

# Journal of Cognition and Neuroethics

## Simply Irresistible: Addiction, Responsibility, and Irresistible Desires

**Marcela Herdova**  
Florida State University

### **Biography**

Marcela Herdova is Postdoctoral Research Fellow in Self-Control at Florida State University. She previously worked as Research Associate on the “Self-Control and the Person: A Multi-Disciplinary Account” project at King’s College London where she also earned her PhD in 2011. Her research interests are action theory, free will, moral psychology, consciousness and applied ethics.

### **Acknowledgements**

I would like to thank Stephen Kearns for his very helpful comments on the earlier drafts of this paper. I would also like to thank the audience at the CUNY Cognitive Science Speaker Series as well as the participants at the Free Will conference at the University of Michigan-Flint.

### **Publication Details**

*Journal of Cognition and Neuroethics* (ISSN: 2166-5087). March, 2015. Volume 3, Issue 1.

### **Citation**

Herdova, Marcela. 2015. “Simply Irresistible: Addiction, Responsibility, and Irresistible Desires.” *Journal of Cognition and Neuroethics* 3 (1): 195–216.

# Simply Irresistible: Addiction, Responsibility, and Irresistible Desires

Marcela Herdova

## Abstract

In this paper I set out to investigate the claim that addicts lack sufficient control over their drug-taking and are thus not morally responsible for it. More specifically, I evaluate what I call the Simply Irresistible Argument, which proceeds from the claim that addictive desires are irresistible to the conclusion that addicts are not responsible for acting on such desires. I first propose that we have to disambiguate the notion of an irresistible desire according to temporal criteria, and revise the original argument accordingly in two different ways; one involving proximally irresistible desires and one involving permanently irresistible desires. I propose that both versions of the Simply Irresistible Argument fail, and, as a result, that considerations about irresistible desires and control cannot extricate addicts from responsibility for their drug-taking.

## Keywords

Addiction, control, irresistible desires, moral responsibility

## 1. Introduction

Debates about drug addiction mainly center around three interrelated issues: what addiction is, how to treat addiction, and the moral and legal responsibility of addicted individuals. I shall focus here on the issue of moral responsibility—namely on an argument that addicts lack sufficient control over their drug-taking and are thus not morally responsible for it.

The argument I evaluate, which I dub the *Simply Irresistible Argument*, builds on the assumption that addictive desires are *irresistible*. After introducing this argument, I disambiguate the notion of an irresistible desire according to temporal criteria and reconstruct the original argument in two different ways (in light of this disambiguation). I propose that both versions of the argument fail, and that considerations about irresistible desires and control cannot extricate addicts from responsibility for their drug-taking. However, to conclude, I also make a distinction between control (and responsibility) for individual actions, on the one hand, and for general long-term patterns of behavior, on the other. I propose that an agent's controlling and being responsible for individual actions does not entail her controlling and being responsible for the pattern of behavior made up of those actions. As a result, it might be the case that an addict's

individual drug-taking actions and her general condition (addiction) deserve, from a moral perspective, rather different treatments.

Before I present the Simply Irresistible Argument, I shall set out some of the assumptions I am making about control and responsibility, and discuss the importance of irresistible desires to control.

### 1.1 Preliminary Remarks: Control and Responsibility

There are two broad approaches to moral responsibility: volitionist and non-volitionist. On a volitionist approach, moral responsibility requires that the agent is in *control* of her behavior. An agent has diminished or even no responsibility for behavior which she does not control in the right manner. A non-volitionist, on the other hand, does not impose a control condition on moral responsibility—one might be held accountable even for those actions which one cannot control or choose. Instead, non-volitionists propose that phenomena other than control ground responsibility. For instance, Angela Smith proposes, on her rational relations view, that “To say that an agent is morally responsible for something ... is to say that that thing reflects her rational judgment in a way that makes it appropriate, in principle, to ask her to defend or justify it” (Smith 2008, 369).

In this paper, I shall assume that something like a volitionist approach to moral responsibility is correct. The Simply Irresistible Argument for the exculpation of addicts, as well as my response to it, are both based on such an approach.<sup>1</sup> I will also assume, as is widely accepted, that both control and responsibility come in degrees (e.g. Sinnott-Armstrong 2013). In other words, neither control nor responsibility are absolute notions—they come on a spectrum and one can have more or less of each. Relatedly, I shall also assume that degrees of control map onto degrees of responsibility. If one’s control over one’s behavior is diminished, so will be one’s responsibility for this behavior. In general, actions over which an agent exercises greater degrees of control will warrant our attributing greater degrees of responsibility to her, and less control warrants attributing less responsibility.<sup>2</sup>

- 
1. It should be noted, however, that a non-volitionist can construct her own versions of the Simply Irresistible Argument according to which irresistible desires provide the basis for exculpating addicted individuals on grounds other than diminished control. While the traditional debate on addiction, control and responsibility is couched in volitionist terms, such non-volitionist arguments certainly deserve further consideration. It is beyond the scope of my paper to discuss or evaluate these arguments here.
  2. For present purposes, I shall not engage in the debate about the significance of determinism to control

## 1.2 Types of Control

How are irresistible desires connected to control (and thus, given our volitionist assumption, to responsibility)? There are different, related, types of control. These include, for instance, (i) reasons-responsiveness (the ability to recognize and react to reasons for action); (ii) the ability to do otherwise (the agent is able to, minimally, refrain from acting as she did); (iii) the translation of long-term commitments and values into action; (iv) authorship (the agent's actions are appropriately connected to her character); and (v) self-control (the ability to control wayward motivations). Impairment of any of these types of control might, in part, explain (excessive) drug-taking behavior. For instance, a failure to recognize the danger of addictive substances, or a diminished ability to resist addictive desires, or a flat-out inability to refrain from acting on such desires, can help explain why addicts start (and continue) to use drugs despite undesirable consequences.

