

RESPONSIBILITY AND THE SOCIAL DIMENSION OF ADDICTION

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IF AN ADDICTED PERSON commits wrongful acts in pursuit of drugs or alcohol, does her addiction mitigate or exempt her blameworthiness? This question has been a frequent test case for competing accounts of free and responsible agency.¹ However, as I show, the discussion so far focuses disproportionately on how addiction might undermine individual capacities. Although some recognize addiction's social dimension, in this article, I offer a more detailed defense of a view that takes this dimension and its impact on responsibility more seriously than previous accounts. I argue for a duress-like approach that incorporates the self-medication model of addiction, which is particularly well suited for evaluating the blameworthiness of addicted individuals who commit wrongdoings while living in adverse socioeconomic conditions.

My argument is structured as follows. In section 1, I describe the social dimension of addiction and present a real-world case (Kathy's case) to illustrate the demands this social dimension places on theories of moral responsibility, highlighting the theoretical gaps in current accounts. Sections 2 and 3 develop an account that fills these gaps. In section 2, I appeal to an account of responsibility that understands responsible action in terms of the fair opportunity to avoid wrongdoing. According to this view, there are two factors in determining the quality of an opportunity: the normative competence of an agent and her situational control.² Using this account as a map to locate and examine the main views concerning the responsibility of addicted agents, we can see that most common views focus on diminished normative competence. There is another approach that focuses on situational control and duress. However, the duress-oriented approach faces several challenges. In section 3, I bring Kathy's case into dialogue with the *self-medication hypothesis* of addiction, according

- 1 For some representative discussions on this topic, see Frankfurt, "Freedom of the Will and the Concept of a Person"; Watson, "Free Agency"; and Fischer and Ravizza, *Responsibility and Control*, 48.
- 2 See Brink and Nelkin, "Fairness and the Architecture of Responsibility"; Brink, *Fair Opportunity and Responsibility*; and Burdman, "A Pluralistic Account of Degrees of Control in Addiction."

to which addictive substance use is often initiated and sustained by a need to seek relief from painful living conditions. I argue that Kathy and arguably many others in similar conditions use addictive substances to alleviate the distress they endure from their social environments. Then I develop a duress-like framework of addiction to argue that Kathy's situation is duress-like. I further argue that this approach can be used to investigate the blameworthiness of other instances of addiction-related wrongdoing with pronounced socioeconomic dimensions. In section 4, I discuss the scope of the duress-like framework. Section 5 concludes the argument.

1. THE SOCIAL DIMENSION OF ADDICTION

The relation between addiction and adverse socioeconomic conditions is complex. On the one hand, not all addicted people live in poor socioeconomic conditions, and not all people who live in such conditions develop addictions.³ This suggests that addiction and adverse socioeconomic conditions might not be inherently connected. On the other hand, empirical research from public health and social sciences consistently shows that a range of macrolevel social challenges are strong risk factors for the development and sustaining of addiction.⁴ These challenges include poverty and unemployment; deficits in housing, education, and health care resources; inequality, marginalization, social injustice, political unrest; and violence in households and communities.⁵ Populations that face multiple social challenges simultaneously are particularly vulnerable to addiction. Examples of these highly vulnerable groups include street-involved youth, sex workers, and displaced migrants and refugees, both in high-income countries with severe economic inequality and in low- and middle-income countries. The socioeconomic challenges affecting addicted populations certainly vary in severity. In addition to those who are most affected by socioeconomic hardships, there are populations who face fewer but still substantial challenges.⁶

Findings like these have led some researchers to conclude that social factors are a partial cause of addiction.⁷ However, for many people, there is still insuff-

3 UNODC, *World Drug Report 2016*, 71.

4 UNODC, *World Drug Report 2016*, 72, 79.

5 UNODC, *World Drug Report 2016*, 69–71.

6 For empirical data that support these claims, as well as comprehensive summaries on the role of social challenges as risk factors for addiction on a global scale, see UNODC, *World Drug Report 2016*, 69–79; *World Drug Report 2018*, Booklet 4, 18–34, Booklet 5, 18–20; and *World Drug Report 2020*, Booklet 5.

7 Hart, *High Price* and “Viewing Addiction as a Brain Disease Promotes Social Injustice”; Alexander, *The Globalization of Addiction*.

ficient evidence to draw a definitive conclusion about the causal connection between addiction and socioeconomic conditions. To determine precisely whether and to what extent socioeconomic conditions contribute to addiction, much more research is needed. Currently, in many countries and regions with poor socioeconomic conditions, even basic demographic data on addicted populations are lacking, let alone research investigating the specific features and nature of addiction in these populations. Most studies still focus primarily on addicted populations in North America and Europe, which also receive the majority of research funding. Therefore, a conclusive understanding is unlikely to emerge in the near future.

Nevertheless, the available evidence is sufficient to show that within the global addicted population, a significant subpopulation experiences adverse socioeconomic conditions that contribute to both the onset and persistence of addiction. For compatibilist moral philosophers examining addiction and responsibility, although evidence of causal contribution does not automatically alter judgments of responsibility, it gives us a reason to consider the socioeconomic dimensions of addiction and to refine our theories accordingly. Specifically, we should develop frameworks that can accurately assess whether, to what extent, and in what ways these socioeconomic factors might mitigate or exempt a person's responsibility and blameworthiness for addiction-related wrongdoing.⁸ While this subpopulation may not constitute the majority of addicted people (at least according to current available statistics), it is still a significant group with a high likelihood of becoming involved in various forms of wrongdoing. Therefore, evaluating moral responsibility and addiction in cases of addiction-related wrongdoing is particularly relevant to them. Moreover, many of these people already suffer from oppression and marginalization. Ensuring that our theories provide accurate assessments of their moral responsibility for addiction-related wrongdoing is the least we as moral philosophers of addiction can do for them.

However, current discussions of addiction and responsibility predominantly focus on the physiological or psychological characteristics of addiction. The most common reasons offered for mitigating an addicted person's blameworthiness involve addiction's impact on her normative capacity, including the way in which substance impairs her cognitive capacity to judge the morality of her actions and the way in which substance creates abnormally strong

8 To clarify, this article focuses on the moral responsibility (particularly the blameworthiness) of addicted individuals for wrongdoing committed to acquire and use substances. It does not cover their legal responsibility, wrongful actions under intoxication, or the legality of drug taking. These are separate questions.

desires that impacts the person's volitional capacity to control her drug-seeking behavior.⁹

There are some who discuss the impact of social conditions on addiction. Jeanette Kennett and colleagues, for example, offer a self-control theory of addiction.¹⁰ On their view, an addicted person's psychological state and social environment collectively influence her self-control, thereby impacting her responsibility. Federico Burdman offers a reasons-responsiveness account to explain addicted people's degree of control and argues that addicted people's situational factors can undermine their degree of control.¹¹ Both Kennett and colleagues and Burdman acknowledge that social conditions can affect an addicted person's control and responsibility. However, they mainly focus on showing that social conditions are among the factors that affect the addicted person's responsibility. They do not offer a systematic and precise account of when, how, and to what extent these influences occur.

