



**Correspondence to The Lancet
Submitted electronically 8/30/11**

To the Editor:

Three key points were overlooked in the recent article “Addiction: a complex disorder” (The Lancet, Volume 378, Issue 9793):

First, addiction is caused by excessive use of the addictive substances or related behaviors. The way drug addicts use drugs, from the start to finish, is unwise and unhealthy. Addiction does not strike randomly; it happens to people who repeatedly engage in destructive, and in many cases illegal, behaviors.

Second, no matter how biologically driven, addicts are fully responsible for any act of addictive behavior. Any other view robs addicts of agency in the illness and by excusing them, perpetuates the self-destructive addictive behavior. It is not compassionate to tell addicts that they are helpless victims of their biology.

Third, addictive behavior is powerfully affected by the environment in which it occurs. When addictive behavior is tolerated and accepted, it flourishes, driven by the power of brain reward. When addicted behavior is not tolerated, the behavior diminishes or disappears.

Many efforts aiming for compassion instead perversely result in harming addicts and retarding recovery. Many of these efforts, in the name of compassion, normalize addictive behavior and frustrate both prevention and treatment.

It is difficult for addicts to stop their addictive behaviors and often they cannot do it alone -- but recovery from addiction is always possible and it always requires the efforts of the addicted people themselves.

Robert L. DuPont, M.D.
President
Institute for Behavior and Health, Inc.

Sex imbalance in China



Reuters

The Chinese political icon Mao Zedong once said “women hold up half the sky”. China is now faced with a serious threat of the sky crashing down. According to the 2010 Chinese census, the sex ratio at birth has climbed during the past three decades to an alarming 118 boys born for every 100 girls, the highest sex imbalance in the world. Without human intervention, the sex ratio at birth is projected to be between 103 and 107 boys born for every 100 girls. In China, only Tibet and Xinjiang have a balanced sex ratio for people younger than 20 years. A distorted sex ratio will result in many social problems. For instance, by 2020 an estimated 30 million Chinese men will be unable to find brides.

The beginning of this disturbing trend coincided with the introduction of the one-child policy in the early 1980s, and ultrasound technology, which made reliable sex-selective abortion possible. To tackle the issue, the Chinese Government this month launched an 8-month national campaign against the non-medical use of prenatal sex determination and sex-selective abortion.

For more on China's one-child policy see [Editorial Lancet 2011; 377: 968](#)

For more on China's national campaign see http://europe.chinadaily.com.cn/china/2011-08/17/content_13128878.htm

Any health professional or medical institution involved in these practices will be liable to punishment including revoking of medical licences, banning of illegal clinics, and even criminal charges.

However, this campaign is not the first to address prenatal sex determination and sex-selective abortion in China. Similar national movements happened in 1986, 1989, 1993, 2002, and 2006. So why have illegal practices continued despite repeated prohibition? One reason is that the business of testing and sex-selective abortion is very lucrative. China Central Television reported that blood and ultrasound tests for prenatal sex determination cost about RMB 5500 (US\$873), and RMB 3500 (\$556), respectively. Additional underlying factors are a deeply rooted cultural preference for sons, a falling fertility rate, and the one-child policy. With the strengthening of public policy to crack down on sex-selective abortion, China should also implement more effective measures to promote gender equity and empower women in the long term. ■ [The Lancet](#)

Addiction: a complex disorder



Corbis

Addiction is often misunderstood and stigmatised by the public and doctors alike, and, as a result, is often undertreated. This situation might stem in part from the long-running debate between addiction experts over how to explain the disorder. Some researchers favour a moral model of addiction in which the disorder is largely viewed as a behavioural problem, whereas others prefer a neurobiological explanation.

Last week, the American Society of Addiction Medicine (ASAM) released a definition of addiction that supports the latter model, which states that: “...addiction is a chronic brain disorder and not simply a behavioural problem involving too much alcohol, drugs, gambling or sex.”

Although this definition could help to destigmatise addiction, increase patients’ willingness to engage in medical treatment, reduce punitive approaches towards drug use, boost investment into addiction research, and increase access to treatment, there could be a downside to overmedicalisation of addiction. Such an approach might in fact stigmatise addiction, lead to fatalism among patients, and prevent governments from

addressing the social environments that increase the risk of addiction—eg, poverty. Some researchers have also argued that if addiction is viewed as a medical problem affecting a few people, it could reduce public health measures to control substance misuse in the wider public (eg, higher taxes and restrictions on sale and access to legal but addictive substances).

In truth, many factors—genetic, neurobiological, and social—affect addiction. The new ASAM definition also describes addiction as a primary disease (not merely the result of emotional or psychiatric problems) and a chronic disease needing treatment over a lifetime. These more useful points to emphasise about the nature of addiction should help to increase and improve treatment.

A multifaceted approach to treatment is needed that could involve not only pharmacological treatment, but also psychosocial approaches and social support to minimise risk, and motivate addicted individuals to make healthy lifestyle changes. Doctors should treat addiction as a complex disorder, and with the compassion that has been lacking in the past. ■ [The Lancet](#)

For the ASAM definition see http://www.asam.org/pdf/Advocacy/PressReleases/20110815_DefofAddiction-PR.pdf