country. Regulations such as prescription monitoring programs, prescription limits, and mandatory prescriber education were instilled to try to curb the overprescribing of opioids.<sup>32</sup>

Unfortunately, the regulations that had sought to decrease the problem only exacerbated it; and caused the opioid crisis to enter into a new phase. As prescription opioids became more difficult to obtain, users already addicted to opioids turned to a cheaper and more accessible alternative: heroin. Moreover, as demand grew for the economically logical alternative to prescription opioids, so did the supply of the drug, causing both the expansion of heroin use among opioid users and the increase in a new market of users and subsequent addicts.<sup>33</sup> According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the number of people who reported using heroin the past year increased from 373,000 in 2007 to 886,000 in 2016.<sup>34</sup> Due to the much higher risk heroin poses to its users than prescription opioids does, a sharp increase in overdoses appeared, with heroin involving the majority of these deaths.

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<sup>31</sup> United States Congress Congressional Research Service (CRS), *The Opioid*,

<sup>32</sup> United States Government, FDA (Food and Drug Administration).

<sup>33</sup> Lindsay Liu, Diana N. Pei, and Pela Soto, "History of the Opioid Epidemic," Poison Control, accessed March 27, 2023, <https://www.poison.org/articles/opioid-epidemic-history-and-prescribing-patterns-182>.

<sup>34</sup> Substance Abuse and Mental Health Services Administration, Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2018), <https://www.samhsa.gov/data/>.

The third wave of the opioid epidemic added another layer to the already multi-dimensional problem. Wave three of the crisis began in 2013, with significant increases in overdose rates involving synthetic opioids, particularly those involving fentanyl.<sup>35</sup> In a 2017 Congressional hearing, it was reported that fentanyl poses a “more challenging threat within the opioid crisis in comparison to threats of prescription opioids and heroin.”<sup>36</sup> Fentanyl has been produced as a legitimate pain medication by drug companies for decades, but recently, has increasingly been produced illicitly in black market operations in China. According to the Congressional Hearing, this illicit fentanyl is hard to detect, and “unlike pain killers, it is not primarily diverted from the legitimate market nor is it strictly comparable to the black market of Heroin.”<sup>37</sup> Rather, fentanyl can be purchased over the internet openly or on the dark web, posing challenges of tracing the source of the drug and diverting its importation into and spreading throughout the United States.<sup>38</sup>

Wave 3, the crisis we currently face, has been the most challenging fight to America’s opioid addiction crisis thus far; and we see just how problematic the crisis has become through current data and statistics regarding opioid use, addiction, and overdose deaths. According to the Centers for Disease Control and Prevention (CDC), from 1999 to 2019 - a time frame involving all waves of the crisis - more than 247,000 Americans died from an opioid-related overdose. In 2019, overdoses involving opioid use killed roughly 50,000 Americans, and 70% of all

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<sup>35</sup> Liu, Pei, and Soto, "History of the Opioid," Poison Control.

<sup>36</sup> *Fentanyl: The Next Wave of the Opioid Crisis: Hearings Before the Subcommittee on Oversight and Investigations of the Committee on Energy and Commerce*, 115th Cong. (2017).

<https://www.govinfo.gov/content/pkg/CHRG-115hhrg25507/html/CHRG-115hhrg25507.htm>.

<sup>37</sup> *Fentanyl*, 115th Cong. (2017).

<sup>38</sup> *Fentanyl*, 115th Cong. (2017).

overdose deaths in the nation involved an opioid.<sup>39</sup> Today, a person is more likely to die from an accidental opioid overdose than from a car accident.<sup>40</sup>

In terms of addiction statistics, the Substance Abuse and Mental Health Services Administration in their 2020 report provided that an estimated 9.7 million Americans aged 12 or older misused opioids in the past year. Additionally, the NSDUH reported an increase in opioid misuse, reporting an estimated 10.1 million Americans aged 12 or older misused opioids in the past year. In the 2020 data provided, the NSDUH considered the use of both prescription opioid misuse and use of illicit opioids such as heroin and fentanyl, highlighting the multifaceted nature of this crisis.<sup>41</sup>

## ***II. Addiction Theory Debates: The Disease Model Versus The Choice Model***

Amidst the ever evolving opioid epidemic, various theories and definitions of addiction have been offered to provide a theoretical framework for addressing the crisis. However, theories of addiction have existed long before the opioid crisis, and stood outside of its context to address the use of alcohol and other drugs that trigger addictive patterns in their users. Just as is the opioid addiction crisis, the debate surrounding addiction and its origins is a complex and multifaceted topic. Theories of addiction have evolved over time, and different perspectives have emerged regarding the underlying causes of addiction, whether it is a disease, a choice, or something else entirely. While various theories exist and continue to evolve, the two most

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<sup>39</sup> U.S. Department of Health & Human Services, "Drug Overdose," Centers for Disease Control and Prevention (CDC), accessed May 18, 2022, <https://www.cdc.gov/drugoverdose/deaths/prescription/overview.html>.