The scarcity of theoretical resources addressing the social dimension of addiction can make it difficult to analyze real-world cases of addiction and responsibility. Let us take a real-life case for example and consider what the current accounts can say about it: the story of Kathy, as told by Tanya Telfair Sharpe.¹² Kathy was a thirty-six-year-old Black woman living in an inner-city neighborhood in Atlanta, Georgia, receiving a monthly welfare check of \$253. At the time she was interviewed, she was addicted to crack cocaine and was using it regularly. Her mother died from alcohol abuse when Kathy was twelve years old, and Kathy was the one to find her mother's body. Kathy soon dropped out of school to help care for her siblings. Since childhood, she had struggled with poverty. Economic decline in the inner city limited the jobs available to her. Her dropout status and poor reading skills further limited her employment opportunities, confining her to low-skill, low-paying jobs despite her continuous job search efforts. To secure funds for her everyday needs, Kathy worked as a prostitute. She married an abusive man, who introduced her to crack cocaine and repeatedly raped her. Although they eventually separated, his abuse continued. When crack cocaine was introduced into Kathy's neighborhood, drug

9 For discussion about addiction's impact on a person's cognitive capacity, see Morse, "Hooked on Hype"; Levy, "Addiction, Responsibility and Ego-depletion"; and Yaffe, "Lowering the Bar for Addicts." For discussion about addiction's impact on volitional capacity, see Wallace, "Addiction as Defect of the Will"; and Schroeder and Arpal, "Addiction and Blameworthiness."

10 See Kennett, "Just Say No?"; Kennett et al., "Drug Addiction and Criminal Responsibility"; and Kennett et al., "Self-Control and Moral Security."

11 Burdman, "A Pluralistic Account of Degrees of Control in Addiction."

12 Sharpe, *Behind the Eight Ball*.

dealing and street-corner violence and crime increased drastically, which made her residential environment more dangerous than before. Kathy's work as a prostitute also exposed her to various safety hazards, including emotional and physical abuse.

Kathy's stressful and painful life is common among women in impoverished neighborhoods. Studies show that many women in such areas find only very limited employment opportunities beyond sex work despite their efforts to seek jobs and attend job-training programs.¹³ These women frequently face violence and abuse, including police harassment, forced sex, robbery, rape, and murder.¹⁴ Additionally, they struggle with homelessness, housing instability, domestic violence, and difficulties in accessing resources and services.¹⁵

At the time of the interview, Kathy had six children and reported severely neglecting them to procure and consume crack cocaine.¹⁶ All but one had been removed from her custody. Why would she use drugs to the point of neglecting her children? Kathy's interviewers report that for women like Kathy, crack is often used to numb the feelings of loneliness and inadequacy felt by being poverty-stricken in a wealthy country.¹⁷ Kathy explained her use as follows:

The hardest part about [crack cocaine] is that you want to keep getting high, thinking that's going to ease the pain, and it helps a little bit. But once it's down, and speaking for myself, that's why I keep constantly wanting to get high, because the problems still be there—a lot of things that I didn't want to deal with that was happening in my life because of that. So I steadily kept smoking to ease the pain.¹⁸

13 Sterk, *Fast Lives*, 48–51.

14 See Maher, *Sexed Work*; Farley and Barkan, "Prostitution, Violence, and Posttraumatic Stress Disorder"; Sterk, *Fast Lives*, 72–73, 180–86; Valera et al., "Perceived Health Needs of Inner-City Street Prostitutes"; Raphael and Shapiro, "Sisters Speak Out"; Surratt et al., "Sex Work and Drug Use in a Subculture of Violence."

15 For research about female drug-using sex workers and housing instability, see Knight, *Addicted, Pregnant, Poor*, ch. 1. For domestic violence, see Sethi et al., "Experience of Domestic Violence by Women Attending an Inner City Accident and Emergency Department." For difficulties in accessing resources and services, see Kurtz et al., "Barriers to Health and Social Services for Street-Based Sex Workers."

16 In the interview, Kathy explained about her child neglect: "I got to the point where I didn't want to [care for my children] no more. Those things weren't important to me anymore. The only thing I cared about was getting that next high. . . . Cooking dinner for them was not important. Taking their baths was not important. When they got sick, somebody else had to take them [to the doctor], because it wasn't important. Crack was important" (Sharpe, *Behind the Eight Ball*, 172).

17 Sharpe, *Behind the Eight Ball*, 153.

18 Sharpe, *Behind the Eight Ball*, 151.

Her testimony suggests that her use of crack cocaine was partly for easing the overwhelming pain caused by the “deeper problems” in her life.¹⁹ Some empirical studies of women who are in similar situations to Kathy’s indirectly support this reading of the testimony. For example, studies show that women in impoverished neighborhoods who engage in prostitution use drugs and alcohol to cope with the negative emotions caused by prostitution.²⁰

Many, especially those who view social factors as significant influencers of addiction, may intuitively feel that Kathy’s blameworthiness for neglecting her children’s care, such as failing to bathe or cook for them, is lessened by her substantial socioeconomic pressures. This intuition extends beyond mere acknowledgement of Kathy’s impaired cognitive and volitional capacities to judge and control drug use or a simple sympathy for her difficult circumstances.²¹ Rather, it arises from understanding that she used drugs for easing the distress caused by her overwhelming environmental difficulties, which she had limited power to change. However, due to a lack of adequate theoretical

- 19 Kathy expressed a belief that her deeper problems were consequences of her crack use, thereby assuming responsibility for causing them. However, many issues like poverty, an abusive relationship, occupational violence, and health concerns were not solely due to her drug use. It is likely that Kathy and her family overattributed responsibility to her to avoid feeling helpless. Moreover, Kathy’s marginalized status might have subjected her to hermeneutic injustice, leaving her without the language to interpret her actions more charitably. Consequently, she viewed her drug use as a personal failure that was responsible for her problems. For further discussion on how marginalized people’s actions might be uncharitably interpreted due to societal norms and power structures, see McKenna, “Power, Social Inequities, and the Conversational Theory of Moral Responsibility”; and Mackenzie, “Moral Responsibility and the Social Dynamics of Power and Oppression.”
- 20 Women engaging in prostitution use drugs for various reasons: to detach from customers, perform their job, manage fear and feelings of worthlessness, and cope with degrading experiences. See Young et al., “Prostitution, Drug Use, and Coping with Psychological Distress”; Kramer, “Emotional Experiences of Performing Prostitution”; Bungay et al., “Women’s Health and Use of Crack Cocaine in Context”; Sallmann, “Going Hand-in-Hand”; Bachman et al., “The Recursive Relationship Between Substance Abuse, Prostitution, and Incarceration”; and Daniulaityte and Carlson, “To Numb Out and Start to Feel Nothing.” Additionally, they use drugs to alleviate physical pain when health care resources are unavailable or unaffordable, or when physicians hesitate to prescribe them pain medication. See Surratt et al., “Prescription Opioid Abuse Among Drug-Involved Street-Based Sex Workers”; and Bungay et al., “Women’s Health and Use of Crack Cocaine in Context.”
- 21 It certainly is true that our sympathy for a wrongdoer with a difficult life can conflict with our inclination to blame her. See Agule, “Being Sympathetic to Bad-History Wrongdoers.” While this may explain our hesitation to blame, it does not explain why she is less blameworthy. Besides, sympathy alone does not capture all the subtleties of moral responsibility in Kathy’s case. For sympathy to conflict with blame, wrongdoing does not necessarily need to be connected to a wrongdoer’s difficult history. However, in Kathy’s case, her difficult life was directly linked to her addiction-related wrongdoing.

resources on the social dimensions of addiction and responsibility, it is difficult to comprehensively explain why and to what extent socioeconomic pressures should mitigate Kathy's blameworthiness.