What might impair and diminish the above types of control? Some common such factors (in relation to addiction) include various cognitive biases which influence what reasons we attend to or ignore, and how we weigh and weight reasons. Automatization of behavior (while often increasing one's control) may also decrease various types of control, since it might result in the bypassing of an agent's rational and deliberative capacities in an undesirable way. Additionally, an overall reduction in know-how, skills and general mental abilities will often result in impaired control due to the fact that an agent may not recognize or be able to utilize various (self) control methods.

One factor which may have an especially wide-ranging and strong influence, diminishing or even completely eradicating various types of control, are desires with great motivational strength.<sup>3</sup> Such desires may affect one's reasons-responsiveness (by, for example, affecting one's willingness to consider certain reasons, or straightforwardly undercutting the motivational strength of other relevant reasons/desires), or authorship of one's actions (if the strong desires that move one to action are out of character), or

---

and responsibility. Determinism is the view that the past, together with laws of nature, necessitate any future events; i.e. there is one possible future given the laws of nature and the past. Some think that if determinism is true, no one is responsible for anything. My interest is less broad—I am concerned with whether addiction is a special threat to responsibility, assuming that non-addicts are generally responsible for their behavior.

3. Motivational strength, i.e. the strength with which desires move one to action, should not be confused with affective strength. Affective strength refers to the "felt" or "experienced" strength of desires. It is not obvious if, or to what degree, motivational strength correlates with affective strength (for a discussion about this, see Mele 2014).

even one's ability to do otherwise, rendering the agent unable to act differently than she in fact did.

If an agent has an *irresistible* desire, that is, a desire with such great motivational strength that it *compels* her to action, at least one type of the agent's control is diminished to the greatest degree—her ability to do otherwise. By definition, irresistible desires are those that one cannot refrain from acting on; they undercut any method of control that one may successfully utilize against resistible desires.

One seemingly plausible argument, then, that addicts are not responsible for their drug-taking appeals to their having irresistible desires (to take drugs). I introduce such an argument in section 2, and propose, in section 3, that we have to disambiguate this argument. Doing so provides us with two versions of this argument. In sections 4, 5 and 6 I explain why both arguments fail. In section 7 I consider the differences between control over individual actions and patterns of behavior, and then conclude in section 8 by considering some further alterations to the main arguments.

## 2. The Simply Irresistible Argument

Consider the following argument (in which “addicts” is short for “drug addicts”):

1. Addicts have irresistible desires to take drugs.
2. If addicts have irresistible desires to take drugs, then addicts are not (morally) responsible for taking drugs (when they do so as a result of such irresistible desires).
3. So addicts are not responsible for taking drugs.

We might understand premises 1 and 2 to be talking about *all* drug addicts or just *some* (though still, presumably, a significant number). For charity's sake I shall take “addicts” to refer to simply some significant number of addicts. Premise 1 is *prime facie* plausible. On some models of drug addiction, addiction is a disease (e.g. Charland 2002). Sufferers of this disease are compelled to act on pathologically strong desires for the drug in question. If addicts are truly compelled by such desires, then these desires are irresistible—the addict literally cannot resist acting on them. Premise 1 simply claims that this is true of some addicts, even if not all.

Premise 2 is also plausible on its face. If addicts really do have irresistible desires to take drugs, then they cannot do otherwise than take drugs. One can appeal to a popular and intuitive condition on moral responsibility; the Principle of Alternative Possibilities:

(PAP) An agent is morally responsible for an action only if she could have done otherwise.

It is, it seems, unfair to hold someone responsible for something they could not help doing. Thus if a drug addict could not help but take drugs, she should not be held responsible for doing so. After all, our practices of moral responsibility are, typically, somewhat sensitive to similar considerations in cases other than addiction. Take, for instance, reflex behavior or various bodily tics. If someone spills water as a result of a bodily spasm or shouts an obscenity which is a manifestation of her tic, it usually weighs in on our assessment that this agent was unable to refrain from behaving the way she did. Such cases warrant different reactions than those in which agents could have refrained from such behavior (for instance, if one spills water on purpose, or intentionally insults someone by swearing at them). An agent is off the hook if she *couldn't help it*. PAP, or variations of it, reflect the importance many of us take this type of control to have for responsibility.

Since Frankfurt 1969, PAP has been vigorously attacked and equally staunchly defended. Frankfurt imagined scenarios such as the following (though this example is Fischer's):

[Black] has secretly inserted a chip in Jones's brain that enables Black to monitor and control Jones's activities. Black can exercise this control through a sophisticated computer that he has programmed so that, among other things, it monitors Jones's voting behavior. If Jones were to show any inclination to vote for McCain (or, let us say, anyone other than Obama), then the computer, through the chip in Jones's brain, would intervene to assure that he actually decides to vote for Obama and does so vote. But if Jones decides on his own to vote for Obama (as Black, the old progressive would prefer), the computer does nothing but continue to monitor—without affecting—the goings-on in Jones's head.

