

# Addiction According to Moral, Disease, and Learning Models<sup>1</sup>

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**Abstract.** Drug addiction is a serious problem since it has severe negative consequences for addicts, their friends and families, and the community at large. Many theories have been put forth to explain why some people engage in such self destructive behaviour. The dominant theories that are discussed in this oral history study are the moral model, disease model, and learning model. A close analysis of the data suggests that the moral model is a poor explanation of addiction. Rather, an integration of the disease and learning model would be most consistent with the results.

## Introduction

Drug addiction is a topic that has been debated over many years. Addiction does not merely involve recreational use of drugs, rather addicts use an excessive amount of drugs on a daily basis which results in many adverse consequences. Whether their drugs of choice are legal or illegal, the negative effects of abuse for both types include serious health deterioration and emotional and psychological damage. Ultimately, severe drug abuse hinders individuals from performing normal, everyday activities and makes their lives unmanageable. Regardless of severe detrimental effects, some individuals still continue on this path of life. According to Statistics Canada (2002), 2.6% of the population aged 15 and over were dependent on alcohol while 0.8% was dependent on illicit drugs.

Many arguments have been put forward to explain why people engage in such self destruction. The goal of my research is to understand drug addiction through engaging in an oral history with an addict and analyzing existing models of drug addiction in the current research literature. The research questions that I am investigating in this study are 1) what factors may influence drug addiction, 2) does free will play a role in addiction, and 3) what measures can be taken to prevent others from drug addiction.

Over the decades, three main models have emerged to explain addiction: the moral model, learning model, and medical model (Wilbanks, 1989). The main differences that arise out of these models are the causes they attribute to drug use and the role of free will. The moral model suggests that addiction is a choice based on bad values (Wilbanks, 1989). On the other end, the medical model views addiction as a compulsion that is

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completely out of the addict's control (Wilbanks, 1989). The learning model contends that addiction is influenced by environmental factors (Schaler, 1991: 44) and thus individuals make choices in a predetermined or constrained setting.

The moral model of addiction emerged as a result of the major influences of religion in people's lives. Theologians and clergymen were highly respected and viewed as very knowledgeable about human behaviours (Wilbanks, 1989: 408). According to Wilbanks (1989), the moral model views addiction as a choice made by individuals with low moral standards. Addicts are characterized as inherently bad people who do bad things that are driven by their values. Naturally, treatment for addiction is argued to be punishment (Schaler, 1991). America's war on drugs is a good example of a punitive method against addiction that is consistent with the moral model. The war on drugs seeks harsh punishments for those involved with drugs rather than rehabilitative methods. The underlying assumption is that those engaged in drug related offences, including drug abuse, choose to behave that way.

In a liberal society, free will and individual autonomy are highly emphasized and valued ideals. The moral model appeals to our common sense because it is consistent with these liberal views. Addicts are conceived as free willed individuals making rational choices and the reason they engage in drug use is because they have bad morals. However, individuals with "good" morals are just as likely to use drugs such as alcohol or marijuana. If this is the case then other factors must be involved. In the face of reality, the moral model is insufficient to capture the phenomenon of drug addiction. It ignores factors such as physiological effects of drugs and sociological backgrounds of addicts that are likely to have an important impact on their drug use.

The moral model began to lose its influence when physicians and doctors were seen as having more expertise on humans than theologians and religion began to fade into the backdrop of people's lives (Wilbanks, 1989: 408). Initially, the disease model was integrated with the moral model where addiction was seen as a problem for people with weak morals (Wilbanks, 1989). However, addiction affecting even those with strong morals could not be ignored. In order to account for this, the disease model of addiction was fully adopted while the moral model was discarded. As a result, the disease model of addiction became prominent. In 1956, alcoholism was declared a disease by the American Medical Association (Wilbanks, 1989: 410). By 1960's to 1970's, research claimed that alcoholism has a genetic disposition (Hirschman, 1995: 538).

The disease model views addiction as a consequence of physiological changes that drugs may cause (Schaler, 1991; Wilbanks, 1989). These physiological alterations cause an undeniable desire to take more drugs. Addicts are viewed as individuals with an incurable disease with drug addiction as the symptom. Analogous to cancer patients who do not choose to acquire the illness and thus do not deserve to be blamed for it, the disease model argues users cannot be held accountable for their addictions.

