

2024

Against Arguing about Addict Agency

T. Virgil Murthy
Carnegie Mellon University
tmurthy@andrew.cmu.edu

Recommended Citation

Murthy, T. Virgil. 2024. "Against Arguing about Addict Agency." *Feminist Philosophy Quarterly* 10 (1/2). Article 5.

Against Arguing about Addict Agency

T. Virgil Murthy

Abstract

Much modern philosophy considers whether addicts—people who have normatively atypical relationships to various substances—possess genuine moral responsibility. Are addicts the subjects of apt attributions of blame, particularly in the context of their drug use and the negative consequences thereof? One group, “choice theorists,” tend to think so; another, “disease theorists,” think not. Rather than take a side or synthesize them somehow, I argue that we should stop arguing about this question entirely. In order for the discussion to be worthwhile, it must satisfy the basic condition of pragmatic bearing: some action, permissible to execute in reaction to addicts’ wrongdoing if they are morally responsible, but impermissible if they are not. I describe the set of arguably harmful actions often performed by addicts and enumerate the common penalties (which I collectively term “addict oppression” or, more neutrally, “addict sanctions”) imposed upon them by institutions in response. If the basic condition holds, those who view addicts as morally responsible and those who do not must disagree on the permissibility of at least some such sanctions, on responsibility grounds. But dispatches from the discourse demonstrate that choice and disease theorists generally agree on the appropriateness of the sanctions and on the (nonresponsibilist) nature of the justification. When dispute does arise, it doesn’t concern responsibility either. Neither the conclusion that addicts are morally responsible nor the conclusion that they aren’t licenses a meaningful change in the social treatment of addicts by nonaddicts and institutions. In particular, discussion of addict moral responsibility is irrelevant to the material conditions of addicts. Finally, I turn to an idiosyncratic attitude of indecision about addict responsibility, often detectable in the literature and in public life. I suggest that this indecision reflects the uneasy superimposition of two distinct possible addict futures—recovery and liberation—and hang my hat on liberation.

Keywords: moral responsibility, addiction, oppression, Madness, incarceration, clinical psychiatry

1. Moral Responsibility and Addiction

I have long been an error theorist about moral responsibility. It doesn't exist, or if it does, it doesn't matter. That seems like a strange opening sentence in an article for this special issue: whence my casual dismissal of the relevant philosophical tradition? Well, I'm an addict. I am by now so exhausted at being considered an especially interesting application of the responsibility debate that I'd prefer to throw the whole thing away.

In Harry Frankfurt's famous paper "Freedom of the Will and the Concept of a Person," he distinguishes between two types of addicts: "unwilling" and "wanton." The latter are, he says, "not persons" (Frankfurt 1971, 11). This distinction has been reproduced throughout the literature (i.e., Sripada 2016; Talbert 2023; Pickard 2017a, 459–60; Stump 1996, 184–86), reifying its taxonomic value and broadcasting addicts' apparent relevance to the discussion. Nowadays there are hundreds of papers evaluating whether addicts' behavior problematizes theories of moral responsibility and thousands that appeal to frameworks of moral agency to explain addicts' behavior. Everyone has something to say about it. Gene Heyman applies Frankfurt's criterion to empirical evidence about the quitting behavior of addicts, ruling us responsible because we "pass Frankfurt's test" (Heyman 2017, 85–92). Jeffrey Smith (1999) writes: "The key to understanding the behavior of alcoholics is to think of free will as an organ that, like any other organ, can be compromised." Then it gets stranger. Gary Watson (2001, 378–80) proffers a fine-tuned thought experiment in which he is a musophobic heroin addict, dropping his supply into a cage full of rats. Gideon Yaffe (2002, 178) starts the second sentence of a fifty-page paper with "The addict who kills for money to buy crack. . .". Fischer and Ravizza (1998), not to be outdone in inventiveness, contrive the drug "Plezu," a euphoria-inducing substance that renders you immobile for several hours (but, mind you, does not inspire "*irresistible* urges" to consume it). Brown, we are told, refrains from taking it only under the condition that "injecting the drug once more would have an extremely grave consequence—death (a side effect of Plezu that threatens only longtime users)." They conclude Brown is morally responsible (Fischer and Ravizza 1998, 69–70). It is endless, and with the notable exceptions of Owen Flanagan (2011, 2013, 2015) and Marc Lewis (2017), the aforementioned addicts are not participants but toys. "Is that person a moral agent?" analytic philosophers ask, about me. Of course I feel obligated to heckle! I must throw tomatoes at the nonaddicts discussing me—if only to remind them I exist.

Lurking beneath the surface of this literature is an unacknowledged tension. Regarding reactive attitudes toward addicts' behavior, what feels *true* cannot be reconciled with what feels *right*. People generally believe that addicts' drug-related actions are blameworthy. Yet responding harshly to those actions seems cruel. Kicking someone while they're down makes us feel like the villain, and addicts are down. Thus

emerges the desire to logically separate the impersonal construct of responsibility from the personal reality of punishment—to find a compromise between blame and permission.

This middle ground is best captured, I think, in Hanna Pickard’s (2017b) clinical approach, on which addicts should be “held to account” by interlocutors (usually clinicians) who take care to avoid hostile emotions and displays toward them. She calls this “responsibility without blame.” Traditionally, the operational content of responsibility is precisely that it licenses blame (P. F. Strawson [1962] 1993; Frankfurt 1971; Wallace 1996). Some theorists do distinguish between the conditions for blame and responsibility, but Pickard goes further than most, arguing that responsible individuals need not be “blameworthy” (2013, 1140; emphasis mine). Still, she claims, we can hold them to account—including through punishment (Pickard 2014, 15; 2017b, 175; 2013, 1141).

I am terribly confused by this. As far as I can see, holding someone responsible is, by itself, sufficient to justify the behaviors you would be licensed to perform if you blamed them. (Maybe not spitting and cursing, but what clinicians are doing that?) My opinion toward responsibility untethered from reactive attitudes, I suppose, resembles Peirce’s about Eucharistic theologies.¹ For the disagreement to have meaning, there must be some action permissible on one view but forbidden on the other. Otherwise, what does it matter?

I don’t mean to challenge Pickard’s view in particular; she is motivated by (very proper) reaction against the twin tendencies to moralize or demoralize addiction. The problem is deeper. It is, I think, fundamentally impossible to solve the true-versus-right problem without dramatically reorienting our concerns about addicts vis-à-vis structures of moral responsibility. The Peircean point extends to a basic condition that, I think, must hold of arguments about whether a certain kind of person is morally

¹ In his famous paper “How to Make Our Ideas Clear,” Peirce (1878) famously provides the dispute between transubstantiation and pneumatic presence theologies of the Eucharist as an example of a sophistic disagreement. On the pragmatic maxim, roughly stated, the meaning of an idea inheres in its empirical consequences; whether the idea is true travels perfectly with whether those empirical consequences obtain. Catechistic Catholic theology holds that the host ceases to be a wafer and becomes the literal, corporeal body of Christ at the time of the sacrament but retains all the observable properties of a wafer. The “Protestant churches” to which Peirce refers, most likely mainline Protestant denominational churches, believe that the presence of Christ in the Eucharist is spiritual rather than corporeal, effecting a transformation of the recipient’s soul. The two views do not disagree on anything material—they agree the wafer has all the “sensible” properties of a wafer—and therefore, on Peirce’s view, do not disagree on anything at all.

responsible: the set of actions permissible to enact upon them if they are must differ, somewhat, from those permissible if they are not. I herein argue that this basic condition does not hold if the individuals are addicts. Arguing about addicts' agency has no pragmatic consequences. Specifically, a moral theory's ability to justify paradigm interventions to which addicts are subjected (supposedly) in virtue of their wrongdoing is so inelastic to whether anyone blames them that it makes no sense at all to view the interventions as society's form of holding them responsible. Thus, whether addicts are blamed (or blameworthy, or responsible) is irrelevant to the operative question—namely, whether such interventions should occur.

Addicts are structurally and systematically subjected to a suite of external penalties, imposed on an institutional scale, which worsen their economic, political, and social circumstances. (Think incarceration, involuntary hospitalization, termination of parental rights.) These forms of interference are often levied in response to addicts' wrongdoing, and their imposition is generally believed to be acceptable and proper. But the rationale for such interference is not their target's moral responsibility. Rather, addicts' subjection to these penalties is thought *necessary* for auxiliary reasons independent of their agential status. Sometimes intervention into addicts' lives is considered appropriate on altruistic grounds: assistance must be rendered, over our protestations, to save us from ourselves. In other situations, intervention is thought necessary because addicts—by our own fault or not—are dangerous to others. Either way, addicts' deservingness of harmful interference is superfluous to the enforcer's logic. Hence the disagreement over addict moral responsibility is a distinction without a difference.

2. Addict Metaphysics, Addict Experience

2.1. Responsibility and Blame: A Pragmatist View

Blameworthiness is a relation that obtains between an individual and a harmful act, meant to capture that the actor is *at fault* for the act.² Theories of moral responsibility attempt to identify what this requires. Best-known is the *attributability* view, of which Frankfurt's (1971) deep-self view is a variant (see also Wolf 1987; Watson 1975). On the *attributability* view, you are blameworthy for an action if it is ascribable to your fundamental features, such as values, reasons, desires, or commitments. Another is the *control view*, on which blameworthy actions are both wrong and chosen. On the *answerability* view, one is blameworthy for actions for which one can apologize, provide context, or give a justification when blamed.