Now suppose that Jones decides to vote for Obama on his own, just as he would have if Black had not inserted the chip in his head. It seems, upon first thinking about this case, that Jones can be held morally responsible for his choice and act of voting for Obama, although he could not have chosen otherwise and he could not have done otherwise. (Fischer 2010, 316)

In essence, Jones could not have done otherwise than he did because Black's computer is waiting in the wings to make him (decide to) vote for Obama should Jones show any inclination not to. Since, in the end, Jones shows no such inclination and votes for Obama on his own, Jones is morally responsible for doing so, even though he cannot do otherwise. PAP is thus false.

Whether or not this counterexample works against PAP, it is compelling enough to damage the above argument for premise 2. If PAP has plausible counterexamples, then an agent may well be responsible for an action despite being unable to do otherwise. Still, Frankfurt goes on to explain that what does the work in his counterexamples to PAP (assuming they are successful) is that the element that renders the agents unable to do otherwise plays no role in *causing* the agent to act. Frankfurt suggests the following alternative to PAP:

(PAP2) An agent is not morally responsible for an action if she performs the action *only because* she cannot do otherwise. (compare Frankfurt 1969, 838)

The Jones case does not falsify PAP2. While the computer renders Jones unable to do otherwise, it is not true that Jones votes for Obama *because* he cannot do otherwise.

When an agent acts on an irresistible desire, on the other hand, the desire itself compels her to action. She acts on this desire precisely *because* she cannot do otherwise. Indeed, she acts on this desire *only because* she cannot do otherwise (that is, she would act on this desire whether she wanted to or not—her having this desire, and her acting on it, are quite insensitive to the agent's wishes). Given this, addicts who take drugs as a result of irresistible desires to do so are not morally responsible for such actions. This is a plausible result that, further, does not rely on the controversial version of the principle of alternative possibilities, PAP, but rather than on the much more plausible PAP2.

### 3. Distinguishing Irresistible Desires

The Simply Irresistible Argument has, then, much to be said for it. Despite this, I believe that it fails. To see why, we need to discern an ambiguity in the argument concerning the idea of an irresistible desire. Desires, resistible or irresistible, can be about immediate or near immediate courses of action, or about future courses of action. Now consider a further, and crucial, distinction we can make concerning irresistible desires of

the former kind (desires to act immediately or very soon), based on the *time frame in which such desires are irresistible*:<sup>4</sup>

**Proximally Irresistible Desires:** desires (to act immediately or very soon) which one cannot, after they have arisen, suppress or prevent oneself from acting on.

**Distally Irresistible Desires:** desires (to act immediately or very soon) which one could not beforehand prevent from arising *and* could not beforehand prevent oneself from acting on.

**Permanently (proximally and distally) Irresistible Desires:** desires (to act now or very soon) which one could not beforehand prevent from arising and which one could not beforehand, and cannot after they have arisen, suppress or prevent oneself from acting on.

The idea of a proximally irresistible desire is, I take it, the one most familiar to us. An agent has a desire to act now (or soon); she cannot rid herself of such a desire, and she cannot prevent herself from acting on it (either by intentionally resisting temptation or by simply doing something else instead). Common, but controversial, examples of such desires are those of people with OCD to perform various tasks (such as to wash their hands), and those of kleptomaniacs to steal. On some pictures of action, all such agents are compelled to act on their desires, and cannot stop themselves from doing so once such desires arise. (Any such examples will remain controversial, however, given the lack of compelling empirical evidence in support of such irresistible desires. Notwithstanding the empirical evidence, an agent with such proximally irresistible desires is easily conceivable).

Distally irresistible desires are somewhat less talked about. Such a desire is one that the agent cannot beforehand prevent from arising or from leading to action once it does arise. It is simple enough to think of cases in which an agent is unable to prevent a desire from *arising*. Though Bob is not hungry now, he will be. He cannot now prevent his desire to eat dinner from arising (he has no appetite suppressants available, etc.). It is harder to think of cases in which an agent is unable beforehand to prevent herself from *acting* on a future desire. While Bob may not be able to stave off a desire to eat dinner,

---

4. The following formulations are somewhat rough. See Mele 1990 for a rigorous analysis of the idea of an irresistible desire (note, however, that Mele does not make the distinctions between such desires that I do in this paper).

Bob can do something now, indeed many different things, to make sure he does not eat dinner and thus cannot act on this desire. For example, he may drive to a remote location where no food is available and is distant enough from anywhere else that he cannot find food until dinnertime has passed.

If we imagine that Bob does not have such *any* methods to prevent *beforehand* his desire from arising or to avoid *beforehand* acting on his future desire to eat dinner (his car is broken down, etc.), then the said desire may be distally irresistible. This is not to say, however, that a distally irresistible desire is also proximally irresistible. It may be that, when the desire to eat dinner arises, Bob is able *at that time* (i.e. at dinnertime) to resist acting on it, even though he could not *beforehand* prevent himself from acting on it.

Permanently irresistible desires are simply desires that are *both* proximally irresistible *and* distally irresistible. A person with OCD who compulsively washes her hands may not be able to prevent her desire to wash her hands arising nor to stop herself acting on it beforehand *or* at the time the desire moves her to action.

Given the above distinctions, there are two natural ways of revising the Simply Irresistible Argument to reflect such disambiguation. This is the first, based on proximally irresistible desires:

- 1a. Addicts have proximally irresistible desires to take drugs.
- 2a. If addicts have proximally irresistible desires to take drugs, then addicts are not responsible for taking drugs (when they do so as a result of such proximally irresistible desires).
- 3a. So addicts are not responsible for taking drugs.