<sup>40</sup> National Safety Council, "Odds of Dying," NSC Injury Facts, <https://injuryfacts.nsc.org/all-%20injuries/preventable-death-overview/odds-of-%20dying/>.

<sup>41</sup> Substance Abuse and Mental Health Services Administration, Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health, HHS Publication No. PEP21-07-01-003, NSDUH Series H-56 (Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2021), accessed March 27, 2023, <https://www.samhsa.gov/data/>.

prominent theories - and the two which share the most points of contention with one another - are the choice model and the disease model.

The disease model treats addiction as a brain disease in which the addict's brain has been "hijacked" by a foreign threat.<sup>42</sup> Addiction, according to this model, is a progressive and chronic relapsing disease which is genetically transmitted or acquired through excessive consumption of an addictive substance, with biological and neurological factors influencing the transition from the initial choice of use to repeated, and uncontrollable consumption. The initial consumption of drug use occurs voluntarily. In other words, an individual's first use of an addictive substance has not resulted from an already present disease, but from a personal choice to consume the drug just as one would decide to partake in any other activity. As repeated drug use changes neural and brain function, the user progressively loses control over their initial voluntary decision.<sup>43</sup> The addictive substance consumed by the user transforms brain chemistry and function, just as chronic diseases like diabetes, asthma, or hypertension transform the once normally functioning organ of a body.<sup>44</sup>

The disease model of addiction has been developed and supported by numerous thinkers and researchers over the years, gaining widespread acceptance in both the medical and scientific communities. In 1997, American scientist Alan Leshner published "Addiction is a Brain Disease, and it Matters." His work incorporated scientific advances over the past 20 years to depict how drug addiction is a "chronic, relapsing disease that results from prolonged effects of drugs on the

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<sup>42</sup> Susanne Uusitalo, Mikko Salmela, and Janne Nikkinen, *Addiction, agency and affects – philosophical perspectives*, 35, March 9, 2012, <https://journals.sagepub.com/doi/pdf/10.2478/nsad-2013-0004>.

<sup>43</sup> Indiana University Health, Inc, "Is Addiction Really a Disease?," Indiana University Health, accessed 2023, <https://iuhealth.org/thrive/is-addiction-really-a-disease>.

<sup>44</sup> Uusitalo, Salmela, and Nikkinen, *Addiction, agency*, 35.

brain.”<sup>45</sup> Specifically, Leshner claims that scientists have identified neural circuits that “subsume the actions of every known drug of abuse,” thus depicting how repeated drug use gradually hijacks and transforms the brain.<sup>46</sup> Additionally, Leshner provides scientific findings on the differences between the brains of addicted versus healthy individuals, and evidence that commonalities exist among all addicted users, regardless of the substance.<sup>47</sup>

More recent scholars have also contributed to advancing the disease model of addiction. In 2016, Volkow, Koob, and McLellan published their “Neurobiologic Advances from the Brain Disease Model of Addiction” in the *New England Journal of Medicine*. Through recent advances in the neurobiology of addiction, Volkow, Koob, and McLellan provided new insights that broaden the understanding of the disease model of addiction. Specifically, they reviewed findings on the desensitization of reward circuits caused by the use of addictive substances, causing the weakening of the brain regions involved in executive functions including decision making, inhibitory control, and self-regulation.<sup>48</sup>

In contrast to the disease model, the choice model of addiction starts from the assumption that all people — regardless of biological, genetic, or neurological factors — make choices in their lives, including those that may lead to addictive behavior. The choice model states that drug taking is at all times something individuals do voluntarily, and something that all individuals may decide to do.<sup>49</sup> For those who become addicted, there always exists the choice to stop using drugs, but addicts continue to use due to various environmental factors rather than an inner

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<sup>45</sup> Ian L. Leshner, *Addiction Is a Brain Disease, and It Matters*, 45, 1997, <https://doi.org/10.1126/science.278.5335.45>.

<sup>46</sup> Leshner, *Addiction Is a Brain*, 45.

<sup>47</sup> Leshner, *Addiction Is a Brain*, 45.

<sup>48</sup> Nora D. Volkow, George F. Koob, and A. Thomas McClellan, *Neurobiologic Advances from the Brain Disease Model of Addiction*, ed. Dan L. Longo, January 28, 2016, <https://doi.org/10.1056/NEJMr1511480>.

<sup>49</sup> Christopher Russell, John B. Davies, and Simon C. Hunter, *Predictors of Addiction Treatment Providers' Beliefs in the Disease and Choice Models of Addiction* (Glasgow, Scotland: University of Strathclyde, n.d.)

biological rewiring of the brain. Moreover, choice theorists posit that the continuance of drug use — the addiction — usually occurs when one’s life is going poorly, and drug use becomes a coping mechanism; it is a behavioral condition exacerbated by a poor environment in which an addict exists.<sup>50</sup>

Several scholars have contributed to the development of the choice model of addiction. Jeffrey Schaler, in particular, has been a key proponent of this theory. In his book “Addiction as a Choice,” Schager invalidates the disease model, arguing that addiction is a behavior that is repeatedly chosen by individuals. He contends that addiction is a result of an individual’s decision to pursue the short-term pleasures that accompany substance use, rather than the long-term negative consequences that follow repeated uses of an addictive drug. In viewing addiction in this regard, Schafer ultimately believes that addiction is not a neurological defect, but rather a product of one’s environment, and how they act according to their values and desires.<sup>51</sup>