² My language herein will mostly refer to individuals and persons, but I think it extremely reasonable to suppose that groups of persons can be (and can be held) morally responsible.

Forward-looking accounts demarcate as blameworthy an individual whose future behavior and moral self-conceptualization are subject to revision in light of being blamed for the action (Cicurria 2020, 7). Each such theory gives conditions for blame to be *apt*—namely, the circumstances under which the relation of blameworthiness between actor and action holds.

Moreover, each links blameworthiness to an essential quality of *general* moral responsibility. There are people who are, typically, responsible: people whom it is appropriate to blame for wrongdoing, absent extranormal circumstances. (Perhaps there are also people who are not.) On the attributability view, a person whose decision-making mechanisms are responsive to reasons is responsible; according to the control view, a self-regulative person is. And so on. If an individual is responsible and performs a wrongdoing under ordinary circumstances, then we *should* blame them. (Or at least somebody should.)

There are two intuitive senses of what is meant by the “should” in “*Should we hold this person responsible?*” The first *should* is matter-of-fact: “Do they possess genuine moral responsibility for this infraction?” Does our blaming them follow from our conceiving of the situation correctly? The second *should* is pragmatic. Is it beneficial to hold the individual responsible—for them, for us, all things considered? Does doing so bring about the best outcome or properly instantiate the social practices we want? We’re *right* to hold someone responsible when doing so is moral/prosocial; our evaluation is *true* if it is formally proper.

Often, the distinction between true-should and right-should collapses. Some theories of moral responsibility are such that it is right to hold entities responsible if and only if it is true that they are responsible. On the answerability view, responsibility consists in the capacity to provide an account; holding responsible, in demanding one. Seeking answers from someone who, for whatever reason, cannot provide them does not achieve its objective. It’s a waste of time at best. Analogously, forward-looking theories tend to quine the true-right divide. It’s futile to engage in social practice geared toward modifying the recipient if said recipient is categorically unmodifiable by such processes. Of course, it may be that a wrongdoer who broadly *can* change or furnish an account *sometimes doesn’t*, hence satisfying the agency condition while still frustrating the objective of the interaction (see Cicurria 2020, 57–58). So long as the relevant ability is present, though, attempts to hold them responsible are not in principle misguided. These theories are functionalist, not consequentialist. *Won’t* versus *can’t* is the difference between apples and oranges—or rather, between shaking the branches of an apple tree unsuccessfully and shaking those of an orange tree while hoping for apples.

The attributability and control views are not like this, it seems. They identify the propriety of blame not with its *conduciveness* but with its *accuracy*. We can err factually in supposing someone did wrong for their own reasons. But whether we err

normatively by proceeding on that assumption depends on what proceeding entails, which is unspecified. Hence it is often taken as a constitutive element of moral responsibility that others be permitted to interact with the morally responsible person in certain ways. Watson (1996, 231) considers this the difference between holding someone responsible and merely “holding [them] to be responsible.” The content of being held responsible is, in his terms, being “liable to certain adverse or unwelcome treatment”—called sanctions—in virtue of having failed to discharge reasonable requirements levied by an entity with the authority to require them (236–37). Hence, on his view, there are two “faces” of responsibility. *Aretaic* assessments concern attributability: whether an actor’s wrongdoing results from their moral deficiency. Judgments of *accountability* mark the recipient as within the scope of sanctions, thus enabling actions we could not permissibly countenance absent their object’s responsibility for transgression.

When it is unclear whether the conditions under which we true-should consider someone responsible coincide with those under which we right-should, I take it that the second understanding is the relevant one. Morally responsible people are just those whom it is right to hold responsible, and to speak of responsible people who should not be held responsible, or nonresponsible people who should, is incoherent. This is to say that a meaningful theory of moral responsibility must satisfy the following basic condition: there exist some actions that are permissible toward responsible individuals but impermissible toward nonresponsible ones. I am in good company, I’d like to think—Peter Strawson ridicules the notion that “blame is metaphysical” (1993, 65) and states emphatically that the empirics of human reactive attitudes are inseparable from those of ascriptions of moral responsibility. So if a claim about the scope of moral responsibility has bearing, there must exist some act and some penalty—what Watson calls “adverse or unwelcome treatment”—such that, assuming an agent and a nonagent, otherwise similar, each perform the act, the penalty is allowed as a sanction against the agent but disallowed against the nonagent.³ Otherwise it cannot be the case that the moral responsibility of an agent justifies behavior toward them.

³ Neil Levy, in correspondence, has suggested the possibility of a forward-looking justification that licenses treating some nonblameworthy people as blameworthy. By the lights of the deep-self view, there are justifications for treating some nonblameworthy people *as if* they were blameworthy: children, perhaps. In my view, we can achieve this result simply by appealing to a forward-looking view of responsibility, unless there exist some blameworthy people to whom the forward-looking justification does not apply. In the latter case, my pragmatism could be preserved by adopting a pluralist view or endorsing multiple realizability (cf. Menges 2021, 402–3), although I concede that is *prima facie* unintuitive. Anyway, such a

2.2. Theories of Addiction

So what are addicts meant to be responsible, or not, *for*?

Some thought experiments about addict responsibility involve, say, an alcoholic taking a drink (Benn 2010; Schaler 2002). But when we talk about holding addicts responsible for something, this is not what we mean. My taking a drink hurts no one except (possibly) me; it makes little sense to judge it wrong *de jure* (cf. Pickard 2013, 1140). Responsibility without normativity invites only aretaic judgment, and sometimes not even that. You are responsible for going to the store—it is a decision you make, for your own reasons. But unless you punch someone on your way there, you are not liable to be “held responsible.”

When we discuss actions for which addicts are to be *held* responsible, the relevant actions are ones I call “active addiction behavioral patterns” (AABPs). These may still consist in substance use, but the use is at least tenuously connected to destruction, harm, or lawbreaking: drinking *to unconsciousness*, or drinking *belligerently*, or drinking *underage*, or drinking *and driving*. AABPs are generally regarded as dangerous and damaging. Further examples include drug dealing, intoxication or erratic behavior in public, the exposure of children to substances (through prenatal use or parental misconduct); and the performance of unsafe or illegal acts while under the influence of drugs (such as driving) or for the purpose of obtaining them (such as theft). These actions differ from my taking a drink in that if a nonaddict did them, we would consider them to have perpetrated a wrong for which they are morally responsible.

Is addiction status relevant in the determination of moral responsibility for (some) AABPs? Traditionally, addiction theories have been separated into two camps—*disease* and *choice* models—according to their answer. The choice view says yes: addicts, like anyone else, act for their own reasons. They prefer drug consumption, even if illegal or dangerous, over alternatives. Abstention from drugs may be difficult, but that’s just because it’s hard not to do something you very much like to do. In particular, this means that addicts are responsible for the negative consequences of their drug use. (A relatively unpopular variant of the choice model is the moral model, on which addicts’ drug use is *per se* immoral.)

On the disease model, addiction is a pathology that causes people to act in ways they otherwise wouldn’t. At least some aspects of behavior, a disease theorist would claim, are beyond the addict’s immediate control—in particular, the ability to regulate their consumption of their drug of choice. For instance, addicts might

situation is hard to imagine. If we are consequentialist about attributions of blame and/or responsibility (which is fine), then we might as well be consequentialist about *apt* blame and responsibility: the people whose being blamed produces good outcomes are those who are blameworthy.

experience compulsions that influence their actions or may have defective brain functioning that impedes their reasoning. If so, addiction would constitute the sort of qualification we tend to think exonerates people from responsibility for certain actions.

Nowadays this partition is falling out of favor. Some theories do not fit cleanly under either heading, while others straddle the divide. The choice/disease taxonomy described above is a dramatic representation, emphasizing the question on which their respective radicals would disagree. But moral responsibility makes appearances whenever addiction is discussed,⁴ and choice/disease positionality tracks it effectively. Among responsibility theories, the control view is most obviously evoked by the choice/disease split. But the distinction can be framed germanely to other theories too, even if it requires a modicum of creative literature interpretation: attributability (addicts act for their own reasons, or they do not), answerability (addicts can “explain why they made the choices they did” [Pickard 2013, 1141], or they are too confounded by their own behavior to instantiate “rational self-interpretation” [Flanagan 2015, 144]), forward-lookingness (spontaneous remission is suggestive of self-modification for the better [Pickard 2012, 43], or, due to a sort of hermeneutical unluckiness, addicts cannot functionally self-revise [Levy 2003, 137–40]).

The point is that there are, theoretically, two extremal positions about addicts’ responsibility. There are those who think addicts are responsible; call these *blamers*. Then there are *nonblamers*, who think not. Now, there are shades of grey here. Someone might consider it appropriate to impose sanctions upon a nonaddict whose drug consumption breaks the law but unjustified to impose them upon an addict. Such a theorist could nonetheless contend that addicts retain responsibility for actions not directly entailed by atypical drug use: behaviors performed while sober, and ones which could have been avoided by means of accessible precautions. (“You could’ve given me your keys.”) This assessor would then be a “moderate” nonblamer, exempting addicts from responsibility for illegal drug use but not for driving drunk. No such open-mindedness is available to the blamer. If addicts are responsible for the drug use patterns that are detrimental to themselves or others, then they are *at least* also responsible for selling drugs, damaging property, and so on.