And this is the second, based on permanently irresistible desires:

- 1b. Addicts have permanently irresistible desires to take drugs.
- 2b. If addicts have permanently irresistible desires to take drugs, then addicts are not responsible for taking drugs (when they do so as a result of such permanently irresistible desires).
- 3b. So addicts are not responsible for taking drugs.

A third interpretation involving distally irresistible desires is not natural. If a desire for drugs is distally irresistible but not *proximally* irresistible, then the agent could simply resist taking the drugs at the time (and is thus plausibly morally responsible for taking the drugs). If a desire is distally irresistible *and* proximally irresistible, it is permanently irresistible, which simply takes us back to the second interpretation of the argument.

In what follows I shall argue that once we have disambiguated the original Simply Irresistible Argument, we can show that the revised versions fail. In sections 4 and 5 I explore both interpretations of premise 1 in turn. In section 6, I look at premise 2a (and deal with 2b briefly).

#### **4. Questioning Premise 1a: Addiction and Proximally Irresistible Desires**

Premises 1a and 1b attribute proximally and permanently irresistible desires to addicts respectively. 1a, states:

1a. Addicts have proximally irresistible desires to take drugs.

Is this true at least of some addicts? It is relatively natural to think of (severe) addiction as involving such desires, and this view is reflected in various authors' statements on the topic. Consider, for instance, the following:

...decisions that relate to heroin use are susceptible to powerful physiological and psychological compulsions that usually nullify any semblance of voluntary choice. This is one reason why heroin addicts cannot be considered accountable for their decision to use heroin. (Charland 41, 2002)

[Addicts] succumb inevitably to their periodic desires for the drug to which they are addicted ... these desires are too powerful for him to withstand, and invariably, in the end, they conquer him. He is an unwilling addict, helplessly violated by his own desires. (Frankfurt 1971, 12)

In the above statements, addicts are portrayed as lacking the ability to do other than take drugs because their desires are irresistible.<sup>5</sup> Others, however, are quick to reject premise 1a. For example, Hannah Pickard takes addiction (and other psychopathologies) to involve no such irresistible desires:

Psychopathology [including addiction]...does not offer us a real case of action without choice between alternatives ... there is no compulsion or impossibility of choosing or doing otherwise based on irresistibility of desire. Rather, there is impaired control relative to the norm due to

---

5. Notably, in *Alcoholics Anonymous*, addicts are asked to admit that they are powerless over drugs.

a range of interacting psychological factors and hard choices in difficult life circumstances. (Pickard 2015, 156)

Holton and Berridge think of addiction as involving pathologically intense desires:

...dopamine works primarily to lay down dispositional intrinsic desires. Addictive substances artificially boost the dopamine signal, and thereby lay down intrinsic desires for the substances that persist through withdrawal, and in the face of beliefs that they are worthless. The result is cravings that are largely outside the control of the addict. (Holton and Berridge 2013, 239)

Even so, they do not hold that such desires are proximally irresistible:

But this does not mean that addicts are bound to act on such cravings, since they typically retain their faculty of self-control. *The issue is one of difficulty not impossibility.* Controlling an addictive craving is exceedingly demanding. (Holton and Berridge 2013, 239) [italics added]

Some evidence against the thesis that addictive desires are proximally irresistible comes from studies on addicts' sensitivity to a variety of monetary, legal and social incentives (e.g. Higgins et al. 2007; Heil et al. 2008). When faced with such incentives (or threats) many addicts can, at least temporarily, refrain from drug-taking. Further, the very fact that many addicts do recover from their affliction, often spontaneously and without clinical intervention, also provides evidence against addictive desires being irresistible (e.g. Heyman 2009; Foddy and Savulescu 2006). As Pickard further notes:

If addictive desires are irresistible, and drug-taking and drug-seeking behavior is a direct consequence of a neurobiological disease, then spontaneous recovery and motivated abstinence should be surprising and rare. Yet both are not only possible but common. The natural explanation is that such addicts choose to abstain when they are sufficiently motivated to do so: they are not compelled to use (Pickard 2015, 145)

While I am somewhat sympathetic with the claims of those that deny that addicts have proximally irresistible desires, the evidence they bring to bear does not *conclusively* rule out that a significant number of drug addicts are in fact subject such to proximally irresistible desires. In fact, some indirect evidence supports this thesis, such as the fact

that some addicts knowingly cause themselves great (immediate) physical harm in order to satisfy their desires to take drugs.<sup>6</sup> Further, one may question whether addicts do in fact have the ability to resist addictive desires if they (can) do so only in a restricted number of circumstances, such as when incentivized, etc. (see, for example, Sinnott-Armstrong 2013).

I shall assume, then, that a significant number of addicts *do* have proximally irresistible desires to take drugs. I make this assumption for two main reasons. First, the empirical evidence by no means rules out this hypothesis, and thus it is worth exploring the consequences of addiction on the assumption that 1a is true. Second, the argument I am discussing can be defeated (on both interpretations) even assuming addicts have proximally irresistible desires.

### **5. Questioning Premise 1b: Addiction and Permanently Irresistible Desires**

While the empirical evidence may warrant remaining agnostic about 1a, I shall now present the case for *rejecting* 1b. Premise 1b states:

1b. Addicts have permanently irresistible desires to take drugs.