As the disease model argues that there is no cure for addiction, the only treatments available aims to reduce or suppress the urge to use drugs. Firstly, addicts are encouraged

to acknowledge that they have a sickness that cannot be dealt with alone and to seek help from professionals such as counsellors and therapists (Schaler, 1991). For instance, Narcotics Anonymous uses a twelve step program where addicts must first admit that they are “powerless” over their addictions and must appeal to a “power greater” than themselves to overcome the addictions (<http://nar-anon.org/index.html>). Thus addicts are encouraged to seek the help of experts to overcome their convulsions to use drugs.

Critics of the disease model (e.g. Schaler, 1991; Wilbanks, 1989) believe that it takes responsibility away from the addicts and instead characterizes them as victims. Wilbank (1989: 413) goes further argues that viewing addicts as victims creates a sense of learned helplessness. If addicts come to believe that there is no cure for addiction, they may erroneously believe that resistance to drug use is futile or may not put effort into their sobriety. This takes away their personal autonomy or may simply provide an excuse to continue using drugs and commit crimes. Additionally, Wilbanks (1989: 420) believes that the medical model is a way to scare individuals from experimenting with drugs by emphasizing its addictive and incurable nature.

Like the moral model, the disease model disregards the environmental effects that may influence drug addiction. Addicts may have encountered adverse life experiences that lead them to self medicate by excessively using drugs. Much research is consistent with this theory. For instance, Barnard and MeKeganey’s (2004) literature review also found that children whose parents are addicts are more likely to view drug use as acceptable behaviour and are likely to use drugs themselves. These studies suggest that the environment also has significant influences on drug addiction.

The rise of behaviourism lead to the formation of the learning model of addiction (Wilbanks, 1989: 408). According to this model, addiction is a conditioned response to the environment therefore it is a learned behaviour. Individuals resort to using drugs to cope with stressful or aversive environments (Schaler, 1991: 44). Addiction is a rewarding behaviour that allows users to temporarily escape from an undesirable or painful reality. For example, an individual who was physically and emotionally abused as a child may resort to using cocaine to distort reality and escape the painful memories (Hirschman, 1995). Drug dependence grows as individuals continue to use drugs to relieve emotional, psychological, or physical suffering. Thus this model views drug addiction as a habit rather than as an illness.

The trouble with a strict environmental model of addiction is that it does not take into account individuals’ physiological or biological states. The fact that drugs can and do alter people’s state of minds cannot be ignored. In her research, Anderson (2007) suggests that there may be genetic factors, specifically neurotransmitter activities that cause Type II alcoholism. Drug dependence is also found to be highly correlated with depression (Statistics Canada, 2002). Genetics may be a reason why some people are more susceptible to becoming dependent on drugs than others.

## Method

This qualitative research is an oral history of a crack cocaine addict. Due to the fact that criminal activities will be mentioned, I will employ the pseudonym “Mike” to refer to the participant to protect his identity. I have known Mike for awhile and throughout our friendship, he has been battling a crack addiction. Through him, I was able to learn more about drug addiction which further fuelled my interest on the topic. For this reason, I felt that he was the best participant for this research.

Being friends with Mike prior to this research allowed him to trust me with his story. Although some may argue that close friendships with the participants may cause a conflict of interest, I felt that in this case, it was more beneficial. Mike was able to grant me access to his life in detail and share many of his experiences. The rapport that already existed made it a more comfortable and enjoyable process for the both of us. Also, knowing Mike allowed me to validate some of the information he shared because I already had some knowledge about his past.

Before participating in this research, oral informed consent was obtained from Mike. He was informed about what this research is about and the methods that will be used to collect information. Mike agreed to have any information that could identify him be kept confidential. However, even though this research does touch on some sensitive topics, Mike felt that absolute confidentiality was not a major issue. Normally, some people may feel threatened about talking about their criminal activities because they feel this information may lead to negative repercussions. This was not a problem for Mike primarily because he has publicly spoken about his addiction issues in the past and is confident that no negative outcomes would result from sharing personal information. Since confidentiality is not an essential element in Mike’s decision to participate in my research, the Wigmore criteria will not be utilized. However, to be on the safe side, information that can identify the participant will be kept confidential.