⁴ As Flanagan (2015, 145) aptly points out, the DSM-V criteria for a substance use disorder diagnosis do not address neurology or genetics, instead mentioning “desire,” “craving,” and overuse by one’s own lights.

2.3. Addict Oppression

I will argue that whether addicts are considered responsible for AABP does not make a difference to the responses. Therefore, it is worth clarifying what those responses are.

- (1) How are addicts treated, ostensibly as a reaction to AABP? (Badly.)
- (2) Who, or what, is treating them that way? (Social and political institutions.)

Being an addict is characterized by a form of marginalization which I call *addict oppression* (Murthy 2023a, 2023b, 2023c). It has several elements; I'll describe two. The first is what I call the "carceral-clinical seesaw." Much addict experience consists in ping-ponging between hospitals and prisons, emerging from one institution only to find oneself entering another. The vast majority of people incarcerated in jails and prisons are addicts (Bronson et al. 2017). An adverse interaction with the carceral system can invite medical oversight: for example, court-mandated treatment (Coviello et al. 2013). It works the opposite way too; medical intervention precipitates police involvement. Law enforcement agents routinely respond to overdose calls in the United States and Canada (van der Meulen, Chu, and Butler-McPhee 2021) and often make arrests there (Carroll et al. 2020), even in states with Good Samaritan laws (Szalavitz 2016). "You can go to the hospital without handcuffs or with handcuffs, you decide," one officer summarizes (Smiley-McDonald et al. 2022).

The second element is a set of institutional interventions I term *intergenerational erasure*: the structural prevention of addict community-building across time. Intergenerational erasure includes explicitly eugenic interventions, such as coercive sterilization (Vega 2003; Murthy 2023b). Moreover, in many jurisdictions, substance use during pregnancy is grounds for felony charges (Garrity-Rokous 1994; Yurkanin 2023; Camp 2023) or involuntary commitment (Faherty, Stein, and Terplan 2020). Infants' positive tests often merit mandatory abuse reports to child protective services (CPS) even if they result from prescribed medication use. That is the case in Massachusetts, where a group of postpartum women on medication treatment for opioid use disorder (MOUD), surveyed in a recent study, reported coercion from clinicians to remain on MOUD despite their concerns about fetal health. Some reported that those same physicians neglected to inform them that continuing MOUD would likely result in mandatory reporting (Schiff et al. 2022). Over 90 percent were selected for full investigation by Massachusetts' Department of Children and Families. Half experienced child removal—and the vast majority of them were using only prescribed medication (Work et al. 2023).

Addicts are routinely subordinated, subjected unwillingly to external interference. That much is obvious. What will be contested is not my facts but my

framing. I have highlighted the harms of these practices and downplayed their benefits. I called them “oppression.” The only controversial claim is one I did not explicitly state: these interventions should stop.

The majoritarian view, I think, is that this claim is *absurd*. Most people understand that institutional interventions into addicts’ lives cause harm, but nonetheless feel they are proper. Subjecting people to these experiences—incarceration, institutionalization, family separation—is not per se forbidden. It just requires extraordinary justification. Concerning their imposition upon addicts, one such justification is on offer, and I’ve already alluded to it: we started it.

It seems obvious on the face of it that AABPs are the reason that authorities interfere with addicts. We are incarcerated because we steal, deal, and drive drunk. We are institutionalized because we threaten others. Our children are taken because we expose them to drugs. These are grievous wrongdoings, warranting adverse consequences. AABPs adversely affect individuals who cannot defend themselves (such as our children) and, really, anyone unlucky enough to cross our paths. When the consequences of wrongdoing have such a wide scope, the actors equipped to hold the wrongdoer responsible are group agents: police forces, government agencies, medical teams. Those agents are permitted to incarcerate a person because, in being blameworthy for some behavior, the person cedes their right against incarceration. In other words: it would indeed be unacceptable for addicts qua addicts to be subjected to systematic interference by powerful group agents—but that’s not happening. Instead, addicts who perform AABP are subjected to interference in virtue of the wrongness of AABPs. An addict’s transgressions make it acceptable for society, as a collective, to remove the addict’s self-determination, in order to hold them responsible. After all, the content of moral responsibility inheres in the permissibility of one’s subjection to adverse consequences for violating reasonable rules established by an authorized entity. Norms against AABPs sound reasonable, and governments have the relevant prerogative. Instead of “addict oppression,” we should call it “addict sanctions.”

That’s the argument a blamer would make, perhaps. What about nonblamers? Even the most conservative of them must, I think, exempt addicts from responsibility for *some* AABPs. There exist AABPs that are entirely reducible to atypical drug use patterns and are not preventable by any precautions that are reasonable to expect addicts to take. Possession or use of an illegal substance is one such action. This remains true of drug use in contravention of a judge’s order or parole condition: such orders typically arise as probationary conditions for drug possession (Sechrest and Shicor 2001; Mayfield et al. 2013), which addicts, on the nonblamer’s view, cannot completely control, and hence could hardly have been avoided.

Another AABP for which nonblamers should exempt addicts from responsibility is prenatal substance use. The only foolproof preventive measure,

sterilization, would be unreasonable to require. Procurement of effective birth control is not realistic either: many addicts are unable to access a clinic, cannot afford contraception, and rightly fear mistreatment by providers (Schmidt et al. 2023); and many are misinformed about safe sex practices (Florsheim et al. 2021). Additionally, though surveyed drug user populations respond enthusiastically to endeavors to make reproductive health care accessible to them (MacAfee et al. 2020), they often lack crucial information concerning the relevance of safe sex practices to their lives (Florsheim et al. 2021; Lally et al. 2008). Hence these AABPs are direct results of drug use, and the minimal precautions necessary to avoid them are unreasonable or impossible. Nonblamers cannot take addicts to be morally responsible for them.

So if (1) addict sanctions are an institutional response to addicts' AABPs, and if (2) addicts' moral responsibility for AABPs is the justificatory logic of addict sanctions—that is, *the belief* that addicts are morally responsible *explains* the sanctions' existence—then blamers and nonblamers must disagree on whether the sanctions are justified, with nonblamers supporting a significant transformation to group agent responses to at least those aforementioned AABPs.

I am not concerned with whether addicts' moral responsibility for AABPs is, if real, an *adequate* justification for imposing sanctions. The truth of the statement “If addicts are responsible for AABPs, then addict sanctions are permissible” underdetermines the relevance of addicts' responsibility. Compare that to “If addicts are responsible for AABPs, then breathing is permissible.” Breathing is permissible anyway; the implication does not tell us anything about the bearing of addicts' moral responsibility on the world. I ask whether addicts' moral responsibility for AABPs is the *operative* justification for addict sanctions: the reason why we instantiate and condone them. Is the fact that relevant parties believe (correctly or not) addicts are responsible the reason why addicts are jailed, institutionalized, and so on? Does the view that addicts are responsible for AABPs account for the propensity to enact or approve the systemic disruption of their lives by institutions, in such a way that absent that view such disruption would be thought impermissible? Is blaming addicts for AABPs *causally relevant* to addict oppression? If so, then addicts are incarcerated because they are blamed for crimes, separated from their children because they are blamed for child endangerment: ostensible blameworthiness (or, if you like, some other responsibility condition) produces the sentiment that “addict oppression” is reasonable and proper.

At first blush, it seems addicts' responsibility does the desired justificatory work. For instance, it cannot be the case that we feel separating addicts' families is justified merely because the children will fare better that way. Children born in poverty would be better off rich, but it would be ridiculous to claim this fact licenses redistributing them among the wealthy. The natural analogy for addict parents, one

feels, is *abusive* parents, not materially badly-off parents. Parental deprivation of resources from a child merits intervention when it is chosen.

But on closer examination, the view that moral responsibility for AABPs justifies addict sanctions is unsatisfactory. If it were true, then my basic condition would hold: nonblamers would protest the sanctions, at least when applied to AABPs for which they deny addicts' responsibility. But they don't. Blamers and nonblamers don't disagree qua blamers and nonblamers. When debate arises, its locus is not addicts' responsibility.

3. The Question Is Irrelevant

3.1. Two Case Studies

Nonblamers, I argued, should contest addicts' responsibility for two specific AABPs: substance use during pregnancy, and violation of court-ordered abstinence. This holds even for nuanced nonblamers, who suppose addicts to be responsible in some contexts but not others. If sanctions against addicts are in fact a consequence of AABPs, and if the moral responsibility of addicts *confers* the sanctions' permissibility (rather than the two conditions' happening to coincide), then nonblamers are committed to the view that the characteristic sanctions imposed when an addict engages in prenatal substance use, or breaches their probationary agreement not to consume drugs, are impermissible. We will look at these cases in turn, examining how blamers and nonblamers address them.

Case 1: Substance Use during Pregnancy

Say an addict continues to use drugs throughout pregnancy, giving birth to a child who tests positive for a controlled substance. How do blamers and nonblamers, respectively, advise proceeding?