If addicts *do not* have proximally irresistible desires to take drugs, then neither do they have permanently irresistible desires to do so (since permanently irresistible desires have to be proximally irresistible). Denying 1a, then, commits us to denying 1b. Still, as I mention above, I shall assume that 1a is true—addicts *do* have proximally irresistible desires. Even on this assumption, 1b is false. Here is my argument for this, based on considerations pertaining to *distally irresistible* desires:

4. Even if addicts have proximally irresistible desires, no (or very few) addicts have distally irresistible desires.
5. If addicts do not have distally irresistible desires, they do not have permanently irresistible desires.
6. Therefore, no addicts (or very few) have permanently irresistible desires (i.e. 1b is false).

Premise 5 follows from the definitions of distally and permanently irresistible desires. This is because permanently irresistible desires are those desires which are proximally *and*

---

6. For instance, a colleague informed me (in a personal conversation) of an encounter with an addicted individual who burnt his lips so that he could use some crack cocaine.

distally irresistible. Premise 4 is doing most of the work. Why, then, should we accept 4? Why no (or very few) addicts have distally irresistible desires?

First, the evidence supporting the view that addicts have irresistible desires at best indicates they have merely *proximally* irresistible desires. Consider, again, Holton and Berridge's influential account of addiction:

... the dopamine signals are not learning signals, in the sense that they do not give rise to beliefs, predictions, or memories (real or apparent) at all. Instead, they give rise to desires directly—or, more accurately, to a sensitivity to experience desires when cued with appropriate stimuli. The desire felt is not an instrumental desire, driven by an intrinsic desire for pleasure; instead, it is an intrinsic desire for the drug ... (Holton and Berridge 2013, 247)

As we have seen, Holton and Berridge do not think that the desires that addicts gain are (proximally) irresistible. They are rather just *very difficult* to resist. Still, we might easily enough imagine a variation on their view according to which addicts do gain proximally irresistible desires. The pertinent point, as Holton and Berridge emphasize, is that *cues* bring about addicts' pathological desires (such cues may include the presence of the drug, or an addict's drug-dealer, or the environment in which they usually take drugs, etc.). In the absence of such cues, then, addicts are not subject to these desires or, at least, such desires are *less likely* to arise (whether they be proximally irresistible or merely pathologically intense). Because there are many times at which addicts are *not* subject to these desires, these desires are plausibly (distally) resistible at those times. Let us explore this line of argument further.

The strong link between cues and addictive desires is not specific to Holton's and Berridge's theory. For instance, the authors themselves emphasize that the current versions of habit theory suggest that "drugs induce brain systems of action ... to form the tendency in the presence of drug cues to perform particular behaviors, behaviors that have been established during previous drug-taking episodes—much like a shoe-tying habit but even more strongly automatic" (Holton and Berridge 2013, 244-5). The importance of cues in addiction is further recognized in clinical practice and the treatment administered to (recovering) addicts which, among other things, focuses on identifying and avoiding such cues (or, alternatively, on one's desensitization to cues). As Sinnott-Armstrong points out, when addicts "face constant drug cues, intrusive thoughts about drugs can resemble obsessions, so many addicts eventually relent or relapse, even if they would not have used drugs in the absence of drug cues" (2013, 128). The importance of

cues in addiction is further evidenced by the fact that people who have previously used drugs are more likely to take up drugs again than those who never started.<sup>7</sup>

Addicts are not exposed to such cues all the time. Given that cues do play a crucial role in triggering addictive desires, addicts will not have these desires at all times (even though they may still have *dispositions* to gain such desires). There being (possibly extended) blocks of time when addicts are not subject to relevant cues leaves them enough room to implement numerous methods that can stave off any proximally irresistible desires which might arise in the future. For instance, addicts may take steps to avoid their dealers, acquaintances who also take drugs, and situations and places in which they usually take drugs. Alternatively, they may take steps to ensure that, even if they gain addictive desires, they will not be able to act on them; for example, they can give their money to someone else so that they cannot purchase more drugs. Such methods are not esoteric—upon reflection people can easily come up with such ideas—and thus they are epistemically accessible to addicts. To truly find a case in which an addict's desire really is distally irresistible, the agent must be unable to apply any effective and epistemically accessible method to prevent her gaining or acting on a potential future desire. Such cases will be, if not nonexistent, at least exceedingly rare.

That addicted individuals have a number of such methods available to them is further supported by the fact that obtaining drugs and fulfilling addictive desires is a rather complex process that requires a good deal of organization and planning. It is a well-known fact that addicts often go to extraordinary lengths in order to satisfy their addictive desires, be it with regards to obtaining means to secure drugs, securing the drugs themselves, finding a suitable location or time for using and otherwise creating opportunities for drug-use. Given that the drug-seeking behavior is often temporally-separated from the drug-taking behavior, and involves multiple steps, this gives addicts plenty of opportunities to intervene at many junctions along the way.

To illustrate the point, imagine a case in which Bob, a cocaine user, knows (given his previous experiences) that he will want to use drugs sometime this week. Bob will have to do, minimally, two things: obtain the drugs and create an opportunity for using the drug (often addicts will have to plan for both of these things, and, even more frequently, for at least one of them). Both actions involve a series of what may be rather complex steps: calling the supplier, meeting up with the supplier, securing enough money for the transaction, and securing a suitable environment, etc. Each of these steps can be

---

7. For some interesting discussion on cues see, for example, Robins and Slobodyan 2003; Hyman and Malenka 2001, Carter and Tiffany 1999.

broken down to even more sub-steps. The relevant drug-seeking behaviors are thus quite complex, requiring careful guiding and sustaining. This provides Bob with opportunities to refrain from these behaviors at numerous points (this contrasts with cases in which Bob's access to drugs is easy and immediate, in which case he will find it much harder, if not impossible, to resist).