The method of collecting data is through unstructured, open ended interviews. I recorded the data by taking hand notes. Initially I was just interested in exploring Mike’s life and his experiences prior to his heavy drug use. We simply started at the beginning where he began describing his childhood. This allowed for a better contextualization of Mike’s life before addiction. Further, by starting the interview at his childhood, I can better inferences about what factors lead him to be dependent on crack cocaine.

There were two interviews that were about an hour long each. The first interview took place at a fast food restaurant and the second took place at a public library. There was no special reason for choosing these places except that they were convenient, comfortable and provided some privacy. During the first interview, a lot of information was gained about Mike’s life but it sparked many new questions. For this reason, a second interview was necessary. Doing two interviews also allowed me to confirm the information from the first interview, clarify anything that may have been unclear, and to enrich the data I already had.

Additionally, Mike permitted me to use a few computer journal entries he had written. These entries reflect the way he feels about his drug use and his life in general. This additional information about Mike is very useful because it allowed me to validate the information from the interviews. The information gained from the interviews and these journal entries help me to better understand how Mike perceives his addiction. The interview data also reveals some causal factors that may have substantially influenced Mike's life and explain how he got to where he is today. The data will be compared with the models of addiction to determine which models are able to account for the data.

## **Results**

### **Childhood and Family**

Mike characterized his entire life as "chaotic." He was born and raised in east Vancouver. In a single mother household, there was a constant financial shortage. They relied on social assistance and food banks to get by. At the age of two, Mike's mother gave the Ministry of Children and Family Development temporary custody of him because she was not fit to care for him. Subsequently, Mike went to live with his grandmother until the age of six. He later moved back in with his mother only to be given temporary custody to the ministry again because she was unable to care for him. Mike's father later came back into his life when he was about eleven years old and was given custody of Mike. However, Mike ran away from his father's home when he was fifteen years old. Consequently, the ministry was given full custody of Mike until he became an adult.

In the years that he lived with his mother, Mike's life was extremely unstructured. Part of this was a result of his mother having bipolar disorder. Every year they would move to a different house because that was his mother's way of dealing with problems. There was also a time when they had to stay at a women's shelter because his mother's boyfriend was abusive. Instead of dealing with her problems effectively, she ran away from them or took it out on Mike. He recalls being "blamed for everything" and not understanding why. Consumed with her problems, Mike's mother neglected him and allowed him to do whatever he pleased. Overall, he described his mother as a "freak" and a "selfish" woman. He came to garner hate for his mother throughout most of his life.

When Mike moved in with his father, he found life to be just as difficult. His father had financial security but was overly authoritarian and strict. There was too much structure in his father's home and this soon became problematic. When he was younger, Mike's father had experimented with illicit drugs and had gotten into trouble with the law frequently. Mike's father was also an alcoholic. His father typically left for work at six in the morning and came home in the afternoon; however he would spend the rest of the day at the bar. Mike would often come home and find a note indicating that there is food in the fridge and that there was no one home.

Mike's father was also emotionally and physically abusive. He expected Mike to do everything he was told. Failure to do so would result in harsh punishments. Mike remembered that his father used to make him write so many lines that they would run out

of pens and papers. Mike would constantly get beaten up, as well. On top of the physical abuse, his father would constantly belittle him and make him feel “worthless.” For Mike, the verbal and emotional abuse was the worst. He could heal from the physical abuse but he always remembers the verbal abuse. It soon became so overwhelming that Mike made the decision to run away from his father’s home.

Although his father was abusive, Mike favoured him over his mother. He felt that his father actually wanted a good life for him which was why he enforced such strict rules, whereas his mother only cared for herself. Mike never returned to his either of his parents’ homes. He hated his mother and was too terrified of his father. As a result, he ended up being in permanent custody of the ministry.