On the blamer view, we'd imagine, the child should be removed—and the parent subjected to serious penalties, even jailed. That's not uncommon. Alabama leads the United States in jailing pregnant drug users; 649 were arrested there between 2005 and 2022 (Wadhvani 2023). One wonders: is there any limit on the rights relinquished by the perpetrator responsible for this wrong? If not, then perhaps the parent should be sterilized. Barbara Harris, whose nonprofit Project Prevention pays addicts to get sterilized, says: "We don't allow dogs to breed. . . . And yet these women are literally having litters of children" (Vega 2003). Are these interventions made permissible by addicts' responsibility for prenatal substance use? If so, then we'd expect nonblamers to reject them.

The rhetoric, however, tells a different story. Even the most punitive of the Alabaman prosecutors pay lip service to the disease view, painting the carceral response as "an opportunity" to get addicts into rehab. Etowah County District

Attorney Jody Willoughby claims the addict mothers she imprisons are in the grip of a “deadly addiction” that will otherwise kill them. An ADA who denied bond to a pregnant addict, keeping her jailed for months, reports that the woman “desperately needs the help we are offering” by incarcerating her: a practice “designed for mothers,” according to that ADA (Yurkanin 2023). That sounds like disease model thinking—and makes incarceration seem oddly like *treatment*.

Maybe the DAs are being cynical. After all, the jailing of pregnant addicts has drawn outspoken condemnation. But its critics don’t emphasize the blamelessness of pregnant addicts—or of addicts at all. They point to the policy’s overreach: “Women who aren’t even addicted to drugs” are jailed for “minor drug offenses” such as using CBD oil (Camp 2023), or smoking cannabis before they knew they were pregnant (Yurkanin 2023). The disagreement, then, doesn’t hinge on whether addicts are at fault for fetal endangerment. Many objectors seem rather to think that policies like this inadvertently backfire or that jailing drug users is a slippery slope with ramifications for nonaddicts (see Murthy 2023c).

And nonblamers aren’t exactly protesting addicts’ sterilization en masse. Take journalist Sandy Banks, whose writings make clear that she considers addiction a public health crisis. “Why are heroin addicts on downtown’s skid row being deprived of care?” she demands (Banks 2015). Yet Banks’s (2009) brief profile of Harris is quite sympathetic, lauding her for “helping mothers heal” and summarizing, “Project Prevention makes sense to me.” In fact, it’s not clear even *Harris* blames the addict parents. “They don’t set out to have babies that are taken away,” she points out (Banks 2009). Tennessee judge Sam Benningfield, who notoriously offered a thirty-day sentence credit to inmates who procured a vasectomy, argued, “Maybe that’s two or three kids not being born under the influence of drugs” (Hawkins 2017). Sterilizing addicts is not holding them to account for reproductive wrongs. It’s coldly consequentialist: everyone involved is simply better off this way.

There is one regard in which Banks speaks differently than Harris or the right-wing court officials. She explicitly acknowledges the delicacy of the topic, calling it a “tough problem” (Banks 2009). “I know it’s not politically correct,” she advises before suggesting that addict parents be subjected to coercive treatment and birth control (Banks 2014). In fact, her two *Los Angeles Times* pieces on addict parental wrongdoing conclude near-identically. The addicts who’ve been separated from their children “were victims of childhood trauma and are prisoners of addiction now,” she writes in her profile of Harris. But the rights of their children “ought to be as important as Mom’s” (2009). Five years later, she sounds uncannily similar: addict parents who’ve lost custody “were punished by shame and regret,” she writes, “but the children they bore suffered too; that’s something we can’t afford to forget” (2014). Addicts’ suffering saddens us, but it is a necessary price: *we must keep children safe*. There is right, and then there is true.

The convergent evolution between blamers and nonblamers demonstrates that the responsibility of the addict parent is not the justificatory fulcrum for these sanctions. Attributions of blame are unnecessary to justify massive interference: displacing their children, intimidating them into sterilization, jailing them. What matters is that they are dangerous to their children. *Deadly*. Having *litters*, born with withdrawal symptoms. At the whisper of this principal directive—*protect the child*—the squabbling choice and disease theorists join hands and follow the piper.

Case 2: Reincarceration after Relapse

It is common practice in US court proceedings to position diversion programs and treatment as an attractive alternative to carceral penalties: jail time, further charges, the preservation of charges on one's record. A canonical case of this is abstinence as a probation condition. The well-known Project HOPE is a model of escalating penalties for probationers' violation of (usually abstinence) conditions (Duriez, Cullen, and Manchak 2013). Should addict probationers test positive for drugs, they spend the night in jail. What have blamers and nonblamers to say about that? Here is a representative excerpt from a paper purporting that "addicts can choose to recover" (Satel and Lilienfeld 2014, 22–23):

Project HOPE includes frequent random drug testing of offenders on probation. Those who test positive are subject to immediate and brief incarceration. Sanctions are fair and transparent: all offenders are treated equally, and everyone knows what will happen in case of an infraction. The judges express a heartfelt faith in offenders' ability to succeed. These basic elements of HOPE's contingency administration—swiftness, sureness, transparency, and fairness combined with expectation for achievement—are a potent prescription for behavior change. . . .

Indeed, after 1 year of enrollment in Project HOPE, participants fared considerably better than probationers in a group who served as a comparison. They were 55% less likely to be arrested for a new crime and 53% less likely to have had their probation revoked. . . .

These findings join a vast body of experimental data attesting to the power of incentives to override the lure of drugs.

Their attitude toward Project HOPE here is positive, but not because addicts' blameworthiness vindicates it—it's the other way around. Project HOPE's success vindicates the choice model, providing empirical evidence that addicts' behavior is responsive to incentives. The implied appropriateness of Project HOPE instead relies on an altogether distinct justification: benefit to the addicts themselves! The

intervention makes a difference. Who cares if reincarcerated addicts are getting what they deserve? They are getting what they *need*.

Do nonblamers contest the appropriateness of Project HOPE? Here's a 2019 study on substance use after incarceration release, written by disease theorists who recite "Substance use disorders are chronic relapsing conditions" (and whose other work concerns lowering the overdose rate of recently incarcerated opioid addicts on MOUD [Howell et al. 2021]):

Important factors that likely influenced our lower incidence of substance use were that we engaged participants soon after their release [and] most were monitored by parole . . . which may have affected decisions around substance use. . . . Data are conflicting about the types of monitoring practices that are most effective, but close supervision of substance use and certain and immediate consequences are considered best practices. . . . Engaging formerly incarcerated individuals in the early post-release period and capitalizing on parole's influence on substance use could support abstinence from substance use. (Chamberlain et al. 2019)

If blamers and nonblamers diverge on the empirics, I don't see where. They don't disagree on whether abstinence is an acceptable supervision condition, nor even on why. The motivation is addicts' health. Blameworthiness is irrelevant.

3.2. Blame, Rightness, and Truth

Pickard's theory of responsibility without blame is facilitated by her distinguishing between "responsibility" and "*moral* responsibility" (2011, 214–15), formulating a system of normative practices from which reactive attitudes have been excised. Her motivation is a clinical double bind that she calls the "rescue-blame trap": blaming Mad and addict patients for causing harm may provoke severe distress, treatment attrition, or behavioral escalation, whereas excusing their actions to avoid confrontation makes treatment a waste of time for everyone (Pickard 2014, 12).⁵ Blame, in Pickard's view, consists of a barrage of strong emotions and condemnatory evaluative conclusions, culminating in tangible aggressive action (2014, 14). Instead, clinicians should interact collaboratively with the patient, developing understanding of their history and likely learning that they have suffered great harm. Blame becomes

⁵ As with "addict," "Mad" is an intentionally reclaimed term used by activists and theorists in the Mad Pride movement: current and former recipients and patients (voluntary or involuntary) of mental health services or treatment facilities, as well as other individuals who have been diagnosed with, or identify with, mental illness or atypical psychological experience and mental states.

just one sock in an overflowing drawer of positive attitudes, “tempering, if not outright extinguishing, its force” (15).

But those things happen inside the clinician’s head. What is the normative content of responsibility-without-blame approaches? Pickard (2017b, 175) says:

They typically include direct and challenging feedback, so that the negative effects of problematic behaviour on self, others and relationships is [*sic*] made explicit and must be faced, potentially alongside the imposition of consequences if members nonetheless continue. . . . These consequences inevitably involve a reflective component. . . . But they may also involve measures that can potentially feel punitive, such as withdrawal of privileges, or time-limited suspension from the group.

. . . Because these forms of holding responsible and to account have the potential to feel punitive, they must be effected with an attitude of concern, respect, and compassion.

Materially, nothing enumerated above need be absent from an approach treating people as responsible and blameworthy, and interventions founded on a disease model can furnish challenging dialogue, strenuous self-reflection, and narrative development of one’s identity too. But Pickard’s focus is on the attitudes clinicians should adopt, which are substantively distinct. The clinician should carry out interactions with particular dispositions—sympathy, centrally. Pickard enumerates statistic after bleak statistic about addicts’ material conditions (2017b, 169–70) and encourages developing a view of service users as “people who have been harmed by others” (2014, 14). The objective, she reminds the reader, is to “care for patients and help them improve and recover” rather than assess their character (2017b, 175). Adopt a general spirit of kindness and charitability toward addicts. They have undoubtedly suffered grave trauma; do not operate as yet another potential vector of pain. Don’t kick them when they’re down.