In this article, I hope to fill this theoretical lacuna. I articulate and defend a theoretical framework for discussing addiction's social dimension and moral responsibility. This framework rests on a duress-like account for excusing addiction-related infractions. It is particularly suitable for examining cases like Kathy's, where substance use is prompted and sustained by a felt need to cope with complex environmental pressures shaped by conditions of systemic poverty and violence. I demonstrate how it helps explain the intuition that Kathy's socioeconomic pressures mitigate her blameworthiness. Interestingly, even those who do not share this intuition can find my framework useful by providing a basis to explain why Kathy's socioeconomic pressures were not sufficient for mitigating her blameworthiness.

2. RESPONSIBILITY AND ADDICTION

Attending to a segment of the literature on moral responsibility can help highlight some of the tools on offer for supporting an excuse for addicted offenders like Kathy. Many theories of responsibility address conditions of excuse for moral wrongs. In this article, I focus on one in particular, namely David Brink and Dana Nelkin's "Fair Opportunity to Avoid Wrongdoing," as a framework for evaluating Kathy's case.²² According to the fair opportunity account of responsibility, when an agent commits a wrong, whether she is responsible for it depends on whether she has a fair opportunity to respond to the practical reasons to resist the wrong. Whether she has such a fair opportunity is determined by two factors: normative competence and situational control. The latter factor, which is often neglected in discussions of moral responsibility, makes it a particularly useful tool for analyzing addiction's social dimension.

2.1. *Normative Competence and Situational Control*

Having normative competence is a necessary condition for a person to be held responsible. Normative competence consists of two capacities: cognitive and volitional. Cognitive capacity refers to the agent's ability to recognize practical reasons, which in the context of moral responsibility, are moral reasons and norms; that is, the agent can tell what counts as wrongdoing and what does not. Volitional capacity refers to the agent's ability to form the intention to

22 Brink and Nelkin, "Fairness and the Architecture of Responsibility"; and Brink, *Fair Opportunity and Responsibility*.

act in accordance with the practical reasons she recognizes. Suppose a person recognizes that she has a reason to do something because it is morally right. If she has sufficient volitional capacity, then she possesses the capacity to form the intention to do the morally right thing. In specific cases, possessing volitional capacity not only means that the person can produce motivation to act upon the practical reasons she recognizes but also means that the motivation is strong enough to defeat other motivations and temptations that compete with and distract her from the practical reasons.

Normative competence comes in degrees. People in different stages and moments of life have different degrees of normative competence. Moral responsibility comes in degrees too. One factor that affects a person's blameworthiness is her degree of difficulty to avoid the wrong.²³ Thus, a person's level of normative competence can affect her blameworthiness by affecting how difficult it is for her to avoid the wrong. If the person has low normative competence, she might have more difficulty telling right from wrong or resisting the wrong. If she makes a wrongful choice on an issue that needs high normative competence to make the right choice, her blameworthiness might be mitigated.

Having normative competence makes a person a responsible agent, which is necessary but not sufficient for her to be responsible for an action. When a person commits a wrongdoing, she must also possess situational control to be responsible for it. While normative competence is about an agent forming an intention, situational control is about the quality of the environment outside of the agent. When a person has full situational control, it means her external circumstances give her (or any person in her position with normative competence) a fair opportunity to execute the intention she forms. In other words, the external circumstances do not stand in her way to the extent that deprives her of a fair opportunity of carrying out her intended activities.

In most cases, when people commit wrongdoing, few external factors stand in their way of doing the right thing. Thus, they have full situational control and are responsible for their wrongdoing. However, sometimes people do not have full situational control. Making choices under the threat of another person or natural force are typical examples of lacking situational control. When a person commits a wrong under such a threat, she does not have a fair opportunity to choose the right action. Therefore, her situational control (or a significant part of it) is taken away, which excuses her from being held fully responsible for the wrongdoing.

Like normative competence, situational control comes in degrees, which can affect the degree of moral responsibility by affecting the degree of difficulty in avoiding the wrong. One view ties this difficulty to effort and sacrifice: the

23 Nelkin, "Difficulty and Degrees of Moral Praiseworthiness and Blameworthiness."

greater the effort and sacrifice a person has to make to avoid wrongdoing, the more difficult it is for her to avoid it, and the less blameworthy she is for committing the wrong.²⁴ For example, a person who ignores a stranger in need of an ambulance in order to rush to a grocery store sale retains full situational control and a fair opportunity to help. By contrast, if the person ignores the stranger because she is rushing to the hospital to see a dying loved one, then the sacrifice she faces is much greater than missing a store sale. It hence diminishes her situational control and reduces her responsibility for not helping.

In summary, a person's situational control, understood in terms of the sacrifice and effort she has to make to avoid committing the wrong, affects her blameworthiness. If the situation poses severe enough pressures, and the wrongdoer needs to make a big effort or sacrifice to avoid the wrong, then she might be partially or fully excused from blame.

2.2. Addiction and Diminished Normative Competence

Most attempts in the literature to excuse addiction-related offenses appeal to diminished normative competence: an addicted person's cognitive and/or volitional capacities are impaired in such a way that she cannot properly recognize and respond to reasons. For example, Neil Levy argues that addiction impairs the agent's ability to judge what is valuable to her.²⁵ Long-term drug use changes the person's brain, making her more likely to misjudge a drug's value and to be convinced by weak reasons to use drugs through processes such as ego depletion and belief oscillation. Gideon Yaffe argues that an addicted person's drug use indicates a momentary change in judgment about the drug.²⁶ When the person uses, she sees drugs as valuable; thus, addiction is connected to one's beliefs and judgments.