While in the ministry’s custody, Mike moved around from different group homes and foster homes. In the foster homes, Mike was sexually and physically abused by his care takers. His foster siblings were also abusive towards him. In turn Mike would be abusive towards his younger foster siblings. He would also constantly run away from these temporary homes and live on the streets. At the time, Mike was resentful towards the group homes and felt “captured.” He came to believe that if his parents could not raise him, then how could they? Regardless of the negative experiences, in hindsight, Mike feels that a majority of the temporary homes provided him with the right amount of structure and care. Finally, when Mike turned nineteen, the ministry set him up with a home in one of the worst neighbour hoods in Vancouver eastside.

Overall, Mike’s childhood was very unstable because he was constantly moving around and really had no permanent residence. Neglect and abuse were also prominent factors in his childhood experiences. Further, his parents did not utilize effect parenting techniques to interact with Mike. Mike’s mother was overly neglectful and allowed him to do whatever he wanted whereas his father was extremely strict. Additionally, Mike spent a majority of his life in foster care which could have also negatively impacted his life. Atkins and McKay (1999) suggest that adopted children are at higher risk of maladjustment than non-adopted children. Poor parenting and instability in childhood years likely lead to maladjustment later in life and consequently puts individuals at higher risk of drug addiction.

Another risk factor is that Mike’s father was an alcoholic. Barnard and McKeganey (2004) argue that drug dependent parents have poor parenting skills and are more likely to have authoritarian parenting methods. Thus parents with drug addictions are more likely to use harsh and/or physical punishments to discipline their children. Children who live with drug dependent parents also experience many different adversities. They are more likely to have social adjustment problems, psychological deficits, and are at risk of abusing drugs in the future (Barnard & McKeganey, 2004). This may be due to genetic or environmental factors. Mike may have inherited his father’s tendency to abuse drugs or he may have learned this behaviour through observation and imitation.

## School Experience

School was very challenging for Mike because he was constantly moving from one place to another. Every year he had to attend a different school. He had to constantly leave his friends behind and try to make new ones year after year. Dealing with the stress at home made it difficult for him to concentrate on school work. Generally he did not do well in school. When he was living with his mother, Mike did not do well in school because no rules were enforced at home. His mother was concerned with her own life and as a result neglected her son's life. However, when Mike was living with his father, he did manage to keep up with his schooling. He attributed this to the fact that his father enforced the rules and disciplined him regularly. Poor academic performance may be a result of Mike's adverse family relationships and instability at home. Unfortunately, poor education is also found to be associated with drug dependence (Statistics Canada, 2002: 14).

## Drug Use

Mike's drug use started when he was about thirteen years old. This was the first time he tried marijuana. He was living with his father at the time and when he came home that night, his father had found a piece of the marijuana. Needless to say, his father physically disciplined him. However, that did not stop Mike from using marijuana throughout high school. At the time, he felt that it was the "cool thing to do." Since Mike always had a hard time making friends because he moved around a lot, smoking marijuana made the process easier. He began to befriend peers who were always getting into trouble. By this time, he had started to sell drugs to support his marijuana habit. School became just a meeting spot for him and his friends to hang out instead of going to classes.

Drug use seems to be a way for Mike to cope with a tough environment. It was an instrument Mike used to make friends and be accepted by his peers. It is likely that hanging out with peers who also abuse drugs aggravated Mike's drug problem. In their research, Dinges and Oetting (1993) contend that individuals' drug use is strongly influenced by their friends' drug use. The closer the peer relationship, the more influence they are likely to have (Dinges & Oetting, 1993). Thus individuals whose best friends use drugs are more likely to use drugs themselves. Moreover, individuals with friends and family who convey positive attitudes towards drug use are more likely to be abuse drugs (Dinges & Oetting, 1993).

Eventually, Mike started using more serious drugs. He began experimenting with LSD, mushrooms and alcohol. Using drugs "made everything go away," including the pain and suffering he felt due to the neglect and abuse he experienced. This is consistent with the finding that depression is often associated with drug dependence (Statistics Canada, 2002). However, the causal relationship between depression and drug abuse is still in question. It is uncertain whether depression leads to drug abuse or if drug use actually causes depression.

When Mike was in the ministry's custody, he would constantly run away to use drugs. He continued to support his habits through crimes such as drug trafficking and prostitution. By the time Mike was seventeen years old, he came to believe that his life was ruined. He tried to get involved with sports and see his foster parents more often but the drugs got too heavy. His friends and family slowly stopped contacting him because of his serious drug use.