There it is again: the twinge of true pulling against right—occupational obligations on the one hand, reactive attitudes on the other. Pickard’s description of the sublimation of a very here-and-now affective blame by means of a more reflective attitude is apt, I think. It models the tension on which this whole literature teeters. There is a forward-looking awareness on one side: a consideration, which does not come easy, of how difficult addicts’ lives are; a recognition that this is partially structural; and a commitment to help. On the other side is emphatic Strawsonian resentment, which stubbornly sees what it sees. “These people, addicts, could act differently if they wanted to; I’ve seen them not use for a week; not using drugs *just isn’t that hard!*”

The claim “Addicts are oppressed qua addicts” is *right*. The claim “Addicts can just stop using, and their circumstances would improve” is *true*. The incompatibility of the two is not literal; they are jointly consistent. The conflict is normative. They evoke antithetical reactive attitudes. And assuming the assessor wishes to help addicts, they delineate mutually exclusive courses of action. Liberating addicts as a collective from oppression, on the one hand, and assisting individual addicts in achieving recovery, on the other, are irreconcilable goals. For instance, studies show that homeless addicts who are offered unconditional housing are less likely to achieve remission than those offered housing conditional on substance abuse treatment—possibly, less likely to remit than even addicts who do not receive housing assistance at all (Cherner et al. 2017; Kertesz et al. 2009). There is no point disputing this; it is true and it is obvious why. It is easy to pit remission against safe supply (enablement!); against medical equity (six-month rules!); against decarceration (mandatory treatment!). Ending discrimination against addicts will make it the case that there are more of them. Clinically intervening to assure remission for as many as possible will make things worse for the rest. The two maxims are hopelessly contrary. But I’ll take right over true any day. Positionality is hard to bridge, so I fear this is a claim about which nonaddict theorists and I will always disagree: *atypical patterns of drug use are not the primary reason that addicts’ lives go badly*.

Housing effects a more dramatic change in an addict’s material conditions than ceasing active use (Murthy 2023c), and while the confines of uncontrollable drug use are metaphorical, the carceral cell is real. Whether your correctional officer blames you for the AABPs that landed you in jail can seriously impact the pleasantness of being imprisoned; it would be odd to deny that. The attitude of a prison guard can make the difference between a happy and an unhappy prisoner. But I do not want addicts to be happy prisoners. I want us to be free.

4. Closing Considerations

4.1. Blame and Stigma

I wrote earlier not that addicts are stigmatized qua addicts but that we are oppressed. The stigma of addiction, though genuine, is not an action item. Like the red car in the Rush Hour puzzle, it cannot be removed until the mess is cleared up around it.

Pickard thinks that the stigma of addiction is downstream of the moral model of addiction, on which addicts are blameworthy *sui generis* (2017b, 170). Rejecting drug moralism, she argues, will facilitate the realization that “people are not doing anything morally wrong simply in virtue of using drugs” (Pickard 2022, 1004). Unfortunately, this is not true. Social acceptance of an addict’s drug of choice does not erase the stigma of addiction. I’d know; I’m an alcoholic. Addicts whose drug of

choice is heavily criminalized are worse off, especially with the fentanyl panic (Lind 2023), but if *this* is as good as it gets, then surely we should establish a backup plan.

Empirically, attitudes toward drug addicts do not track attitudes toward drugs. In fact attitudes toward addicts do not even track *what we reflectively wish those attitudes to be* (good for you, Frankfurt). Seventy-five percent of respondents to a recent survey think addiction shouldn't be stigmatized (Landmark Recovery 2022)! People want to destigmatize addiction; the attempts just aren't working. The problem, I think, is this: as we have seen, the sanctions toward addicts aren't going away. But destigmatization cannot occur in a world where they are ubiquitous, at least not unless they are regarded critically.

Earlier I pointed out the uncomfortable self-consciousness of Banks's commentary. That particular tone is very common. It's on rehab websites: "On the one hand, we don't want to revoke an addict's rights, but at the same time we have to think . . . of the child" (Ren 2019). It's in addiction journals: "Because of the amount of violence and other crimes associated with addiction, we should acknowledge that the public's belief that law enforcement has an important role to play in responding to addiction has a rational basis" (Humphreys 2017, 174). It's there again in a high-frequency offender report commissioned by the government of British Columbia, right after it quotes an officer's description of a Mad local repeatedly rehospitalized by police, at this point terrified and self-arming: "We would be remiss not to highlight how this repeated cycle of public police apprehensions and short-term hospitalizations without appropriate community-based supports represents a comprehensive failure of our system to protect and care for this individual. . . . *Our systems cause and perpetuate trauma, particularly among people with complex health conditions*" (Butler and LePard 2022, 31; emphasis theirs). "Acknowledge." "Remiss." "But."

This is, perhaps, reflective of a tendency to make ritualistic rhetorical concessions, especially to the snubbed side of the true-right split. There is a popular idea that expressing regret about the existence of addict oppression, and in particular emphasizing its jointly undesirable and necessary flavor, morally transforms complicity in it, offsetting its stigmatizing effects. Almost nobody who perceptibly harms addicts claims the harm is deserved. Instead, they moderate their language carefully to lend sufficient respect to the core concept that *the question of how we are supposed to interact with addicts is difficult*. We must make treatment resources more available, attempt to reduce social stigma, and so on. We must be sympathetic to the unfortunate circumstances of the pregnant addict—judgment has no place here. We must be compassionate to child *and* parent. But while the conflicted feeling may be real, the conflict isn't considered to be. That the obligation to interfere on the baby's behalf must win out is a foregone conclusion, and, we know, its justification is completely unrelated to the parent's moral responsibility. Can we thereby rest

assured that this family separation does not stigmatize addicts or the children born to them?

No. The problem is that the more we avoid *She's immoral*, the more we lean on *She's dispositionally unfit for parenthood*—which is just as much a character assessment, just as stigmatizing, and just as productive of the circumstances that make addicts interviewed for qualitative studies feel, universally, that their receipt of obstetric care is or would be fundamentally adversarial and dangerous to them and their children (Schiff et al. 2022; Work et al. 2023). Widespread belief in a group's unfitness for parenthood obviously serves a stigmatizing function (in addition to atomizing its members). We have traded Scylla for Charybdis. The objectives to end addiction stigma and respond through interference to the parental unfitness of addicts, qua addicts, cannot be pursued simultaneously. The second undermines the first.

4.2. Punishment and the Carceral-Clinical Seesaw

Blamers and nonblamers do not disagree on whether dominating forces should interfere into addicts' lives—at least not because they belong to one camp or the other. There are choice theorists who advocate decriminalization on libertarian grounds and disease theorists who advocate prohibition on the grounds of addicts' disability rights (Maier 2022). But we tend to reflexively imagine that the policy solutions recommended by a nonblamer will be more humane than those of a blamer, in the sense of being more medicalized. Blamers send the police to your house; nonblamers, the EMTs. Blamers put you in jail; nonblamers, in mandatory treatment. And so on. The problem with this view is the reason I use the term *carceral-clinical seesaw*—namely, that distinguishing between incarceration and institutionalization in the context of addict experience is a mistake. For one, the two systems swap cards constantly. Addicts are shuttled back and forth; some are civilly committed to rehabilitation programs *in prisons* (Becker 2019). The commentary of court and law enforcement officers and the prevailing views of Project HOPE make clear that for addicts, incarceration is regarded as *a treatment option*.

But even if it were possible to demarcate only noncarceral interventions as “treatment,” this would not be a meaningful improvement. The problem is that setting addicts aside from society—be it through institutionalization, incarceration, or anything else—is the mainstay of addict oppression, and of oppression in general.

In response to hard determinist worries about the justification of punishment, Saul Smilansky (2017) developed the following reductio. Assume some “repeat criminal offenders” cannot be rehabilitated and must be incapacitated forever. If their actions aren't their fault, then on an eliminativist view, we must subject them to a form of incapacitation *beneficial* to their welfare—fun punishment, or *funishment*. They'd lounge around in a highly secured five-star hotel. Everyone would want in on

funishment, Smilansky thought, and the normative force of deterrence would be shattered. Hence eliminativism is incompatible with good consequences.

Smilansky seemed to accept uncritically that funishment is *at least* as much as is necessary to respect our moral obligations to the wrongdoer. But Levy (2012) is unconvinced. It isn't true, he argues, that "harsh" punishment is required to accomplish nonretributivist ends of justice. For instance, recidivism rates for the actions we consider unconscionable are much lower than Smilansky seems to think. Levy thus mounts a reverse reductio, similar to my foregoing argument: most of the repeat offenders of rape and murder are Mad people ("psychopaths"), whom we *already* don't regard as morally responsible! What work is blameworthiness even doing now? The upshot is that "funishment" is not an accurate representation of what the moral responsibility skeptic is committed to vis-à-vis preventing harms.