Other accounts connect addiction to abnormal desires. For instance, Timothy Schroeder and Nomy Arpaly argue that addictive drugs affect the brain's predictive system, and addiction is partly an obstinate habit or unconscious disposition, which is closer to volition (desire) than to cognition (judgment).²⁷ Richard Holton and Kent Berridge argue that addiction is an abnormal feeling of wanting something caused by incentive sensitization despite disliking it.²⁸ On their view, this feeling is cultivated through the drug's impact on the brain's

24 Nelkin, "Difficulty and Degrees of Moral Praiseworthiness and Blameworthiness."

25 Levy, "Addiction, Responsibility and Ego-Depletion," "Addiction as a Disorder of Belief," and "Addiction."

26 Yaffe, "Lowering the Bar for Addicts," "Are Addicts Akratic?" and "Compromised Addicts."

27 Schroeder and Arpaly, "Addiction and Blameworthiness."

28 Holton and Berridge, "Addiction Between Compulsion and Choice" and "Compulsion and Choice in Addiction."

desire system that tracks what is rewarding. Some philosophers also suggest that addiction might function as a strong and highly recurrent noise to the addicted person, which distracts the person and competes for her attention.²⁹ These theories suggest that an addicted individual's volitional capacity to avoid drug use is also impaired.

Within the structure of the fair opportunity theory of responsibility, we can see that these theories support the argument that an addicted person's blameworthiness should be mitigated due to impairments of normative competence. Whether mitigation of blameworthiness is partial or full depends on a philosopher's background view about how much impairment of normative competence is needed to provide a full excuse. For many philosophers, the empirical evidence shows that an addicted person's desire to use drugs is very strong, but it does not show that it is irresistible. Therefore, their blameworthiness can be mitigated but not fully excused.³⁰

The literature so far makes a clear connection between addiction and the impairment of a person's normative competence and establishes the reason to partially excuse addicted wrongdoers for impaired normative competence. It allows us to argue that Kathy was at least partially excused when she was busy with getting crack cocaine and left her children aside. But I want to explore the ways to argue that, besides the impairments caused by the drug, Kathy was also (at least partially) excused owing to her difficult socioeconomic environment.

It is possible that Kathy's harsh social conditions caused or worsened mental illnesses like depression and post-traumatic stress disorder, impairing her reasons-responsiveness and potentially excusing her actions due to diminished normative competence. However, I want also to defend the intuition that, aside from causing her mental illness or diminishing her normative competence, Kathy's environment also directly contributed to excusing her wrongdoing. Recall that the Fair Opportunity to Avoid Wrongdoing view recognizes that a lack of situational control, alongside diminished normative competence, can also excuse behavior. In the next section, I explore whether a situational-control-based excuse can mitigate Kathy's blameworthiness.

2.3. Situational Control, Duress, and Addiction

When a person commits a wrong, if her situational control is compromised, she may be excused from full responsibility on the grounds of lacking a fair

²⁹ See, e.g., Watson, "Disordered Appetites," 10–11; and Sripada, "Addiction and Fallibility."

³⁰ See Morse, "Hooked on Hype" and "Addiction, Choice and Criminal Law"; Wallace, "Addiction as Defect of the Will"; Schroder and Arpaly, "Addiction and Blameworthiness," 235–36; and Pickard, "Psychopathology and the Ability to Do Otherwise" and "Responsibility Without Blame for Addiction."

opportunity to avoid the wrongdoing. *Duress* is a typical case of lacking situational control. While duress excuses are more familiar in legal contexts, we can apply the same reasonings to think about moral offenses. Duress has been explored as a possible excuse for addiction-related offenses. However, this approach faces several challenges.

In jurisprudence, duress refers to a situation in which a person is threatened such that unless she engages in wrongdoing, she will face death or grievous injury. For example, a mother who is forced at gunpoint by a terrorist to drive a getaway car to save her child is in a situation of duress. The mother is forced to choose between two options: helping a terrorist or risking her child's safety. Duress removes the mother's opportunity to execute her intention to do neither, leaving her with no choice but to commit a wrongdoing or suffer harm. Although the mother has sufficient normative competence, she is not fully responsible for helping the terrorist due to this external situation. Punishing her would be unfair because for any person of reasonable firmness, if they were in her situation, it would be too much to expect the person to make such a big sacrifice and resist committing wrong.³¹

To count a situation as one involving duress, several conditions must be met: (1) the consequence of not committing the wrongdoing should be imminent; (2) there is no reasonable escape from choosing among the limited options; (3) the agent reasonably believes that the hard choice is genuine; (4) the consequence of the choices under the duress is severe enough;³² and (5) the agent is not responsible for putting herself under duress.³³ Failing to meet any of the conditions makes the situational excuse inapplicable to the wrongdoer.³⁴

31 Dressler, "Duress," 284–87.

32 In the legal context, a severe enough consequence usually means death or grievous injury to oneself or a loved one.

33 Dressler, *Understanding Criminal Law*, 297–98; and Brink, *Fair Opportunity and Responsibility*, sec. 63.

34 These conditions are listed as criteria for duress not just for legal considerations but also because they align with common intuitions about what takes away an agent's fair opportunity to avoid wrongdoing and thus constitutes duress. Consider condition 5 as an example: suppose a person steals bread to feed her starving child. At first glance, we might view her actions as excusable under duress. However, if we later learn that her child is starving because she had previously chosen to invest aggressively, knowingly taking a financial gamble that jeopardized her child's basic security, her excuse becomes less compelling. In this case, she had a fair opportunity to avoid putting herself in this situation but voluntarily relinquished it. This illustrates why condition 5 is a reasonable criterion for duress. Similarly, the other conditions of duress align with our intuitions about what takes away a person's fair opportunity in comparable ways. While specific intuitions may vary for conditions like 4 (about, for instance, how severe is sufficiently severe) the overarching principles underlying all five conditions are broadly intuitive.

However, as several philosophers have argued, addiction faces difficulties in meeting some of these conditions. The first difficulty concerns the level of suffering required to qualify as being in duress. To count as duress, the person must face threats comparable to death, grievous injury, or the loss of something vitally important.³⁵ The most obvious suffering associated with abstaining from a substance is withdrawal, which may involve unsatisfied cravings, physical symptoms, dysphoria, and related effects. However, Stephen Morse argues that such suffering is often not sufficiently extreme.³⁶ We rarely treat the frustration of a desire as totally unbearable, and for at least some forms of addiction, physical withdrawal is not that unbearable. Several philosophers note that withdrawal from heroin, for example, is often likened to having the flu.³⁷ Other mental phenomena, such as intense cravings or the fear of dysphoria, may be significant and severe; but their severity is difficult to assess.³⁸ It remains an open question whether the consequences of refraining from drug use meet the threshold of severity required for duress. More empirical evidence is needed to support the duress model in light of this challenge.

The second challenge is that in some cases, an addicted person may bear responsibility for developing her dependence on the substances.³⁹ If the difficulty of abstaining results from her own earlier choice to begin using the drug, then condition 5 seems not satisfied, and the excuse of duress is less compelling.⁴⁰

There are other disanalogies between addiction and typical duress cases. For instance, duress often involves an opposing individual who threatens an agent to act against her will, but addiction lacks such an outside agent. In addition, duress is typically a one-time event, while addiction is a long-term and repeated

35 In jurisprudence, only death and grievous bodily injury are considered severe threats. However, here we are discussing moral judgments rather than legal judgments. A person may be morally excusable even if not legally so. We can lower the bar to include significant but less severe threats.