Addicts, then, often have the ability and opportunity to prevent themselves from acting on addictive desires (either by stopping these desires from arising, or by blocking their effectiveness). Still, one might object that having such physical ability and opportunity is not enough—addicts must also be able to be *sufficiently motivated* to take appropriate countermeasures. While motivation is not sufficient for putting such measures in place, it is arguably necessary. At first blush, this seems unproblematic: the fact that the occurrence of addictive desires seems to be largely tied with the relevant cues suggests that there will be numerous occasions on which addicted individuals are able to be sufficiently motivated.

However, in order to be motivated to refrain from taking drugs, one must *think about* taking drugs (as something to avoid). But merely *thinking* about drugs can give rise to addictive desires. This may, given the significant motivational strength of such desires, diminish one's motivation for putting relevant countermeasures in place. Perhaps, then, a significant number of addicts can never be sufficiently motivated not to take drugs, and thus their desires for the drugs remain distally irresistible.

A few points need to be mentioned in relation to this. It is, indeed, rather plausible that merely thinking about drugs can give addicts desires for the drug. However, not all cues will have equally strong effects on addicts. Seeing the drug or being offered the drug, for example, will likely impact an addict a lot more than merely reading about it in the papers. So, even if addicts sometimes gain irresistible desires, they may not do so in response to *all* the relevant cues (some cues might give addicts only resistible but still extremely strong desires). Further, even if some addicts may gain proximally irresistible desires to use just by thinking about drugs, it is unlikely that these desires will also be distally irresistible. If addicts gain proximally irresistible desires to use drugs but cannot immediately satisfy such desires, their motivation to use drugs will likely decrease, as is often the case with desires not involved in addiction.<sup>8</sup> This would then allow addicts to be sufficiently motivated not to take drugs.

---

8. The fact that a desire may be irresistible at a time does not mean that it will always be irresistible or that one will have such a desire manifesting up until it is satisfied. Persistence of desires as well as persistence of their motivational strength is sensitive to many factors, such as whether it is possible, or how easy it is,

## **6. Questioning Premise 2a and Premise 2b: Irresistible Desires and Moral Responsibility**

I have argued that addicts do not have distally irresistible desires. If I am right, then the second interpretation of the Simply Irresistible Argument fails. If any interpretation is to succeed, then, it must be the first.

I have already granted the truth of 1a. That is, I am happy to assume that addicts have proximally irresistible desires. In what follows I shall argue that, given this very assumption, 2a is false (or, at the very least, implausible and unsupported). To recap, premise 2a says:

- 2a. If addicts have proximally irresistible desires to take drugs, then addicts are not responsible for taking drugs (when they do so as a result of such proximally irresistible desires).

My argument against 2a runs as follows:

7. Addicts have proximally irresistible desires to take drugs (assuming 1a to be true).
8. Any proximally irresistible desires (to take drugs) are not distally irresistible.
9. If addicts' proximally irresistible desires are not distally irresistible, then addicts *are* responsible for taking drugs (even when they do so as a result of such proximally irresistible desires to take drugs).
10. Therefore, addicts have proximally irresistible desires AND addicts are responsible for taking drugs (even when they do so as a result of these proximally irresistible desires).

Premise 7 I am granting for the sake of argument. If it is false, then 1a is false and the argument I am criticizing falls at the first hurdle. Premise 8 is entailed by premise 4, which I have defended above. In essence, addicts not subject to cues do not have pathologically strong or irresistible desires, and have many opportunities and methods to prevent themselves gaining such desires or acting on any such desires that may arise. The conclusion, 10, entails that 2a is false. Premise 9 is what I have left to support.

The basic idea behind 9 is that, though after a certain time the addict may not be able to do other than take drugs as a result of her irresistible desire to do so, she *did* have, at some point in the past, the ability and opportunity to prevent herself gaining this desire

---

to satisfy these desires. However, for a desire to be truly permanently irresistible, it would have to remain irresistible at all times at which one has such a desire (and at all times *before* one has it).

or to prevent herself acting on it. Thus she could have done other than end up taking the drugs. And if she could have done other than take drugs, she had sufficient control over whether she did so or not. It's simply that she had this control earlier than when she did take the drugs. Such control still suffices for moral responsibility (bracketing any other worries about moral responsibility that are unrelated to irresistible desires).

To bring this idea out, consider the following fantastical example:

Oz is a werewolf. On a full moon, he transforms and, if not properly bound, rampages through the streets of Sunnydale and kills people. When transformed, Oz acts on a proximally irresistible desire to kill. Oz knows all this, knows a full moon is coming, and has the ability now to chain himself up to stop him acting on such a future desire.

If Oz fails to chain himself up, he is clearly morally responsible for any killing he does. Though he may not have control over his actions at the time he kills someone, the control he has beforehand more than suffices for his being morally responsible. Any remorse, regret and guilt Oz might feel is perfectly appropriate as are feelings of indignation and resentment from others towards him.

The same lesson straightforwardly applies to addicts. If they have control at certain points beforehand over their drug-taking on any individual occasion, they are morally responsible for taking drugs (on that occasion).<sup>9</sup> We cannot yet infer, however, that they are *blameworthy* for taking drugs—on many occasions it may be the appropriate thing to do (perhaps because, on such occasions, the methods of preventing themselves taking the drugs are too costly, or unethical). Still, it is likely that such behavior often *is* blameworthy, i.e. when the costs of preventing themselves acting on the drugs are not so costly, and not unethical.