I'd take it further. Forget about society and deterrence; confining wrongdoers to a poolside hotel is unacceptable by the lights of our obligations *to the wrongdoers*, and to their communities, if they belong to marginalized groups. The reason has nothing to do with the short-term consequences for the wrongdoer and everything to do with the long-term prognosis of the community. Even a consequentialist should shudder at the moral implications of relegating a significant proportion of poor Black and Indigenous addicts to funishment. This is the underpinning logic to intergenerational erasure: when marginalized people are kept separated from one another, they are prevented from conveying an understanding of their identity that becomes refined across generations and, hence, from agitating for better conditions. Call it imprisonment, institutionalization, funishment, banishment, or politely being asked to leave; it still unravels communities. Separation from society is itself the problem.

4.3. Positive Prospects

The funishment concern troubles me exceedingly. If the subjection of addicts, responsible or not, to systemic punitive treatment always facilitates long-term marginalization, then the operation of addict oppression—and of that of other marginalized groups—may be insensitive to the adoption of even a radically eliminativist approach.

If there does exist some positive prospect for a theory of moral responsibility suitable for addict liberation, then it will be developed by focusing on praising and affording options to, rather than blaming and holding to account, addicts. Univocal focus on blame is, Ciurria notes, somewhat of a habit in moral philosophy. But the exclusion of praise from the intersectional discussion of moral responsibility is problematic. Praise isn't just a "carrot" to match the proverbial "stick" of blame. Blame travels with the removal of extant privileges; praise, with the provision of new ones. The unfolding opportunities—the societal *trust*—inculcated through the

reception of praise make possible further attributions of right action. Meanwhile, the contraction of choices pursuant to blame makes one's slate of options so small that no action is considered truly meritorious.⁶ Its motivation, it is thought, is self-serving, the desire to avoid an unpalatable alternative. In particular, it doesn't imply good behavior would continue if the reins were loosened. (*"Of course his drug tests are clean; otherwise he'd go back to jail. If he still tests negative when he's off parole, then I'll be impressed."*)

A theory of moral responsibility for addicts must center the privileges of self-determination rather than the requirements or duties it imposes. Return to the case of the pregnant opioid addict. Better medical care means regarding the addict not as a possible child abuser—blameworthy or not—but as presenting with a high-risk pregnancy in the treatment of which they are an equal participant. This restoration of the positive features of agency means addicts have the right to demand assistance rather than be passively subjected to interference. The futures of the addicts in the study of postpartum women receiving MOUD medication (Schiff et al. 2022) were considered binary—stay on MOUD, infant exhibits neonatal abstinence syndrome (NAS) and is removed; stop MOUD and relapse, infant is removed. But regarding addicts as morally responsible, pragmatically, means taking their concerns about NAS seriously. It means understanding addicts as capable of enacting long-term plans to minimize likelihood of AABPs: adding to the partition “stop MOUD, work with their clinicians and community to steward their health decisions and prevent relapse.” Dorothy Roberts (1991, 1481), as government interference wrenched Black babies from their addict parents and communities in the crack panic, wrote aptly: “A policy that attempts to protect fetuses by denying the humanity of their mothers will inevitably fail. . . . It is only by affirming the personhood and equality of poor women of color that the survival of their future generation will be ensured.”

4.4. *Causa Sui*

Addicts have known for a long time, I think, that the debate about addict agency is not *for us*. What is stranger is that it seems also not to be *about us*. No tangible question of addicts' material circumstances hangs in the balance. The basis for subjecting addicts on parole to random drug tests is not that they deserve it. We are not instrumentalizing the deep-self view to decide whether to take the baby away, only whether to try to be polite about it, and that is cold consolation. The analytic moral responsibility apparatus is, as it stands now, no help to addicts.

Please do not misinterpret this as my posing yet another way in which addicts, behaving as we do, problematize such theories. Addicts aren't an edge case. They're a significant proportion of my moral universe (and of people in general). If a theory

⁶ Ciurria (2020) makes a similar point (e.g., p. 159).

meant to govern proper social practices doesn't work for us, then it doesn't work—full stop.

The attributability view no longer holds the hegemony over moral responsibility philosophy it enjoyed in 1975. But for addicts, the deep-self notion is inescapable. We are regarded, alternately, as toy problems for the apparatus or as existential threats to it. The long tradition of arguing that addicts satisfy the conditions for deep-self responsibility is outdated only by that of arguing that we do not. I have argued that this practice is a waste of time. I did not say outright, but probably conveyed, that I also consider it offensive (cf. Jeppsson 2023, 75). Lastly—to momentarily set aside my tomato basket—I find it profoundly bizarre to claim addicts in particular satisfy, or don't, the conditions for deep-self responsibility. To my thinking it is not *remotely* clear that *anyone* satisfies its conditions.

Deep-self responsibility requires a certain *self-possessed* control over how one operates. The proposition that addicts have this control is no more suspicious than the proposition that anyone else has it. Addicts' tendency to do things we report not wanting to do is a thorny problem for addict attributability, maybe. But I am rather more concerned with the brambles in every direction forever: the nigh-incontrovertible fact that for an individual's relevant properties to belong to them seems to require their having selected them—otherwise, one is merely going along with the state of things unreflectively—but the grounds on which you selected them, you must also have picked, and the grounds for those too, and so on. Somewhere at the top of my infinite lattice of other-regarding attitudes is one that shouts: Enough about the deep self! Call it an ill-defined notion and move on. Or, if not: Galen Strawson's (1994) basic argument still stands unanswered. Stop arguing about the moral status of addicts and go deal with it.

References

- Banks, Sandy. 2009. "Tough Problem, Tough Tactic." *Los Angeles Times*, October 7, 2009. <https://www.latimes.com/archives/la-xpm-2009-oct-17-me-banks17-story.html>.
- . 2014. "Coping with Child Neglect." *Los Angeles Times*, March 17, 2014. <https://www.latimes.com/local/la-me-0318-banks-wandering-kids-20140318-column.html>.
- . 2015. "Skid Row Patients Die as Clinic Lacks OK to Dispense Methadone." *Los Angeles Times*, February 24, 2015. <https://www.latimes.com/local/california/la-me-banks-drug-treatment-20150224-column.html>.
- Becker, Deborah. 2019. "Prison for Forced Addiction Treatment? A Parent's 'Last Resort' Has Consequences." NPR, April 20, 2019 <https://www.npr.org/section>

- s/health-shots/2019/04/20/712290717/prison-for-forced-addiction-treatment-a-parents-last-resort-has-consequences.
- Benn, Piers. 2010. "Can Addicts Help It?" *Philosophy Now*, no. 80 (August/September). https://philosophynow.org/issues/80/Can_Addicts_Help_It.
- Bronson, Jennifer, Jessica Stroop, Stephanie Zimmer, and Marcus Berzofsky. 2017. *Drug Use, Dependence, and Abuse among State Prisoners and Jail Inmates, 2007–2009*. Revised, August 10, 2020. Bureau of Justice Statistics, US Dept of Justice. <https://bjs.ojp.gov/content/pub/pdf/dudaspji0709.pdf>.
- Butler, Amanda, and Doug LePard. 2022. *A Rapid Investigation into Repeat Offending and Random Stranger Violence in British Columbia*. Government of British Columbia and the British Columbia's Urban Mayors' Caucus. https://news.gov.bc.ca/files/Prolific_Offender_Report_BCFNJC_submission.pdf.
- Camp, Emma. 2023. "Alabama Woman Jailed for 2 Months for Using CBD Oil while Pregnant." *Reason*, August 4, 2023. <https://reason.com/2023/08/04/alabama-woman-jailed-for-2-months-for-using-cbd-oil-while-pregnant/>.
- Carroll, Jennifer J., Sasha Mital, Jessica Wolff, Rita K. Noonan, Pedro Martinez, Melissa C. Podolsky, John C. Killorin, and Traci C. Green. 2020. "Knowledge, Preparedness, and Compassion Fatigue among Law Enforcement Officers Who Respond to Opioid Overdose." *Drug and Alcohol Dependence* 217 (December): Article 108257. <https://doi.org/10.1016/j.drugalcdep.2020.108257>.
- Chamberlain, Adam, Sylvia Nyamu, Jenerius Aminawung, Emily A. Wang, Shira Shavit, and Aaron D. Fox. 2019. "Illicit Substance Use after Release from Prison among Formerly Incarcerated Primary Care Patients: A Cross-Sectional Study." *Addiction Science and Clinical Practice* 14 (7). <https://doi.org/10.1186/s13722-019-0136-6>.
- Cherner, Rebecca A., Tim Aubry, John Sylvestre, Rob Boyd, and Donna Pettey. 2017. "Housing First for Adults with Problematic Substance Use." *Journal of Dual Diagnosis* 13 (3): 219–29. <https://doi.org/10.1080/15504263.2017.1319586>.
- Ciurria, Michelle. 2020. *An Intersectional Feminist Theory of Moral Responsibility*. New York: Routledge.
- Coviello, Donna M., Dave A. Zanis, Susan A. Wesnoski, Nicole Palman, Arona Gur, Kevin G. Lynch, and James R. McKay. 2013. "Does Mandating Offenders to Treatment Improve Completion Rates?" *Journal of Substance Abuse Treatment* 44, no. 4 (April): 417–25. <https://doi.org/10.1016/j.jsat.2012.10.003>.
- Duriez, Stephanie A., Francis T. Cullen, and Sarah M. Manchak. 2014. "Is Project HOPE Creating a False Sense of Hope? A Case Study in Correctional Popularity." *Federal Probation* 78, no. 2 (September): 57–70. https://www.uscourts.gov/sites/default/files/78_2_7_0.pdf.
- Faherty, Laura J., Bradley D. Stein, and Mishka Terplan. 2020. "Consensus Guidelines and State Policies: The Gap between Principle and Practice at the Intersection