36 Morse, "Hooked on Hype," 35–38.

37 Husak, "Addiction and Criminal Liability," 682; Morse, "Hooked on Hype," 36, and "Addiction and Criminal Responsibility," 183–88; and Pickard, "Psychopathology and the Ability to Do Otherwise."

38 Morse, "Hooked on Hype," 35–36.

39 Morse, "Hooked on Hype," 37, and "Addiction and Criminal Responsibility," 175–79; and Brink, *Fair Opportunity and Responsibility*, s. 114.

40 For some subgroups of the addicted population, such as those who acquire addictions in childhood, this challenge might not be a problem. For a discussion about the reasons to mitigate responsibility for developing addiction in some cases, see Kennett et al., "Drug Addiction and Criminal Responsibility."

problem that often leads to the commission of small wrongs.⁴¹ Therefore, the standard legal excuses for duress do not readily apply to addiction.

Nevertheless, some philosophers take the possibility of a duress-based excuse for addiction seriously and explore conditions under which such an excuse or something analogous might apply. Gary Watson is one of the most prominent figures in this discussion. He argues that addiction is a form of acquired appetite, which can be understood by analogy to natural appetites such as hunger or thirst.⁴² If a person commits a minor wrong to avoid the severe pain of hunger or thirst, we might judge that she is in a kind of duress: the pain is severe enough that it would be unreasonable to expect her to resist. Similarly, if an addicted person uses drug to avoid the suffering associated with deprivation of an acquired appetite, she too might be seen as acting under duress and therefore partially excused. This analogy helps illuminate why withdrawal might be seen as sufficiently severe. At the same time, as noted above, other philosophers draw on empirical evidence to emphasize variation among addictive substances, and not all forms of withdrawal appear severe enough to render resistance unreasonable. More discussion is needed to establish that addiction can satisfy condition 4.

Condition 5 is another major hurdle for applying the duress excuse to addiction. In response, Watson observes that failing to satisfy this condition does not automatically disqualify someone from invoking the duress excuse.⁴³ For example, people are typically seen as responsible for the emotional attachments that they form to their spouse and children. Yet if someone is coerced into wrongdoing under the threat of her child's life, the situation may still qualify as duress. More broadly, Watson argues that our judgments about whether someone is responsible for placing herself in a hard choice through her appetites or attachments are often affected by cultural, social, and political norms. These include norms governing the meaning and value of various appetites and attachments, the socially perceived difficulty of changing one's life to relinquish the appetite, and what is reasonable to demand of a person in such circumstances. (Social

41 Compared to the five central conditions of duress, these disanalogies are more peripheral and do not directly affect common intuitions about whether a wrongdoer is excusable.

42 See Watson, "Disordered Appetites," 11. In bringing out the analogy between natural appetite (such as hunger and thirst) and addicted appetite for substances, Watson mainly focuses on the commonalities between them. The commonalities include the subjective experience of intense desire and the distress of deprivation. However, not all features of natural appetites carry over. For example, the analogy does not include the objectively life-threatening consequences of food or water deprivation (such as malnutrition and dehydration) because withdrawal from many addictive substances is not fatal (although there are some exceptions).

43 Watson, "Excusing Addiction."

norms may also influence our assessments of condition 4 by shaping views about what kinds or degrees of harm count as sufficiently severe.)

Watson's discussion offers a fruitful starting point. It suggests that condition 5 may not straightforwardly disqualify addiction from counting as duress, thereby opening space for the possibility that addiction might sometimes qualify. However, his exploratory remarks do not yet provide a complete or practically applicable account of how and under what conditions addiction might meet the criteria for duress in real-world cases. Further work is needed to develop such an account. This may involve clarifying, examining, or revising relevant social norms, including addressing questions about their reasonableness and internal consistency. It might also require a more fine-grain taxonomy of addiction: if different subtypes of addiction correspond to distinct normative expectations, then some may plausibly qualify for a duress-based excuse.

Yaffe also examines addiction and responsibility through comparison with duress.⁴⁴ Rather than arguing that addiction constitutes literal duress, Yaffe argues for an analogous excuse that mirrors the underlying rationale of duress defense. In standard duress, a person is threatened with a severe consequence that will follow if she does not commit a wrongful act. The justification for the excuse is that the threatened harm is so serious that we cannot reasonably expect the person to resist wrongdoing and bear it. Yaffe argues that addiction involves a structurally similar situation. Normally, we expect people to act righteously, guided by their autonomy and understanding of moral rights and wrongs. However, due to the effects of addiction, particularly the way it compromises the dopamine system, addicted people face significant difficulties learning and responding to reasons to refrain from drug use.⁴⁵ For them, the only way to avoid drug use may be to relinquish their autonomy and significantly suspend their moral reasoning. This is not a case in which someone is threatened with a severe consequence for not using drugs. Rather, it is a case in which, in order to avoid drug use, the person must make a morally significant sacrifice, namely the sacrifice of autonomy. Like in duress, we cannot reasonably expect the addicted person to make such a sacrifice. Therefore, addicted people may not be fully responsible for failing to refrain from drug use.

Yaffe clarifies that this excuse applies primarily to the act of drug consumption in certain circumstances and its direct consequences and less so to wrongdoings committed as a means of acquiring drugs, such as theft to obtain money for purchase.⁴⁶ The reason is that the feature that undermines our expecta-

44 Yaffe, "Lowering the Bar for Addicts," "Are Addicts Akratic?" and "Compromised Addicts."

45 Yaffe, "Are Addicts Akratic?"

46 Yaffe, "Compromised Addicts."

tions of the addicted person—namely, that refraining from use would require a morally significant sacrifice of autonomy—is present at the point of drug consumption but not clearly present at the earlier stage of drug acquisition. When an addicted person commits a crime in order to obtain drugs, she has not yet encountered the burden of giving up autonomy in order to refrain from use. That burden arises only later when she must choose whether or not to consume the substance. Therefore, in cases involving preparatory wrongdoing such as theft, we can reasonably expect more from the agent, and the excuse is less appropriate.

What does the preceding discussion suggest about Kathy's case and her moral responsibility? First, it shows that mitigating Kathy's responsibility through a duress excuse would likely encounter the same challenges commonly faced by duress-based defenses of addiction, particularly in meeting conditions 4 and 5. Watson's analysis offers a potential avenue for addressing these conditions by examining the social norms surrounding addiction. Given this article's focus on Kathy's socioeconomic background, we might adopt Watson's approach and explore the norms governing how addiction is understood and morally evaluated in cases of socioeconomic hardship. This may be a productive line of inquiry, though further development is needed to determine whether and in what way Kathy's case might satisfy the criteria for a duress-based excuse. Yaffe's account offers insight into some aspects of Kathy's failure to fulfill her parental duties, particularly where those failures stem directly from drug use. However, it is less helpful in accounting for failures arising from drug acquisition and income-generating activities related to that end. Moreover, Yaffe's account is about addiction's impact on the brain and does not engage with the socioeconomic dimensions of addiction. Thus, if we are to explain the intuitive pull of the idea that Kathy's disadvantaged circumstances mitigate her responsibility for both drug use and drug-acquiring behaviors, we need to look for additional resources.