Successful neurologist, and former addict himself, Marc Lewis also argued against the disease theory and for the choice theory. In his book “The Biology of Desire: Why Addiction is Not a Disease,” Lewis argues that the disease theory fails to take into account the plasticity of the human brain.<sup>52</sup> Specifically, he explains that while the brain does in fact change with addiction, “the way it changes has to do with learning and development” rather than with disease.<sup>53</sup> As Lewis sees it, addiction is a habit, and when the user repeatedly consumes a substance, the individual is making a choice to do so.<sup>54</sup>

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<sup>50</sup> Russell, Davies, and Hunter, *Predictors of Addiction*

<sup>51</sup> Jeffrey Schaffer, *Addiction is a Choice*, 1st edition ed. (n.p.: Open Court Publishing, 2002)

<sup>52</sup> Marc David Lewis, *The Biology of Desire: Why Addiction Is Not a Disease*, reprint edition ed. (n.p.: PublicAffairs, 2016)

<sup>53</sup> Lewis, *The Biology*, Page \_\_\_\_

<sup>54</sup> Lewis, *The Biology*

### ***III. Addiction Debates in the Context of Freedom & Flourishing: Non-Autonomous Versus Freely-Responsible Agents***

Regardless of which model is to be subscribed to, two key philosophical principles prove to have practical relevance for both sides of the debate; these two concepts are freedom and human flourishing. To recap on what was discussed in chapter 1 regarding how we think about these principles in the American context, human flourishing is dependent on our liberty and ability to freely act how we please. Moreover, our cultural ethos is grounded in valuing freedom, as it is a prerequisite for living a meaningful and fulfilling life: one that is synonymous with what it means to truly flourish as a human being.

These two philosophical concepts, while often glossed over by statistics and scientific findings in the discussions regarding addiction, are crucial for both sides of the debate. In fact, we see on both the disease model side and choice model side of the addiction debate these very principles arise, albeit not explicitly. From the scientific evidence on the disease model of the debate, it can be deduced that in terms of freedom and flourishing, the addict lacks neither capacity. In their view that the addictive substance “hijacks” the brain and controls the addict’s choice making, the disease model ultimately promotes the addict as an unfree agent. The addict has succumbed to a disease, and rather than being free to choose whether to continue to use the substance, the addict lacks any sort of control in the decision making process. In the context of the disease model, addicts can be labeled as non-autonomous agents. Of course, in the context of American thinking regarding freedom and flourishing, this means that the disease model considers addicts as lacking the capacity to flourish. Without the ability to freely choose, they are incapable of living fulfilling and meaningful lives.

When examining the theoretical framework of the choice model, we find the concepts of freedom and human flourishing to look different for the addict as they do on the disease model side of the debate. The choice model most directly speaks to the principle of freedom. As it approaches the topic of addiction more normatively than does the disease model, the choice model ultimately suggests that freedom is a central component of addiction and that addicts make autonomous decisions in using drugs and engaging in their addictive behavior. Moreover, addicts are not controlled by the drug, but are acting autonomously in their decision to abuse a substance, and can inevitably make the choice of whether to continue to engage in the behavior or stop it. On the basis that human flourishing constitutes the ability to live and act freely, the choice model grounds the belief that addicts are flourishing individuals. In this sense, addicts are living a life that is flourishing according to their own preferences and desires.

***IV: Why We Ought to View Addicts as Non-Autonomous, or Not Free: Advancing the Majority Scientific View While Remaining Philosophically Grounded in America's Cultural Ethos***

Before advancing a philosophical argument for the disease model, we must recognize that scientific findings have led the disease model to being the dominant model within the addiction debate. As already outlined, neuroscientific findings support the disease model side of the debate. The disease model is backed by studies of the brain that demonstrate how the repeated use of an addictive substance alters brain function, leading to neurological pathways being altered. Resultantly, the addict's brain is transformed into one that repeatedly seeks out the drug. Today, the majority of individuals concerned with the study of addiction believe that addiction is best explained through the disease model rather than through the choice model. A majority consensus provides me with a viable basis to defend and uphold such a side of the debate. I admit that I lack the credentials to further argue for the disease model in terms of a scientific



understanding. I have left the scientists and experts in the medical study of addiction to gain a majority consensus on the issue; and because it currently dominates how people perceive addiction, my paper can confidently conclude that the disease model ought to be the way in which we view addiction.

Siding with the majority disease model view is not the only support I need in advancing this side of the debate. In maintaining America's cultural ethos, I must also provide a philosophical argument to justify the disease model. Moreover, if for the sake of my work, I am looking to contribute a philosophical discussion to the opioid epidemic crisis through advocating for the need to commit to principles of freedom and flourishing, I must now also prove that the disease model allows for such principles to be maintained among addicts.