When Mike reached adulthood, he was no longer in the ministry's custody. They set him up with his own home in the Vancouver eastside. The neighbourhood was a poor, slum area congested with illicit drug use. Mike's drug dependence soon went from bad to worst as it started to get out of control. Mike began using hard drugs such as heroin and cocaine. It was the cocaine that really got to him. He continued to traffic drugs to support his habit because he could not hold a job. Most of his income came from illegal activities and social assistance. A majority of it went into buying drugs. As a consequence, Mike's life became unmanageable and he soon became homeless.

Despite the heavy drug use, Mike did not consider himself an addict until about a year ago when he was twenty three years old. This was because even though he had been using a lot of drugs, he was able to sometimes maintain sobriety. However, Mike was labelled an addict was when he got in trouble with the law by professionals in the medical field, by the care takers in his foster homes, and by his friends and family. He had learned that he was addict through Narcotics Anonymous. He came to realize that an addict is someone whose life is unmanageable due to their drug use. NA taught him that his addiction was a disease with no cure, like a "nasty habit" that will always hover over him.

### **Recovery**

Prior to relapsing last year, Mike was able to stay sober for two and a half years. During that time he was an active member of his church, worked several jobs, and was involved in sports. He taught grade one through four and coordinated sporting events at his church. However, volunteering and working so much was overwhelming for Mike and he soon started using cocaine and marijuana again. Currently, Mike is fighting his addiction to get back on track to a normal life but it is a hard battle. To try and overcome his addiction, Mike intends to live in a addiction treatment centre for awhile.

### **Conclusion**

Initially, this oral history project with Mike was a way for me to better understand drug addiction by interviewing him about his life before he started using drugs. This allowed me to gain insight into the experiences that may have led him to abuse drugs and whether it was a conscious choice or not. The information from the interviews suggests that addiction is not simply a choice. Rather, it is likely influenced by both biological and environmental factors. For this reason, I would argue that an integration of both the disease and learning model would be most appropriate to explain drug addiction.

The moral model stresses that addiction is a choice made by individuals with poor moral standards. The idea that people choose to be addicts is a misleading and damaging conception. Firstly, the moral model of addiction fails to acknowledge the individual's biological background. Mike's mother had a psychological disorder while his father suffered from alcoholism. It is hard to ignore the possibility that his parent's problems may have been genetically passed down onto him and thus made him susceptible to drug dependence.

Secondly, the moral model fails to account for the environmental and social influences of addiction. Mike's childhood was completely chaotic and disadvantaged. It was characterized by extreme neglect and abuse. There was little stability and few opportunities to learn prosocial behaviours. These social disadvantages and negative experiences likely influenced him to turn to serious drug use to relieve his suffering. Studies have found that living in poverty and a poor level of education puts individuals at risk of addiction (Statistics Canada, 2002: 14). Mike did not choose for his parents to abandon him, nor did he choose to live a life full of painful disadvantages. Further, he could have observed and imitated his parents and peers' behaviours too. Mike sums it up best:

I have found out through my own experiences that a lot of my mother and father's traits are starting to play a significant role in my own life. From my own actions, the way I treat people, my anger issues, and various addiction problems. A lot to do with not ever really knowing what happened in my life when I was a child and the things I was surrounded by and the things I was taught.

This oral history offers an in depth understanding of the personal burdens that addicts experience daily. The results reveal the fact that adverse childhood experiences do negatively affect later behaviours in adolescence and adulthood. Understanding that precursors to a life of addiction may include extreme childhood neglect, abuse, and instability helps to emphasize the notion that severe drug dependence is not just a choice made by "bad" people. Rather, drug addiction results from a combination of nature and nurture factors. Individuals' personal traits, inherited genes from their parents, social and environmental experiences are all issues that influence people's lives. Thus it makes sense that these very elements also affect whether or not people become dependent on drugs.

## **Discussion**

Much valuable information has emerged from this research, however there are some drawbacks that arise from using qualitative research such as oral histories to investigate social phenomena. First, since an in depth qualitative method is used, there is concern that the results individualize drug addiction, i.e. the information cannot be generalized to a broader population. Drug addiction is a social phenomenon that involves multiple participants including drug users and traffickers, various social institutions, and the community at large. Interviewing one person creates a narrow and particular view of addiction with the high possibility of missing other important, relevant perspectives.