Besides Watson's and Yaffe's discussions surrounding addiction and duress, there are other accounts that discuss addicted people's situational control by considering their social environments. For example, Kennett and colleagues present a self-control theory of addiction, arguing that an addicted person's psychological state and social environment jointly affect her self-control, thereby impacting her responsibility.⁴⁷ Addiction's psychological and neurophysiological aspects, such as distorted beliefs and cravings, compromise the person's ability to control her decisions and desires, and hence, they impair her self-control. Adverse external conditions, including poverty, social exclusion,

47 Kennett, "Just Say No?"; Kennett et al., "Drug Addiction and Criminal Responsibility"; and Kennett et al., "Self-Control and Moral Security."

and trauma, can limit an individual's available life options and undermine her control. The interplay between psychological states and social circumstances can further diminish the addicted person's control over decisions and actions by degrading her sense of self-worth and self-efficacy, making her devalue long-term goals in favor of immediate substance use.

Kennett and colleagues' account is valuable for recognizing and incorporating a broad range of factors that influence an addicted person's self-control, especially social factors, which have been underappreciated in earlier philosophical discussions on addiction and control. However, their account would benefit from finer distinctions. It is important not only to acknowledge the breadth of factors affecting self-control but also to differentiate their nature and moral significance. A key distinction lies between lacking self-control in a psychological sense and lacking self-control in a social sense. When a person lacks self-control in the psychological sense, it diminishes both her responsibility and her status as a moral agent, thereby justifying paternalistic intervention. By contrast, when a person's self-control is impaired in the social sense, it reduces her responsibility without compromising her moral agency or status. Recognizing these distinctions is crucial for appropriately addressing questions of blameworthiness and the ethics of intervention.

Burdman's account of addiction and control offers a more precise evaluation of self-control in addicted people.⁴⁸ Drawing on the reasons-responsiveness theory, Burdman argues that the loss of control over substance-related behaviors varies in degree. This degree of control is defined in terms of a person's degree of reasons-responsiveness, which is determined by psychological factors (such as cravings and anomalous drug-related beliefs) and situational factors (such as peer pressure, environmental cues, and difficulties in attaining community support and social identity). Burdman's approach provides richer theoretical resources for distinguishing the moral implications of psychologically and situationally impaired self-control. However, it could be further refined by specifying criteria for assessing which, how, and to what extent social factors influence control and responsibility in cases of addiction.

In the next section, I argue for an account of addiction and blameworthiness that focuses specifically on the social environments and situational control of addicted people. This approach provides more systematic and precise guidelines for assessing how social factors affect blameworthiness. Moreover, by separating normative competence and situational control, it enables us to evaluate addicted people's blameworthiness with a better appreciation of the moral consequences of our evaluation.

48 Burdman, "A Pluralistic Account of Degrees of Control in Addiction."

3. FOCUSING ON THE SOCIAL DIMENSION: SELF-MEDICATION AND DURESS-LIKE EXCUSES

The theories on addiction and responsibility reviewed in the last section do not appear to offer sufficient theoretical resources to fully account for the intuition that there is a direct link between Kathy's overwhelming environmental challenges, her drug use, and her blameworthiness. In this section, I present and defend an alternative framework.

Kathy's testimony suggests that her crack cocaine use was partially driven by a need to alleviate severe distress resulting from the underlying issues in her life. We can make sense of this claim through the *self-medication hypothesis* of addiction, which is often used by clinicians who employ the psychodynamic approach to treat addiction. According to this hypothesis, individuals with chronic, severe addiction consume substances to relieve distressing emotions, such as anxiety, sadness, and despair, analogous to using pain relief sprays for physical pain.⁴⁹ This hypothesis is compatible with seeing addictive substance use as highly compelled (in the sense that the desire is abnormally strong and very difficult to refuse) but resists seeing it solely as a compulsion. It therefore offers the possibility that addictive substance use can be both compelled to some extent and an intelligible choice made for a purpose to some extent. It offers a framework for addicted people to see potential for change in their behavior rather than viewing themselves as helpless victims of uncontrollable urges.

Hanna Pickard was the first philosopher to introduce the self-medication model into discussions of addicted people's responsibility and blameworthiness.⁵⁰ She uses the model to challenge the common assumption that addiction, as a compulsion, fully exonerates an addicted person from responsibility. Using the self-medication model, Pickard argues that substance use can be a choice made for purposes such as self-medicating distress or enhancing self-worth.⁵¹ Therefore, addicted persons can still be responsible for their substance use and associated wrongdoings, although not blamed.⁵² In her account, Pickard acknowledges that because addictive drug use is a choice, the context in which that choice is made (such as social disadvantage, insufficient social support, and limited material resources) can constrain the coping strategies and life options

49 Khantzian, "The Self-Medication Hypothesis of Addictive Disorders," "The Self-Medication Hypothesis of Substance Use Disorders," and "Understanding Addictive Vulnerability."

50 Pickard and Ward, "Responsibility Without Blame"; and Pickard, "Psychopathology and the Ability to Do Otherwise," "Responsibility Without Blame for Addiction," and "Addiction and the Self."

51 Pickard and Ward, "Responsibility Without Blame"; and Pickard, "Addiction and the Self."

52 Pickard, "Responsibility Without Blame for Addiction."

available to a person, thereby reducing (though not eliminating) her responsibility for choosing to use addictive substance. Sometimes, given the options available, an addicted person's choices and actions "may be justified by duress."⁵³

Pickard's account offers valuable insights for understanding Kathy's case. However, while it acknowledges the impact of socioeconomic difficulties on responsibility, it does not provide a structured framework for systematically assessing which socioeconomic pressures are relevant for mitigating responsibility, nor to what extent they should do so. As a result, evaluators (such as clinical practitioners) must rely on their own discretion to determine which socioeconomic difficulties are relevant, whether they are severe enough to mitigate responsibility, and if so, to what degree. This lack of standardized criteria increases the risk of inaccurate judgments, potentially leading to the oversight or underestimation of certain socioeconomic factors' impact on responsibility. Furthermore, while Pickard recognizes that choices related to substance use may sometimes be justified by duress, her account does not explain how such justification can be established, especially given the challenges facing the duress excuse for addiction—namely, the difficulties in satisfying conditions 4 and 5, as discussed in section 2.3 above. Without addressing these challenges, the appeal to duress risks being seen as mere humanitarian sympathy for an addicted person's hardships rather than as a robust and objective basis for excuse with moral (or even legal) significance.