While the choice model emphasizes individual responsibility and the addict's freedom of choice in using addictive substances, the disease model recognizes that an addict's autonomy is compromised by their addiction. In this sense, the disease model is not antithetical to the idea of freedom, but instead acknowledges the limitations that addiction imposes on an individual's ability to preserve and act upon their autonomy. America stresses the importance of a government that protects its citizens rights to freedom. The reason our nation sets forth the vision that individuals should be free to do what they want so long as it does not harm others of course exists for the sake of reducing physical violence and overall negative consequences for society as a whole. However, it is also instilled in our culture for the sake of ensuring that others are just as much able to act freely and autonomously as any other individual would in society. In this same vein, freedom is understood to be something that ought to be upheld for its citizens, with intervention should another individual impose another's' freedom.

When we think about freedom in this respect, I argue that such a principle challenges the idea that the disease model is antithetical to America's upholding of personal freedoms. Nevertheless, understanding freedom in this respect allows for us to consider the drug in the same sense we would consider another individual posing a threat to someone else's personal freedom. If we as a country protect personal freedoms by ensuring another individual does not endanger them, ought we to do the same thing when it comes to any other entity that poses a threat to freedom? Opioids, through altering brain patterns, impose a direct threat to an individual capacity to make free choices. Thus, in the same sense that America values freedom to the extent that it upholds intervening when one's freedom is threatened by another individual, it seems logically to suppose that America would remain committed to this principle, just in this case substituting a person for a drug.

## CHAPTER 3

### ADDICTS AND MEASURES AS THEY EXIST TODAY - GIVING CHOICE TO THE INCAPABLE ADDICT

*"I wish someone had made the decision for me and forced me into rehab. I didn't have the awareness or the strength to make that choice on my own. If someone had intervened, I might have been able to avoid a lot of the negative consequences of addiction." - Former Patient, The Cabin Rehab*

Now that I have proven the viability of the disease model both through a scientific view and a philosophical lens with a particular focus on America's cultural ethos, this thesis now aims to outline the current approaches to the opioid addiction crisis. As I previously discussed in the introduction, the push toward placing the opioid crisis in the context of public health has occurred; yet the punitive approach still dominates the responses being implemented across the nation. As I argued in the beginning of my work, empirical evidence only takes us so far in discussions surrounding addiction and necessary measures to address the crisis. While the punitive responses prove empirically unsuccessful as compared to current rehabilitative measures that statistically appear beneficial in tackling the crisis, both types of interventions are antithetical to the American preservation of individual freedom for the sake of human flourishing.

## *I. The Overwhelming Punitive Response*

While there is increasing rhetoric across the country regarding the notion that opioid addiction ought to be regarded as a health problem, punitive approaches to the opioid crisis remain widespread. In fact, America has mainly addressed the opioid crisis — and drug use generally speaking — through the penal system; as of 2020, 1 in 5 Americans behind bars are there for a drug offense.<sup>55</sup> There exists various punitive responses within our American legal system. One of the most visible punitive responses to the opioid addiction crisis has been the use of criminal chargers and incarceration against drug users. A common criminal charge against drug users is possession of controlled substances. Controlled substances are drugs that are regulated by the federal government due to their potential for abuse and dependence; both heroin and fentanyl fall under the category of a controlled substance.<sup>56</sup>

Possession of a controlled substance is a criminal offense under both federal and state laws, with the severity of the charge — and subsequent length of sentencing — dependent on various factors including the amount of drugs a user has been found to possess, the state in which the user is found to possess the drug, and whether the user has previous offenses.<sup>57</sup> As compared to dealers and manufacturers, drug users found to be possessing a drug represent the large majority of arrests being made in response to the crisis. In 2018, the Federal Bureau of Investigation's United Crime Reporting (UCR) program reported that an estimated 86.4% of all drug arrests were possession charges.<sup>58</sup>

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<sup>55</sup> Wendy Sawyer and Peter Wagner, *Mass Incarceration: The Whole Pie 2020*, March 24, 2020.

<sup>56</sup> U.S. Department of Health and Human Services, "Controlled Substance," National Cancer Institute, accessed March 27, 2023

<sup>57</sup> "Possession of a Controlled Substance," Asset Division & Custody Lawyers, accessed March 27, 2023, <https://www.jjw-law.com/possession-of-a-controlled-substance>.

<sup>58</sup> Susan Stellan, "Is the 'War on Drugs' Over? Arrest Statistics Say No," *The New York Times*, last modified November 5, 2019, <https://www.nytimes.com/2019/11/05/upshot/is-the-war-on-drugs-over-arrest-statistics-say-no.html>.