- of Substance Use and Pregnancy.” *American Journal of Obstetrics and Gynecology: Maternal-Fetal Medicine* 2, no. 3 (August). <https://doi.org/10.1016/j.ajogmf.2020.100137>.
- Fischer, John Martin, and Mark Ravizza. 1998. *Responsibility and Control: A Theory of Moral Responsibility*. Cambridge: Cambridge University Press.
- Flanagan, Owen. 2011. “What Is It Like to Be an Addict?” In *Addiction and Responsibility*, edited by Jeffrey Poland and George Graham, chap. 11. Cambridge, MA: MIT Press. <https://doi.org/10.7551/mitpress/9780262015509.001.0001>.
- . 2013. “Phenomenal Authority: The Epistemic Authority of Alcoholics Anonymous.” In *Addiction and Self-Control: Perspectives from Philosophy, Psychology, and Neuroscience*, edited by Neil Levy, 67–93. New York: Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780199862580.003.0005>.
- . 2015. “The Shame of Addiction.” In *Alternative Models of Addiction*, edited by Hanna Pickard, Serge H. Ahmed, and Bennett Foddy, 142–52. Lausanne: Frontiers Media. <https://doi.org/10.3389/978-2-88919-713-2>. Previously published in *Frontiers in Psychiatry*, vol. 4 (October 2013): Article 120.
- Florsheim, Orli K., Dallas Augustine, Megan M. Van Ligten, Heike Thiel de Bocanegra, and Rachel Perry. 2021. “Understanding Contraceptive Needs of Women Who Inject Drugs in Orange County: A Qualitative Study.” *Journal of Addiction Medicine* 15, no. 6 (November/December): 498–503. <https://doi.org/10.1097/ADM.0000000000000795>.
- Frankfurt, Harry G. 1971. “Freedom of the Will and the Concept of a Person.” *Journal of Philosophy* 68, no. 1 (January 14): 5–20. <https://www.jstor.org/stable/2024717>.
- Garrity-Rokous, Frances Elizabeth. 1994. “Punitive Legal Approaches to the Problem of Prenatal Drug Exposure.” *Infant Mental Health Journal* 15, no. 2 (Summer): 218–37. [https://doi.org/10.1002/1097-0355\(199422\)15:2%3C218::AID-IMHJ2280150211%3E3.O.CO;2-P](https://doi.org/10.1002/1097-0355(199422)15:2%3C218::AID-IMHJ2280150211%3E3.O.CO;2-P).
- Hawkins, Derek. 2017. “Judge to Inmates: Get Sterilized and I’ll Shave off Jail Time.” *Washington Post*, July 21, 2017. <https://www.washingtonpost.com/news/morning-mix/wp/2017/07/21/judge-to-inmates-get-sterilized-and-ill-shave-off-jail-time/>.
- Heyman, Gene M. 2017. “Do Addicts Have Free Will? An Empirical Approach to a Vexing Question.” *Addictive Behaviors Reports* 5 (June): 85–93. <https://doi.org/10.1016/j.abrep.2017.02.001>.
- Howell, Benjamin A., Lisa Puglisi, Katie Clark, Carmen Albizu-Garcia, Evan Ashkin, Tyler Booth, Lauren Brinkley-Rubinstein, et al. 2021. “The Transitions Clinic Network: Post Incarceration Addiction Treatment, Healthcare, and Social

- Support (TCN-PATHS): A Hybrid Type-1 Effectiveness Trial of Enhanced Primary Care to Improve Opioid Use Disorder Treatment Outcomes following Release from Jail.” *Journal of Substance Abuse Treatment* 128 (September): Article 108315. <https://doi.org/10.1016/j.jsat.2021.108315>.
- Humphreys, Keith. 2017. “How to Deliver a More Persuasive Message Regarding Addiction as a Medical Disorder.” *Journal of Addiction Medicine* 11, no. 3 (May/June): 174–75. <https://doi.org/10.1097/ADM.0000000000000306>.
- Jeppsson, Sofia. 2023. “Agency and Responsibility: The Personal and the Political.” *Philosophical Issues* 33, no. 1 (October): 70–82. <https://doi.org/10.1111/phis.12243>.
- Kertesz, Stefan G., Kimberly Crouch, Jesse B. Milby, Robert E. Cusimano, and Joseph E. Schumacher. 2009. “Housing First for Homeless Persons with Active Addiction: Are We Overreaching?” *Milbank Quarterly* 87, no. 2 (June): 495–534. <https://doi.org/10.1111/j.1468-0009.2009.00565.x>.
- Lally, Michelle A., Sydney A. Montstream-Quas, Sara Tanaka, Sara K. Tedeschi, and Kathleen M. Morrow. 2008. “A Qualitative Study among Injection Drug Using Women in Rhode Island: Attitudes toward Testing, Treatment, and Vaccination for Hepatitis and HIV.” *AIDS Patient Care STDS* 22, no. 1 (January): 53–64. <https://doi.org/10.1089/apc.2006.0206>.
- Landmark Recovery. 2022. “New Survey Reflects Changing Attitudes about Addiction, Stigma.” Landmark Recovery (website), December 8, 2022. <https://landmarkrecovery.com/stigma-of-addiction-survey/>.
- Levy, Neil. 2003. “Self-Deception and Responsibility for Addiction.” *Journal of Applied Philosophy* 20, no. 2 (October): 133–42. <https://doi.org/10.1111/1468-5930.00242>.
- . 2012. “Skepticism and Sanction: The Benefits of Rejecting Moral Responsibility.” *Law and Philosophy* 31, no. 5 (September): 477–93. <https://doi.org/10.1007/s10982-012-9128-3>.
- Lewis, Marc. 2017. “Addiction and the Brain: Development, Not Disease.” *Neuroethics* 10, no. 1 (April): 7–18. <https://doi.org/10.1007/s12152-016-9293-4>.
- Lind, Anna. 2023. “The F Word.” *Addict Collective*, April 28, 2023. <https://addictcollective.substack.com/p/the-f-word>.
- MacAfee, Lauren K., Roxanne F. Harfmann, Lindsay M. Cannon, Giselle Kolenic, Yasamin Kusunoki, Mishka Terplan, and Vanessa K. Dalton. 2020. “Sexual and Reproductive Health Characteristics of Women in Substance Use Treatment in Michigan.” *Obstetrics and Gynecology* 135, no. 2 (February): 361–69. <https://doi.org/10.1097/AOG.0000000000003666>.
- Maier, John T. 2022. “Weakness of Will and the Persistence of Stigma.” *Psychology Today*, August 11, 2022. <https://www.psychologytoday.com/us/blog/philosophy-and-therapy/202208/weakness-will-and-the-persistence-stigma>.

- Mayfield, Jim, Sharon Estee, Callie Black, and Barbara E. M. Felver. 2013. "Drug Court Outcomes." RDA Report 4.89. Olympia: Washington State Department of Social and Health Services. <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-4-89.pdf>.
- Menges, Leonhard. 2021. "Responsibility and Appropriate Blame: The No Difference View." *European Journal of Philosophy* 29, no. 2 (June): 393–409. <https://doi.org/10.1111/ejop.12571>.
- Murthy, T. Virgil. 2023a. "Addict Oppression: The Carceral-Clinical Seesaw." *Addict Collective*, May 15, 2023. <https://addictcollective.substack.com/p/addict-oppression-the-carceral-clinical>.
- . 2023b. "Addict Oppression: Intergenerational Erasure." *Addict Collective*, May 17, 2023. <https://addictcollective.substack.com/p/addict-oppression-intergenerational>.
- . 2023c. "Addict Oppression: The (Nonmedical) Resource Gap." *Addict Collective*, May 26, 2023. <https://addictcollective.substack.com/p/addict-oppression-the-nonmedical>.
- Peirce, Charles Sanders. 1878. "Illustrations of the Logic of Science II: How to Make Our Ideas Clear." *Popular Science Monthly* 12 (January): 286–302. https://en.wikisource.org/wiki/Popular_Science_Monthly/Volume_12/January_1878/Illustrations_of_the_Logic_of_Science_II.
- Pickard, Hanna. 2011. "Responsibility without Blame: Empathy and the Effective Treatment of Personality Disorder." *Philosophy, Psychiatry & Psychology* 18, no. 3 (September): 209–24. <https://doi.org/10.1353/ppp.2011.0032>.
- . 2012. "The Purpose in Chronic Addiction." *AJOB Neuroscience* 3 (2): 40–49. <https://doi.org/10.1080/21507740.2012.663058>.
- . 2013. "Responsibility without Blame: Philosophical Reflections on Clinical Practice." In *The Oxford Handbook of Philosophy and Psychiatry*, edited by K. W. M. Fulford, Martin Davies, Richard G. T. Gipps, George Graham, John Z. Sadler, Giovanni Stanghellini, and Tim Thornton, 1134–54. Oxford: Oxford University Press. https://www.hannapickard.com/uploads/3/1/5/5/31550141/fulford_-_philosophy__psychiatry_-_ch_66_-_pickard.pdf.
- . 2014. "Responsibility without Blame: Therapy, Philosophy, Law." *Prison Service Journal*, no. 213 (May 14): 10–16. <https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/PSJ%20May%202014%20Issue%20213.pdf>.
- . 2017a. "Addiction." In *The Routledge Companion to Free Will*, ed. Kevin Timpe, Meghan Griffith, and Neil Levy, 454–67. New York: Routledge. https://www.hannapickard.com/uploads/3/1/5/5/31550141/pickard_-_addiction__in__routledge_free_will_.pdf.
- . 2017b. "Responsibility without Blame for Addiction." *Neuroethics* 10, no. 1 (April): 169–80. <https://doi.org/10.1007/s12152-016-9295-2>.