This is not to suggest that Pickard's account is incorrect. Rather, it highlights the need for further exploration of the relationship between addiction, socioeconomic factors, and duress. To address this gap and develop a more comprehensive framework for evaluating which socioeconomic factors are relevant to mitigating the responsibility of addicted individuals, I propose the following positive account, building on where Pickard's work leaves off. The self-medication model takes comorbid psychiatric illnesses to be the most common sources of distress that create the need to use addictive substances. However, empirical evidence also highlights social factors like systemic poverty and violence as significant sources of distress, creating the need to self-medicate among people in impoverished communities.⁵⁴ While both types of self-medication likely play a role in Kathy's and similar cases, the second type is my main focus here.

In the previous section, we noted the limitations of a duress excuse for addiction. However, if addictive substance use is a choice to self-medicate and

53 Pickard, "The Purpose in Chronic Addiction," 46.

54 See Young, Boyd, and Hubbell, "Prostitution, Drug Use, and Coping with Psychological Distress"; Bungay et al., "Women's Health and Use of Crack Cocaine in Context"; Sallmann, "Going Hand-in-Hand"; and Daniulaityte and Carlson, "To Numb Out and Start to Feel Nothing."

to cope with distress caused by environmental difficulties, it might constitute a choice under duress without facing those limitations. Consider Kathy's situation: in daily life, Kathy frequently faced a hard choice between using substances to self-medicate overwhelming distress and fulfilling moral obligations such as parental duties. She might have wanted to do both at the same time, but her situation removed her opportunity to do so. As a result, when she chose to self-medicate and failed to fulfill the obligations, she might not have been fully blameworthy. Blaming her would not be totally fair, because for any person of reasonable firmness, if they had been in her situation, it would have been too much to expect that person to resist self-medicating. Described in this way, Kathy's situation appears to highly resemble one of duress. There are certainly differences: typical legal duress usually involves coercion by another agent and occurs as a singular event.⁵⁵ Addiction does not involve another agent, and it tends to involve repeated episodes. Therefore, to be more precise, in the subsequent discussions, I call Kathy's situation *duress-like* rather than strict duress.⁵⁶

The duress-like framework offers a new way of analyzing Kathy's case.⁵⁷ As noted earlier, the standard account of duress involves five conditions. Philosophers have said relatively little about conditions 1 and 3, which suggests that addicted people typically have little trouble satisfying them. Condition 2 may be more context sensitive: whether there is a reasonable means of escape often

55 One might be concerned that addiction involves no coercion by another agent and therefore resembles necessity more than duress. Given space constraints, I do not explore this question in depth here. Fortunately, duress and necessity share similar conditions, and both align with my main thesis by diminishing the agent's blameworthiness. Thus, my argument remains relevant regardless of which one is used. One reason to favor duress over necessity here is that duress typically provides an excuse, while necessity offers a justification that says the action is not wrong. Since it is intuitive that Kathy and others in similar situations wrong their children, duress seems the more appropriate comparison.

56 By 'duress-like', I mean that Kathy's situation does not match the technical or historical usage of 'duress' in legal contexts. Nonetheless, it shares the normative structure and underlying moral intuition of duress. I use the term 'duress-like' to signal these similarities while acknowledging the legal distinctions.

57 Some readers may question the persuasiveness of my argument, grounded in the self-medication model and choice theory of addiction, especially in light of competing theories such as Levy's belief oscillation theory ("Addiction as a Disorder of Belief" and "Addiction") and Holton and Berridge's incentive sensitization theory ("Addiction Between Compulsion and Choice" and "Compulsion and Choice in Addiction"). However, as extensive empirical research shows, addiction has a complex and multifaceted nature. No single theory claims to comprehensively explain all aspects of addiction; rather, multiple theories each illuminate some robust and undeniable aspects of the disorder. The self-medication model and choice theory are among them. Supported by empirical evidence, they underscore the significant roles of self-medication and choice in substance use. These aspects of addiction are compelling and relevant, even to proponents of alternative theories.

depends on the circumstances surrounding the case. By contrast, conditions 4 and 5 are widely recognized as persistent challenges in applying a duress excuse to addiction. While some promising suggestions have been offered, no systematic account has yet shown how addiction can satisfy both conditions. However, as I argue, Kathy's case (and others like it) shows that socioeconomic hardship can provide a basis for meeting conditions 2, 4, and 5.

First, the scarcity of resources in impoverished communities often constrains the viable alternatives to drug use that the residents in these communities have access to. These communities typically have very few treatment facilities, and residents may lack the means and time to attend treatment without significantly disrupting their daily lives.⁵⁸ Moreover, many facilities cannot accommodate residents' needs such as childcare while receiving treatment. Even when treatment is available, it is not always effective.⁵⁹ As a resident of an impoverished community, Kathy lacked sufficient viable alternatives to drug use. Therefore, her situation is likely to satisfy condition 2.

Second, Kathy reported resorting to crack cocaine as a coping mechanism for the stressors of living in her impoverished community. The stressors include the day-to-day struggle with extreme poverty, a bleak job market, as well as recurrent incidents of humiliation, abuse, and violence from her partner and customers. Plausibly, the distress, anxiety, and despair caused by enduring these harsh conditions without any assistance from the drug were severe and comparable to the loss of something of great significance in life. Therefore, Kathy's situation can potentially satisfy condition 4. Addicted people who do not face comparable socioeconomic difficulties, on the other hand, are not able to invoke this form of emotional distress to meet condition 4.

Third, if we understand Kathy's "threat" as her severe and distressing environmental pressures, it seems unjust to hold her solely responsible for it. Social problems such as the lack of access to health care, education, and housing, as well as the presence of street violence and domestic violence, are prevalent issues in impoverished areas. Kathy's personal ability to overcome these social problems is limited. One might argue that Kathy is still responsible for starting her drug use (she might have started it out of curiosity), for deciding to

58 Sterk's research indicates that many women in such communities urgently need affordable treatment programs, which sometimes have waitlists of more than six months (Sterk, *Fast Lives*). Such delays can change life circumstances, leaving an individual no longer ready for treatment when their turn arrives.

59 As shown in Sterk, women often view treatments as overly structured and restrictive, primarily aimed at detoxification, and inadequate for preparing them for real-life challenges (*Fast Lives*, 135–42). Aftercare and social support are scarce, leading many to relapse upon returning to their prior environment.

have children (which further compromised her financial security), and/or for choosing to remain in an abusive relationship and to work as a prostitute (which add to the violence that she endures.) However, given her lack of education, impoverished upbringing, and history of trauma and abuse, it may be unreasonable to hold her fully responsible for these choices.⁶⁰ Moreover, her living conditions at the time of reporting impeded mobility and limited her access to social support, which further reduced her ability to make different choices. Therefore, Kathy's situation is likely to satisfy condition 5.⁶¹

Another potentially relevant issue is that addiction is not a one-time hard choice (as in typical duress) but rather causes long-term, repeated hard choices, which might indirectly affect condition 2. Since Kathy's long-term addiction led to repeated hard choices, she had opportunities to recognize patterns of the hard choices and to learn from experience. Even if she could not prevent them immediately, over time, she had more opportunities to plan ahead, acquire resources, and develop strategies to minimize their occurrence. On this view, her duress excuse would be valid only for a limited period and would gradually weaken over time. I agree that addicted people's duress excuse does not last indefinitely. It can fade as the person has more opportunities making long-term plans to create alternative solutions. Nevertheless, as Watson notes, adjusting one's life circumstances takes time.⁶² Thus, after developing an addiction, an addicted person may need an extended period to create alternative solutions.