Another common criminal charge against drug users is distribution or trafficking of controlled substances. Distribution refers to the sale or transfer of drugs to another person, while trafficking refers to the transportation of drugs across state or national borders.<sup>59</sup> Oftentimes, addicts turn to drug trafficking and distribution as a means to financially support their addiction. As drug use becomes more frequent and severe, users may require more and more money to support their habit. Drug trafficking provides a lucrative source of income for many addicts, thus leading the addict to engage in illicit behaviors in order to fund their addiction.<sup>60</sup>

The punitive response to the opioid crisis has proved detrimental to the addictive population for a variety of reasons. For one, drug use does not stop once the addict is incarcerated. Prisoners find ways to smuggle drugs into prisons, forging a large network of drug trade among the incarcerated population. Not only does this further ignite an addiction of an individual already dependent on opioids, but it presents the opportunity for non-addicts in prisons to become addicted to opioids. We see shocking data to support this very idea. In a special report revised in 2020, the U.S. Department of Justice revealed that 58% of state prisoners and 63% of sentenced jail inmates met the criteria for drug dependence or abuse, according to data collected through the 2007 and 2008-09 National Inmate Surveys.<sup>61</sup> Post incarceration also proves detrimental to the addict. When an inmate addicted to opioids is released from prison, their chances of a fatal overdose are massively elevated. According to a

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<sup>59</sup> "Drug Trafficking vs. Drug Distribution," David M. Dudley, Federal and State Criminal Defense, <https://www.defenselawyerfederalcrime.com/federal-drug/trafficking-vs-distribution/>.

<sup>60</sup> "What Motivates Someone to Become a Drug Dealer?," Anaheim Lighthouse, last modified February 26, 2018, <https://anaheimlighthouse.com/blog/what-motivates-someone-to-become-a-drug-dealer/>.

<sup>61</sup> U.S. Department of Justice, *Drug Use, Dependence, and Abuse among State Prisoners and Jail Inmates, 2007-2009*, by Jennifer Bronson, Stephanie Zimmer, and Marcus Berzofsky, June 2017, "What Motivates Someone to Become a Drug Dealer?," Anaheim Lighthouse, last modified February 26, 2018, <https://anaheimlighthouse.com/blog/what-motivates-someone-to-become-a-drug-dealer/>.

2007 study published in the New England Journal of Medicine, a former inmates' risk of a fatal drug overdose is 129 times as high as it is for the general population during that individual's first two weeks after release.<sup>62</sup>

## ***II. Current Rehabilitative Measures***

Rehabilitative measures to address opioid addiction and overdose are surely present across the country. In fact, the increased rhetoric regarding drug addiction as a medical problem has proven effective in advancing various policies that respond to addiction through a medical lens, rehabilitating the addict rather than punishing the user. Numerous approaches, both at the state and federal levels, exist and fit into the category of a rehabilitative measure to counteract the negative consequences of the opioid epidemic. For the sake of later advocating for mandatory rehabilitation for addicts, I will briefly turn to three critical rehabilitative responses to the opioid crisis, all of which have proven successful in treating opioid addiction.

**Inpatient programs** are often the first stop on the road to recovery for opioid addicts; of the three rehabilitative measures, it is arguably the most intense and grueling for an addict in their journey to getting clean. Inpatient treatment offers the most complete opportunity for recovery. In these programs, patients stay at a treatment center, either for a short-term or long-term duration.<sup>63</sup> The length of treatment depends on several factors, including the severity of the addiction, whether there exists any co-occurring mental health conditions, and whether the individual has been through rehab before. The average stay for an individual with a substance use disorder is 30 days, but most addiction treatment facilities offer longer programs. While part

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<sup>62</sup> Ingrid A. Binswanger et al., *Release from Prison — a High Risk of Death for Former Inmates*, [Page #], <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836121/>.

<sup>63</sup> "Massachusetts Inpatient Drug Rehab Programs," Springhill Recovery Centers, <https://springhillrecovery.com/levels-of-care/inpatient-drug-rehab/>.

of an inpatient program, individuals with an opioid addiction disorder are supervised around the clock and provided a personalized care team of licensed healthcare professionals, all while being in a supportive environment that fosters their wellbeing and recovery.<sup>64</sup> Individuals in inpatient programs are given a structured daily routine, with group and individual therapy, free time for reflection and bonding with fellow recovering addicts, and medical treatment to assist in the detoxing process.<sup>65</sup>

**Medication-assisted treatment (MAT)** is a type of opioid addiction treatment involving the use of medications to help individuals manage their cravings and withdrawal symptoms. The FDA has approved three drugs for the treatment of opioid dependence: methadone, buprenorphine, and naltrexone. While on the chemical level, each drug works differently, they all help to reestablish normal brain function and address the physical difficulties that one experiences once they stop taking opioids. Medication assisted treatment does not exist on its own, but rather, is almost always combined with another form of rehabilitative treatment to provide the most beneficial results for the addict in their recovery process.<sup>66</sup>

**Behavioral therapy** is a type of addiction treatment focused on modifying negative behaviors and developing coping skills to manage both cognitive and environmental triggers and the cravings that accompany both the withdrawal and recovery stages of addiction. Both used in conjunction with MAT treatments and as a standalone treatment, behavioral therapy prioritizes managing emotions, improving self acceptance and positivity, and acceptance of the losses associated with addictive behaviors. Various types of therapies fall under the branch of

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<sup>64</sup> "Inpatient Rehab," Addiction Center, <https://www.addictioncenter.com/treatment/inpatient-rehab/>.