One could perhaps object that *local* control, i.e. control that an agent has in any given moment over her immediate actions, is somehow more relevant to responsibility than *distal* control, i.e. control over one's future actions. However, I see no reason why that ought to be the case, and without such a reason, one cannot dismiss addicts' distal control as being less relevant than local control (or completely irrelevant). It is often the case that local control *requires* and is *enabled by* distal control. Take implementation intentions for instance (e.g. Gollwitzer 1999). Implementation intentions are plans of the form "if (or when) X obtains, then I will Y", and the execution of these intentions is based on a cue which the agent specifies beforehand. Once the cue is encountered, the agent

---

9. This does not require that they have control over not getting addicted in the first place.

responds as specified in her intention. In such cases, the agent's local control of her action requires previously gaining the implementation intention. By forming such an intention the agent, distally controls her action.

The above considerations do not apply to Premise 2b which says that agents should be exculpated for their behavior if it follows from *permanently irresistible* desires. In fact, this premise seems quite plausible. As we have already briefly discussed, if an agent cannot, at any time at all, do anything to refrain from acting in a certain way (and she does what she does only *because* she cannot do otherwise), then it seems problematic to hold her responsible for her action given that she could do no other. (Again, this presupposes that responsibility requires some sort of control; a non-volitionist might simply bite the bullet here.) However, even if we accept 2b, the second version of the argument will not go through since we have already rejected premise 2a.

In conclusion, the Simply Irresistible Argument fails on both natural interpretations. Addicts are morally responsible for taking drugs even if they act on proximally irresistible desires. The Simple Irresistible Argument is resistible.

### **7. Moral Responsibility, Blameworthiness and Patterns of Behavior**

When assessing whether, or to what degree, addicts are morally responsible (or blameworthy) for their drug-taking behavior, it is not sufficient to consider the amount of control addicted individuals have over this kind of behavior on individual occasions. One also ought to consider how much control addicts have over their drug-related behavior over *an extended period of time*. Even if one has control over (a number of) individual actions, this does not mean that one also has control over a *pattern of behavior* made up of such individual actions (including omissions to act in certain ways). Control over a pattern of behavior amounts to being able to intentionally engage in or refrain from the relevant behavior on a *sufficient* number of instances. On this understanding, then, having control over a drug-taking pattern of behavior requires that one has control over a sufficient number of instantiations of this pattern; that is, one has control over (not) taking drugs on different occasions for an extended period of time.

Now even if addicts do not have (proximally or permanently) irresistible desires to use drugs on any individual occasion, and their control over individual actions is thus not eradicated as a result of irresistible desires, their control over drug-related behavior in general may still be severely diminished, or even non-existent. While the views on the exact nature of addictive desires and whether they are irresistible diverge, most would agree that, minimally, addictive desires have *great* motivational strength and are very

difficult to resist. This may present a problem for successfully resisting addictive (or any other strong) desires on a regular basis. Studies on the phenomenon of *ego-depletion* show that resisting wayward desires, among other things, temporarily impairs one's self-regulation capacities (e.g., Baumeister et al. 1998). The ego depletion data show that self-controlled (and some other) behaviors draw on a limited resource which can be used up and which takes time to be replenished again: "the self's acts of volition draw on some limited resource ... and that, therefore, one act of volition will have a detrimental impact on subsequent volition" (Baumeister et al. 1998, 1252).

Continually resisting strong desires is likely to be rather depleting, leaving an agent with fewer or limited resources to fend off future temptations. So even if addictive desires are not irresistible, repeatedly resisting these desires will likely result in suboptimal availability of the resource(s) used in self-regulation (*cf.* Levy 2006). Having control over any or any number of individual instantiations of a general pattern of behavior thus does not straightforwardly amount to having control over such pattern. Control over the latter requires adjusting to and accommodating for possibly rather significant depleting effects of previous self-regulation. Some patterns of behavior, keeping everything else equal, are certainly easier to control than others. Behaviors which do not require significant amounts of effort will be easier to upkeep than those which do; a pattern of briefly scanning one's email every morning will be easier to control than that of resisting to have a drink. Regardless, then, of how successful one may be in controlling one's addictive desires on individual occasions, it is far from obvious that one has sufficient control over (not) acting on such desires on a long-term basis.

What of the implications for moral responsibility? One likely consequence is that being responsible for an individual action (or omission) does not amount to being responsible for the corresponding pattern of behavior. If we ground responsibility for individual actions in the degree of control that one has over these actions, then, plausibly, considerations about responsibility with regards to long-term patterns of behavior need to be sensitive to considerations about control over these behavioral patterns as well, in a parallel way. Then, given that one's control over a long-term pattern of behavior might be diminished due to the factors discussed above, this should also be reflected in our moral appraisal of the agent. An agent's responsibility over her general drug-taking behavior thus may be diminished—*even if* we hold her responsible her behavior on individual occasions.

## **8. Conclusion**

My debate above concerns substance addictions. It is worth pointing that the arguments I consider can be rehashed to make parallel claims about *behavioral* addictions; to the effect that subjects with such addictions have corresponding irresistible desires, and are thus not responsible for acting on these desires. However, such arguments would be arguably even less plausible than those concerning substance addictions. This is because drug addictions are typically thought to involve the *strongest* addictive desires. With less strong desires, such as those involved in behavioral addictions, it is even less convincing that these desires are irresistible, rendering agents unable to refrain from the relevant behavior. If individuals with behavioral addictions are then to be absolved from responsibility for fulfilling (or attempting to fulfil) their addictive desires, this cannot be grounded in considerations about the strength of such desires.