Future research on drug addiction should triangulate different perspectives from numerous participants to “un-individualize” the data.

Although this study only relies on information from one participant, research literature on drug addiction is used to contextualize, validate, and analyze the data. Previous research offer different perspectives on the matter and decreases over reliance on the participant’s interview. Most importantly, it allows for a better and diverse understanding of the phenomenon.

A second disadvantage that affects all studies that try to demonstrate biological or environmental causes of a phenomenon is that it is impossible to separate these two factors. Research cannot be conducted where genes and environments are absolutely accounted for because of the complexity of their interactions and the fact that these two factors are always simultaneously present. Even twin and adoption studies cannot attribute genetic or environmental causes to phenomena with absolute certainty since environmental and genetic influences cannot be separated or manipulated.

To further complicate the matter, many theorists suggest that genetics and the environment may have a bidirectional interaction. In other words, both environmental and genetic factors continuously influence one other. For instance, an infant born at risk of becoming a drug addict due to a genetic disposition may have neglectful or abusive parents which may exasperate the problem because of their inability to provide a supportive environment. The adverse environment can further aggravate the child’s genes and further make the child susceptible to addiction. On the other hand, the same at risk infant raised in a supportive, enriched environment may have his at-risk genes suppressed. Due to the possibility of a bidirectional interaction between these elements, it is difficult to determine specific causes for drug addiction.

The information gathered in this study suggests that negative childhood experiences at home can have damaging effects on children and put them at risk of abusing drugs later in life. Adverse experiences such as parental neglect, abuse, and instability at home may cause maladjustment problems. Children with caregivers who have addiction problems are also at higher risk of addiction problems, as well. These results suggest that effective prevention inside the home is necessary to prevent future problems such as drug addiction and maladjustment. Prevention programs should aim to educate parents on how to effectively discipline their children and to enhance parent-child relationships.

However, if children of incapable parents are placed into government custody, there should be programs in place assess and rehabilitate children who come from adverse home environments. If the children are being taken away from their homes due to their parents being unfit to take care of them or because their parents were abusive, they are likely in need of emotional or psychological support. The government should try to accommodate the children’s needs and enhance their living situations rather than just doing what is minimally required. Unfortunately for Mike the ministry was incapable of addressing his problems. Even though social workers knew that Mike had an addiction, he was still placed in a poor neighbourhood filled with drug problems. This is an example

where instead of making a positive impact on children's lives, being in government care can actually be more detrimental if the caregivers and programs are ill equipped to address the children's needs.

In the case that individuals are already dependent on drugs, intervention programs should be aimed to help addicts effectively cope with stress and life problems. Addicts may resort to using drugs to self medicate in order to avoid emotional suffering from past experiences. Programs should be designed to teach addicts how to ease their anxieties and deal with their problems effectively, rather than suppressing them with drugs. For instance, someone suffering from painful childhood memories of abuse may benefit from therapy to effectively get over their negative experiences.

If I had a chance to redo this study, there are a few things that I would do differently. First, instead of taking interview notes by hand, I would electronically record the information. Although I was about record many of the general themes that came up by taking hand notes, it would have been a lot easier to have a tape recorder. Also, I would have liked to have been able to replay the interviews to see if there was anything that I had missed. Unfortunately there is nothing that I can do about that now, but it is a good lesson for future research.

Second, including more than one research participant would be a good idea. I found that although there was much information to be gained from interviewing one person, interviewing multiple participants would allow for comparisons between different perspectives. For instance, it would have been interesting to compare Mike's life to someone who had used drugs but did not fall into addiction. Having more than one participant would also allow better generalizability of the results of this study. It is better to have too much information than to have too little.

Overall, this research project shed light onto the circumstances that surround drug addiction. Contrary to common belief, addiction is simply about individuals choosing whether or not to engage in it. Addiction is far more complicated and is influenced by many life elements. Future research should look into the causes of addiction and use the information to formulate effective rehabilitation programs for those affected by drug dependence.

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