<sup>65</sup> "A Typical Day in Drug or Alcohol Rehab," Addiction Center, <https://www.addictioncenter.com/rehab-questions/typical-day-rehab/>.

<sup>66</sup> "Information about Medication-Assisted Treatment (MAT)," U.S. Federal Drug and Food Administration (FDA), accessed March 27, 2023, <https://www.fda.gov/drugs/information-drug-class/information-about-medication-assisted-treatment-mat>.

behavioral therapy including cognitive behavioral therapy and family therapy; two distinct, but equally useful treatments in addiction recovery.<sup>67</sup>

The rehabilitative approach to the opioid crisis proves much more successful in fighting the crisis than does the punitive approach. According to the American Addiction Centers, relapse rates for opioid addiction is as high as 91%, but when considering the percentage of individuals who relapsed but entered into a drug program, the number decreases.<sup>68</sup> In fact, between 85% and 95% of drug users that entered into an inpatient treatment program report still being sober nine months post rehab.<sup>69</sup> In terms of the success of medication-assisted treatment, a study published in the Journal of Addiction Medicine reported that patients who received medication-assisted treatment (MAT) had a 72% reduction in illicit opioid use compared to those who did not receive MAT treatment.<sup>70</sup> In regards to therapy as a rehabilitative approach, one study found that cognitive behavioral therapy reduced opioid use by 47%.<sup>71</sup> Overall, statistics demonstrate that the rehabilitative approach proves successful, at least empirically speaking.

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<sup>67</sup> Allen R. Miller, "Alleviating Opioid Use Disorder With Cognitive Behavior Therapy and Medication-Assisted Treatment," *Psychiatric Times*, last modified June 9, 2022, <https://www.psychiatrictimes.com/view/alleviating-opioid-use-disorder-with-cognitive-behavior-therapy-and-medication-assisted-treatment>.

<sup>68</sup> American Addiction Centers Editorial Staff, "Opiate Relapse: Prevention and Addiction Treatment," ed. Meredith Watkins, American Addiction Centers, accessed January 19, 2023, <https://drugabuse.com/opioids/relapse/>.

<sup>69</sup> Jessica Miller, "Addiction Recovery Statistics," *Addiction Help*, accessed March 6, 2023, <https://www.addictionhelp.com/recovery/statistics/>.

<sup>70</sup> National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Medication-Assisted Treatment for Opioid Use Disorder; Mancher M, Leshner AI, editors. *Medications for Opioid Use Disorder Save Lives*. Washington (DC): National Academies Press (US); 2019 Mar 30. 2, The Effectiveness of Medication-Based Treatment for Opioid Use Disorder. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK541393/>

<sup>71</sup> R. Kathryn McHugh, Bridget A. Hearon, and Michael W. Otto, "Cognitive-Behavioral Therapy for Substance Use Disorders," *National Library of Medicine*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2897895/>.



#### ***IV. How Both Approaches Fail Philosophically: Falsely Supposing the Capacity to Make the Right Choice***

While through the empirical lens, the rehabilitative response proves successful as compared to the detrimental punitive approach to the opioid addiction crisis, both sides ultimately succumb to the same flaw: a philosophical misinterpretation of the addict in terms of their autonomy. As compared to the rehabilitative approach, the punitive approach provides a pretty clear example of how it has falsely supposed an addict's capacity at choice making. On the basis that addicts should be punished for their wrongdoing, the punitive approach lacks any consideration of addiction in the context of a disease. The punitive response to the crisis visibly sides with the choice model of the addiction debate. An addict is penalized for legal wrongdoing just as a non addicted individual is punished for breaking that same law. The criminal justice turns a blind eye to who that person is, limiting its view to solely focusing on the fact that the individual has made an illegal and wrong choice. Nevertheless, regardless of who that individual is and what they suffer from, the punitive approach inflicts a penalty on that person as retribution for their criminal offense. With the choice model manifesting in the punitive approach, it is evident that the punitive approach falsely supposes an addict's capability of making free choices.

The rehabilitative approach as it exists today does not reveal itself as being flawed as clearly as the punitive response. Unlike the punitive approach that embodies the choice model of the addiction debate, the rehabilitative model advances the disease model; the model this work advances and relies on for the sake of its overall argument. One would think that the rehabilitative approach, by reflecting the idea that addicts are controlled by a drug and sick with a disease, aligns with my overall project to incorporate more philosophical thinking into the opioid addiction crisis discussion. However, as it exists today, the rehabilitative approach is still

falsely supposing that an addict is free. Rehabilitation measures necessitate a prerequisite that the addict will decide to take part in a treatment measure. Before the addict is to be treated for the disease, the addict must recognize the disease they are suffering from and ultimately agree on their own to get help. Having proven before, the disease model is synonymous with the idea that addicts, due to the neurological changes to their brain from the drug, are non-autonomous, and unable to make free choices; the drug is hijacking the brain and ultimately making choices for them. How can we then suppose an addict is capable of deciding to be treated for their disease? The rehabilitative measures currently in place falsely assume that an addict has the freedom to make such a choice, when in fact, they fully lack the capacity to do so.