One could also alter the above arguments to include behaviors wider than drug-taking; namely various types of *drug-seeking* behavior. Again, such arguments would be arguably less plausible than those concerning drug-taking. Desires to use drugs, whatever these desires are exactly for or about (be it the drug itself, pleasure, etc.), are stronger than drug-related desires which one might gain to help fulfill desires to take drugs (desires to obtain drugs, etc.). First, such instrumental desires most likely arise differently than desires for drugs (which are likely a result of pathological processes and aberrations). Second, drug-related instrumental desires are highly controllable in various ways; for instance an agent with such desires is responsive to various practical considerations. Drug-related instrumental desires seem to then have significantly less motivational strength than desires to take drugs. It is very unlikely that drug-seeking desires should be irresistible (permanently or even proximally), and therefore, they cannot provide a basis for exculpating addicts for their drug-seeking behavior.

While I believe that the arguments I have presented, concerning substance addictions and drug-taking behavior, are perhaps the most viable forms of arguments involving addicts' irresistible desires (to the conclusion that addicts are not responsible for acting on their addictive desires), I also think that both arguments ultimately fail. This is not to say that addicts *are* in fact responsible (or blameworthy) for taking drugs. However, if they are not so responsible (or blameworthy), this cannot be due to the motivational strength of their addictive desires.

## References

- Baumeister, Roy. F, Ellen Bratslavsky, Mark Muraven, and Dianne M. Tice. 1998. "Ego Depletion: Is the Active Self a Limited Resource?" *Journal of Personality and Social Psychology* 74 (5): 1252–65.
- Carter, B. L., and S. T. Tiffany. 1999. "Meta-analysis of cue-reactivity in addiction research." *Addiction* 94 (3): 327–340.
- Charland, Louis C. 2002. "Cynthia's dilemma: consenting to heroin prescription." *The American Journal of Bioethics* 2 (2): 37–47.
- Frankfurt, Harry G. 1969. "Alternative Possibilities and Moral Responsibility." *The Journal of Philosophy* 66 (23): 829–839.
- Frankfurt, Harry G. 1971. "Freedom of the will and the concept of a person." *The Journal of Philosophy* 68 (1): 5–20.
- Fischer, John Martin. 2010. "The Frankfurt Cases: The Moral of the Stories." *Philosophical Review* 119 (3): 315–336.
- Foddy, Bennett, and Julian Savulescu. 2006. "Addiction and autonomy: can addicted people consent to the prescription of their drug of addiction?" *Bioethics* 20 (1): 1–15.
- Gollwitzer, Peter M. 1999. "Implementation Intentions: Strong Effects of Simple Plans." *American Psychologist* 54 (7): 493–503.
- Heil, Sarah H., Stephen T. Higgins, Ira M. Bernstein, Laura J. Solomon, Randall E. Rogers, Colleen S. Thomas, Gary J. Badger, and Mary Ellen Lynch. 2008. "Effects of voucher-based incentives on abstinence from cigarette smoking and fetal growth among pregnant women." *Addiction* 103 (6): 1009–1018.
- Heyman, Gene. 2009. *Addiction: a Disorder of Choice*. Cambridge MA: Harvard University Press.
- Higgins, Stephen T., Sarah H. Heil, Robert Dantona, Robert Donham, Martha Matthews, and Gary J. Badger. 2007. "Effects of varying the monetary value of voucher-based incentives on abstinence achieved during and following treatment among cocaine-dependent outpatients." *Addiction* 102 (2): 271–281.
- Hyman, Steven E., and Robert C. Malenka. 2001. "Addiction and the Brain: The Neurobiology of Compulsion and its Persistence." *Nature Reviews Neuroscience* 2 (10): 695–703.

- Holton, Richard, and Kent C. Berridge. 2013. "Addiction Between Compulsion and Choice." In *Addiction and Self-Control: Perspectives from Philosophy, Psychology, and Neuroscience*, edited by Neil Levy, 239–265. Oxford: Oxford University Press.
- Levy, Neil. 2006. "Addiction, Autonomy and Ego-Depletion: A response to Bennett Foddy and Julian Savulescu." *Bioethics* 20 (1): 16–20.
- Mele, Alfred R. 1990. "Irresistible Desires." *Noûs* 24 (3): 455–472.
- Mele, Alfred R. 2014. "Self-control, Motivational Strength, and Exposure Therapy." *Philosophical Studies* 170 (2): 359–375.
- Pickard, Hannah. 2015. "Psychopathology and the Ability to Do Otherwise." *Philosophy and Phenomenological Research* 90 (1): 135–163.
- Robins, Lee Nelken, and Sergey Slobodyan 2003. "Post-Vietnam heroin use and injection by returning US veterans: Clues to preventing injection today." *Addiction* 98 (8): 1053–60.
- Sinnott-Armstrong, Walter. 2013. "Are Addicts Responsible?" In *Addiction and Self-Control: Perspectives from Philosophy, Psychology, and Neuroscience*, edited by Neil Levy, 122–142. Oxford: Oxford University Press.
- Smith, Angela M. 2008. "Control, Responsibility, and Moral Assessment." *Philosophical Studies* 138 (3): 367–392.