- . 2022. “Is Addiction a Brain Disease? A Plea for Agnosticism and Heterogeneity.” *Psychopharmacology* 239, no. 4 (April): 993-1007. <https://doi.org/10.1007/s00213-021-06013-4>.
- Ren [pseud.]. 2019. “Should Parents with Addictions Be Allowed to Keep Their Kids?” *Narconon Arrowhead* blog, June 10, 2019. <https://www.narcononarrowhead.org/blog/should-addicts-be-allowed-to-keep-their-kids.html>.
- Roberts, Dorothy E. 1991. “Punishing Drug Addicts Who Have Babies: Women of Color, Equality, and the Right of Privacy.” *Harvard Law Review* 104, no. 7 (May): 1419–82.
- Satel, Sally, and Scott O. Lilienfeld. 2014. “Addiction and the Brain-Disease Fallacy.” *Frontiers in Psychiatry* 4 (March 2014): 17–27. <https://doi.org/10.3389/fpsy.2013.00141>.
- Schaler, Jeffrey A. 2002. “Addiction Is a Choice.” *Psychiatric Times* 19 (10). <https://www.psychiatrictimes.com/view/addiction-choice>.
- Schiff, Davida M., Erin C. Work, Serra Muftu, Shayla Partridge, Kathryn Dee L. MacMillan, Jessica R. Gray, Bettina B. Hoepfner, et al. 2022. “‘You Have to Take This Medication, but Then You Get Punished for Taking It’: Lack of Agency, Choice, and Fear of Medications to Treat Opioid Use Disorder across the Perinatal Period.” *Journal of Substance Abuse Treatment* 139 (August): Article 108765. <https://doi.org/10.1016/j.jsat.2022.108765>.
- Schmidt, Christina N., Erin E. Wingo, Sara J. Newmann, Deborah E. Borne, Brad J. Shapiro, and Dominika L. Seidman. 2023. “Patient and Provider Perspectives on Barriers and Facilitators to Reproductive Healthcare Access for Women Experiencing Homelessness with Substance Use Disorders in San Francisco.” *Women’s Health* 19. <https://doi.org/10.1177/17455057231152374>.
- Sechrest, Dale K., and David Shicor. 2001. “Determinants of Graduation from a Day Treatment Drug Court in California: A Preliminary Study.” *Journal of Drug Issues* 31, no. 1 (January): 129–47. <https://doi.org/10.1177/002204260103100108>.
- Smilansky, Saul. 2017. “Pereboom on Punishment: Funishment, Innocence, Motivation, and Other Difficulties.” *Criminal Law and Philosophy* 11, no. 3 (September): 591–603. <https://doi.org/10.1007/s11572-016-9396-3>.
- Smiley-McDonald, Hope M., Peyton R. Attaway, Nicholas J. Richardson, Peter J. Davidson, and Alex H. Kral. 2022. “Perspectives from Law Enforcement Officers Who Respond to Overdose Calls for Service and Administer Naloxone.” *Health and Justice* 10: Article 9. <https://doi.org/10.1186/s40352-022-00172-y>.
- Smith, Jeffrey. 1999. “Commentary: Alcoholism and Free Will.” *Psychiatric Times* 16 (4). <https://www.psychiatrictimes.com/view/commentary-alcoholism-and-free-will>.

- Sripada, Chandra. 2016. "Self-Expression: A Deep Self Theory of Moral Responsibility." *Philosophical Studies* 173, no. 5 (May): 1203–32. <https://doi.org/10.1007/s11098-015-0527-9>.
- Strawson, Galen. 1994. "The Impossibility of Moral Responsibility." In "Free Will, Determinism, and Moral Responsibility," special issue, *Philosophical Studies* 75, no. 1/2 (August): 5–24. <https://doi.org/10.1007/BF00989879>.
- Strawson, P. F. (1962) 1993. "Freedom and Resentment." In *Perspectives on Moral Responsibility*, edited by John Martin Fischer and Mark Ravizza, 45–66. Ithaca, NY: Cornell University Press. <https://www.jstor.org/stable/10.7591/j.ctv2n7m4>.
- Stump, Eleonore. 1996. "Persons: Identification and Freedom." *Philosophical Topics* 24, no. 2 (Fall): 183–214. <https://www.jstor.org/stable/43154243>.
- Szalavitz, Maia. 2016. "Calling the Cops after Your Friend Overdoses Can Still Get You Arrested." *Vice*, March 23, 2016. <https://www.vice.com/en/article/3bj9ey/calling-the-cops-after-your-friend-overdoses-can-still-get-you-arrested>.
- Talbert, Matthew. 2023. "Moral Responsibility." In *The Stanford Encyclopedia of Philosophy*, edited by Edward N. Zalta and Uri Nodelman, Fall 2023 edition. Published October 16, 2019; latest revision September 2023. url: <https://plato.stanford.edu/entries/moral-responsibility/>.
- van der Meulen, Emily, Sandra Ka Hon Chu, and Janet Butler-McPhee. 2021. "'That's Why People Don't Call 911': Ending Routine Police Presence at Drug Overdoses." *International Journal of Drug Policy* 88 (February): Article 103039. <https://doi.org/10.1016/j.drugpo.2020.103039>.
- Wadhvani, Anita. 2023. "Alabama Leads Nation for Arresting, Punishing Pregnant Women, According to Report." *Alabama Reflector*, September 22, 2023. <https://alabamareflector.com/2023/09/22/alabama-leads-nation-for-arresting-punishing-pregnant-women-according-to-report/>.
- Wallace, R. Jay. 1996. *Responsibility and the Moral Sentiments*. Cambridge, MA: Harvard University Press.
- Watson, Gary. 1975. "Free Agency." *Journal of Philosophy* 72, no. 8 (April): 205–220. <https://doi.org/10.2307/2024703>.
- . 1996. "Two Faces of Responsibility." *Philosophical Topics* 24, no. 2 (Fall): 227–48. <https://www.jstor.org/stable/43154245>.
- . 2001. "Reasons and Responsibility." *Ethics* 111, no. 2 (January): 374–94. <https://doi.org/10.1086/233477>.
- Wolf, Susan. 1987. "Sanity and the Metaphysics of Responsibility." In *Responsibility, Character, and the Emotions: New Essays in Moral Psychology*, edited by Ferdinand Schoeman, 46–62. Cambridge: Cambridge University Press. <https://doi.org/10.1017/CBO9780511625411.003>.

- Work, Erin, Serra Muftu, Kathryn Dee L. MacMillan, Jessica R. Gray, Nicole Bell, Mishka Terplan, Hendree E. Jones, et al. 2023. “Prescribed and Penalized: The Detrimental Impact of Mandated Reporting for Prenatal Utilization of Medication for Opioid Use Disorder.” In “Public Health Approaches to Perinatal Substance Use,” special issue, *Maternal and Child Health Journal* 27, supplement 1 (December): 104–12. <https://doi.org/10.1007/s10995-023-03672-x>.
- Vega, Cecilia M. 2003. “Sterilization Offer to Addicts Reopens Ethics Issue.” *New York Times*, January 2, 2003. <https://www.nytimes.com/2003/01/06/nyregion/sterilization-offer-to-addicts-reopens-ethics-issue.html>.
- Yaffe, Gideon. 2002. “Recent Work on Addiction and Responsible Agency.” *Philosophy and Public Affairs* 30, no. 2 (April): 178–221. <https://doi.org/10.1111/j.1088-4963.2001.00178.x>.
- Yurkanin, Amy. 2023. “How One Alabama County Declared War on Pregnant Women Who Use Drugs.” Marshall Project, July 26, 2023. <https://www.themarshallproject.org/2023/07/26/alabama-pregnant-women-drugs>.

T. VIRGIL MURTHY (she/her/he/his) is a PhD candidate in philosophy at Carnegie Mellon University who works in philosophy of disability, normative ethics, and philosophy of statistics. In addition to forthcoming papers in the *Journal of Philosophy of Disability* and in the collected volume *Existential Philosophy and Disability*, edited by Mélissa Fox-Muratou, she runs the *Addict Collective* blog and has contributed to BIOPOLITICAL PHILOSOPHY.