## **CHAPTER 4**

### **PROPOSING MANDATORY REHABILITATION - THE ANSWER TO RECOVERING AND PRESERVING ADDICTS' FREEDOM**

Having outlined current approaches and their failure to properly address the addict as a non-autonomous and unfree agent, I will turn to offering a new approach to the opioid crisis: mandatory rehabilitation. Critics might presuppose that this approach is antithetical to the very understanding of addiction I am trying to advance. Critics may ask: how can a solution to a problem be solved by the very thing that is contributing to the problem in the first place? Moreover, they may counter my solution by suggesting that a complete revocation of freedom is contrary to recovering freedom from an addict: a non-autonomous agent. In the final chapter of this work, I will turn to my proposed method of response to the opioid addiction crisis: a modified version of the existing rehabilitative approach. I will first outline the proposition in detail, discussing the process of placing addicts in mandatory rehabilitation, and how such treatment will assist in the addict's recovery. I will then turn back to the philosophical grounds on which my thesis is based, responding to possible critics of this theory by outlining how the seemingly paradoxical approach to treating addicts aligns with the disease model of addiction and maintains values that shape our cultural ethos.

#### ***I. Outlining the Approach***

Mandatory rehabilitation would be implemented as an alternative to placing opioid addicts who have committed crimes into the prison system. Upon being found guilty for a drug related crime, individuals would be evaluated by mental health and other health care

professionals to deduce whether that patient suffers from an addiction. If the professionals have found that individual to suffer from an opioid addiction, that individual would then be sentenced to a certain duration in an inpatient program, followed by a certain mandatory outpatient regimen upon their release from the program including medication assisted treatment, behavioral therapy, or a combination of both rehabilitative treatment types. The length of treatment will depend on the health care professionals' findings on the severity of the individual's addiction. Moreover, if an individual has been found to have a severe addiction, their mandatory rehabilitation should be longer than an individual who has been found to suffer from a less severe opioid addiction.

Unlike providing treatment for addicts in jail, mandatory rehabilitation would completely separate the addict from the criminal justice system. For one, an addict would be placed in a rehabilitative center where any other addict will be placed; just as those who voluntarily seek out treatment are placed in a rehabilitation center dedicated to their recovery, addicts who are sentenced to mandatory rehabilitation would be placed in a center solely focused on their wellbeing and improvements. Additionally, addicts would not face the lasting effects of having a criminal record. When an opioid addict is sentenced to mandatory rehabilitation, the treatment does not appear like a criminal record. Once the addict finishes their mandatory treatment, the only trace of the addict partaking in the program would be on an addict's health record, thus only being used for medical purposes. Additionally, the completion of mandatory rehabilitation would erase any record that an addict was arrested for a drug related crime.

It is important I recognize that in proposing this new approach to opioid addiction treatment, I did not outline a detailed legislative policy. My approach did not include the logistical details, such as funding, of how such an approach would be translated into a national piece of legislation. While I believe that these are critical components to deduce for the sake of

making my proposal a national approach, my thesis intends to contribute philosophical discussions of the opioid addiction crisis into the larger debate. I thus would like to leave the policy outlining to the political science field, and contribute the philosophical foundation for such an approach for legislators to then use their expertise to make my approach a reality across the nation.

## ***II. How a Paradoxical Approach Commits to America's Cultural Ethos***

As admitted above, there are surely those who question how mandatory rehabilitation could remain synonymous with maintaining valuing freedom. Critics would most likely ask the following question: is mandatory rehabilitation not entirely antithetical to the very principle your work is arguing it upholds? At first glance, I understand that it may appear as though the answer to the proposed question is yes: that mandatory rehabilitation is further destroying, rather than preserving freedom. However, when guided by the disease model of addiction, we can see that this is a false understanding of the proposed new approach to the opioid addiction crisis. Mandatory rehabilitation does require individuals to undergo treatment, even if they do not want to. However, addicts truly do not know what they want in the first place. As deduced in chapter 2, addicts are controlled by drugs and the disease of addiction, thus making them non-autonomous agents. When forced to enter rehabilitation, addicts are not truly being subjected to something they do not want to partake in, for that would require the prerequisite that they have been making free and rational choices beforehand, which certainly we have proven they have not. As addicts are unfree due to their disease, mandatory rehabilitation is not impeding on an addict's freedom, but rather intervening for the sake of preserving the very principle.

Once an addict has completed mandatory rehabilitation and recovered from the disease of addiction, they have ultimately gained their freedom back. No longer is this individual's autonomy being subverted by an opioid. Mandatory rehabilitation ultimately recovers an addict's freedom in that the required treatment provides them with the steps necessary to recover and escape the control by the drug they use. Through its success in helping an addict recover and ultimately gaining one's freedom back, mandatory rehabilitation supports and advances human flourishing for the addict. No longer will an addict be subjected to the influence of the opioid on their choice making, but rather, will now be able to order one's life as they please. The recovery of their freedom will therefore provide support for carrying out a meaningful and fulfilling life.

Mandatory rehabilitation also provides that after the completion of treatment, there is no record, other than for medical purposes, that an addict has partaken in the program or was initially arrested for a drug related crime. The privacy that accompanies mandatory rehabilitation also supports an addict's ability to freedom. After being released from jail, many addicts often return to engaging in drug related activities due to a criminal record impeding on their involvement in society. Specifically, many addicts who have a criminal record are unable to get jobs, consequently impeding on their ability to function as engaging and productive members of society. Mandatory rehabilitation will provide addicts with the ability to enter back into society as they were before suffering from an addiction. They will not be limited from engaging in society, but rather, will be able to be an active participant with their newly recovered freedom; they will be able to flourish.

Mandatory rehabilitation ultimately proves to be a successful approach to tackling the opioid addiction crisis both because of its successful outcomes for recovery and because of its

commitment and recovery of America's cultural ethos. Mandatory rehabilitation, just as with the rehabilitative approach discussed in chapter 3, promises to be effective in treating addicts; the methods this approach employs gives addicts with a better chance of recovery than does the overwhelming punitive approach to the opioid crisis. Additionally, the mandatory rehabilitation approach is consonant with freedom and human flourishing: the principles that embody America's cultural ethos. While it initially appears that mandatory rehabilitation is antithetical to individual liberty, the approach actually recovers freedom for addicts, allowing them to flourish.

## CONCLUSION

America's opioid addiction epidemic is far from over. Opioid addiction has taken the lives of millions of Americans. Americans have lost children, mothers, fathers, and friends. People have lost control of their own lives; once successful Americans are now struggling through their addictions and doing anything and everything they can to get their next fix. Many go to extreme lengths to feed their addictions, often leading individuals to engage in criminal activities to financially fund their next supply of opioids. Resultantly, many addicts are incarcerated and lack the appropriate medical care they need to fight through the addiction and enter into recovery.

Policy makers at the federal, state, and local levels are working tirelessly to create effective and lasting solutions for lowering opioid overdose and addiction rates throughout the nation. The opioid addiction crisis has been largely concerned with statistics and data. Guided by what the numbers have told us, we have yet to find an effective and workable solution to the problem. The overwhelming approach remains punitive: an ineffective method for responding to the crisis and helping those plagued by addiction to recover from the disease. While I value the hard work politicians and lawmakers have done thus far, I believe that they have failed to consider an important field of study while considering effective measures to mitigate the crisis: philosophy.

Philosophy offers us a normative approach to the opioid crisis, and by moving away from the empirical side of the crisis, we are provided with a new way of thinking: one that has led me to offering a new approach to the crisis. Through a philosophical approach to the crisis that



centered around principles of freedom and flourishing that define our nation's cultural ethos, I was first able to work out that the disease model, rather than the choice model, should dominate the way we think about addicts. Rather than viewing addicts as consciously making the choice to repeatedly use drugs, I was able to deduce, through the help of normative discussions regarding freedom, that addicts are plagued by a disease that alters their brain, rendering them non-autonomous agents. Philosophical discussions regarding freedom and flourishing further advanced my project by providing important insights into the current punitive and rehabilitative approaches to the opioid crisis. In both the case of the overwhelming punitive approach and the less popular rehabilitative approach, policymakers, healthcare workers, and other agents involved fail to recognize the absence of freedom. On the punitive side of approaches to the opioid crisis, the failure to recognize addicts as non-autonomous leads to falsely supposing an addict's commitment of wrongdoing; an unfree agent can not be punished for a choice that was out of their control in the first place. The rehabilitative approach also fails to recognize the lack of freedom an addict possesses. If an addict is unable to freely make choices, how can we suppose they are capable of seeking treatment for their disease? While this seems inconceivable, this is the view that the rehabilitative approach holds. A philosophical inquiry into the opioid addiction crisis provided me with a basis for arguing that we need a new approach altogether. America must adopt mandatory rehabilitation throughout the nation as it will best support addicts in recovering from an opioid addiction and regaining their freedom to live meaningful and fulfilling lives.

While I focused my work on the opioid crisis, there surely exists other national issues that prove to be bogged down in the numbers, rather than the normative questions we ought to be

asking ourselves when searching for comprehensive solutions. While of course I hope I convinced you that mandatory rehabilitation should be implemented as a new approach, I most importantly hope that I have left you with an appreciation for the field of philosophy, especially when it comes to its application in real world debates. By providing a framework for critical thinking and ethical analysis, philosophy can help us to approach complex problems in a more rigorous and thoughtful way. Whether we are discussing climate change, political polarization, or social inequality, philosophy can help us to ask the right questions, examine our assumptions, and develop more effective solutions.

I not only hope I have convinced you of the importance of philosophy beyond its own field, but also of the contrary: that those within the field of philosophy should remain mindful of often politically and empirically driven debates on real world crises and debates. The legacy of our most influential philosophers should not exist within a bubble. Rather, we must be mindful of current issues that allow for past philosophical inquiries to come back to life; and for the sake of fighting against the devastations that have arisen amidst the opioid addiction crisis, I believe that such an inquiry into principles of freedom and flourishing have provided an important foundation for advancing my proposed mandatory rehabilitation approach.

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