60 In other studies of women who use drugs in impoverished neighborhoods, many share similar experiences of entering and remaining in prostitution due to economic necessity. One study shows that a significant number of women are victims of child abuse, leading them to run away and become homeless before adulthood (Silbert and Pines, "Sexual Child Abuse as an Antecedent to Prostitution"). They subsequently resort to sex work to earn money and survive, making them perfect prey for pimps and drug dealers (Yates et al., "A Risk Profile Comparison of Runaway and Non-Runaway Youth"; Sterk, *Fast Lives*, 31, 177; and Abramovich, "Childhood Sexual Abuse as a Risk Factor for Subsequent Involvement in Sex Work"). Such women often start using drugs in early to middle adolescence, before fully understanding and being responsible for their decisions. Regarding pregnancy and abortion, these women often fear negotiating safe sex with partners or customers for fear of violence (Sterk, *Fast Lives*, 102–3, 146, 149). Some women lack sexual and reproductive knowledge and have misconceptions about the impact of drugs on fertility (Sharpe, *Behind the Eight Ball*, 119–25). Irregular menstrual cycles caused by drug use further obscure pregnancy recognition (Sterk, *Fast Lives*, 105). Other factors preventing abortion include financial constraints, lack of access, religious beliefs, and feelings of guilt (Sterk, *Fast Lives*, 110; and Knight, *Addicted, Pregnant, Poor*, 78).

61 In some sense, the discussion here can be interpreted as a more fully worked-out instance within a broader Watsonian framework. It lays out the descriptive details of Kathy's case, which help bring into focus the kinds of social norms that might judge her more sympathetically.

62 Watson, "Excusing Addiction," 615.

For addicted people living in poverty in inner-city neighborhoods, this period may be even longer. Their resources and flexibility to modify their daily routines can be severely constrained.⁶³ Because they generally have fewer resources and less flexibility than addicted people in more stable circumstances, they may be able to invoke a duress excuse for significantly longer.⁶⁴

Therefore, one might conclude, informed by her testimony and empirical research on the prevailing living conditions in her community, that Kathy's circumstances exhibit the necessary descriptive characteristics to satisfy the conditions of a duress excuse of addiction. These characteristics enable us to apply a duress-like excuse to argue that Kathy's hardships mitigate the blameworthiness for at least some of her addiction-related parental failures, particularly if such failures did not result in grave outcomes.

Even skeptics of Kathy's duress-like excuse can find this framework useful in helping them articulate why Kathy's socioeconomic condition might not excuse her wrongdoing. For example, Kathy's testimony about not wanting to "deal with" her problems is ambiguous. One possible interpretation is that she used drugs merely to avoid confronting her problems rather than to self-medicate the distress they caused. Under this interpretation, her situation might not constitute duress. The interview does not provide conclusive evidence for either interpretation. Besides, if it turns out that Kathy's neglect of her children's basic needs severely impacted their health, then the significance of her distress may not have been comparable to it. Additionally, if Kathy's poverty turns out not to have been that severe, it may have caused only moderate emotional pain—not enough to satisfy duress's severe distress condition 4. More information is also needed to verify whether Kathy started using crack cocaine only after becoming an adult with sufficient understanding of its effects (condition 5) and whether she had access to alternative supports like treatment (condition 2).⁶⁵

63 Consider the well-documented phenomenon of poverty traps in economics: the demands of day-to-day survival consume time, money, and energy, making it difficult to plan for or invest in the future. Tasks that are relatively simple for most, such as securing stable housing, paying for laundry, affording next week's bus fare, or finding a safe place to store personal belongings, can be surprisingly challenging. This chronic scarcity of resources makes it even harder to break free from the cycles of poverty and addiction, potentially leaving those in poverty in addiction-related duress for months or even years.

64 Additionally, long-term addiction itself can potentially make managing drug use increasingly difficult. Neurological changes, entrenched habits, and psychological dependence may develop faster than a person's growing ability to make changes, further constraining their options over time. I am grateful to an anonymous reviewer and Reuven Brandt for pressing me to consider this issue.

65 One might question the reliability of Kathy's testimony, suspecting her of framing her substance use as a choice made under duress. However, the broader issue of trusting testimony

The final assessment of Kathy's blameworthiness is contingent on the specific details of her daily life. We should see the discussion over her blameworthiness as partially about the empirical facts of her circumstances. And the duress-like framework provides us the theoretical resources to identify what empirical facts about Kathy's socioeconomic condition are relevant to her blameworthiness for her child neglect and to investigate whether and to what extent they affect her blameworthiness.

More broadly, the duress-like framework can be used to evaluate similar addiction cases with a prominent socioeconomic dimension. We can examine whether a person has a duress-like excuse by investigating whether her purpose of substance use is for alleviating distress and whether her distress is partly caused by her socioeconomic environment. Just like in Kathy's case, whether and to what extent her offense is excused in this way depends on the nature and gravity of the offense and other facts about how she is positioned in her environment, including its harshness, the severity of the distress it causes, the availability of assistance or alternative resources to cope with her distress, and how she came to be in it.

It is important to note that the mere presence of socioeconomic factors—be it peer pressure, loss of community support, poverty, trauma, or others—is not sufficient to justify a situational excuse on this framework. What determines whether a person's socioeconomic factors constitute an excuse is these factors' combined effect and, most importantly, whether they create a duress-like situation for the person. The works of Kennett and colleagues, as well as Burdman, recognize that such factors can constitute a situational excuse. Nevertheless, my duress-like framework extends this recognition by providing detailed answers on when, how, and to what extent these factors can serve as a situational excuse. This development is essential for accurately evaluating real-world addiction cases influenced by socioeconomic factors.

The duress-like framework also helps identify what type of environmental factors are relevant to the mitigation of a person's blameworthiness. In short, any environmental hardship that contributes to the collective effect of a duress-like situation is relevant, including those seemingly minor or irrelevant ones. Everyday aspects of poverty and marginalization, such as sex workers' traumatic experiences with customers, the transportation difficulties to reach local laundry shops and grocery stores, or the lack of childcare resources in addiction treatment centers, can contribute to a duress-like situation when combined with other factors. Much like the straws that break a camel's back or the bars that form a bird's cage, these specific details of an addicted person's

is complex, and I do not address it in this article.

life and environment are important information for determining whether her blameworthiness is partially excused for a duress-like reason. Each case should be assessed individually, with specific case details determining the validity of the person's excuse.

4. EVALUATING THE SCOPE OF THE DURESS-LIKE FRAMEWORK

Some might raise the objection that my duress-like approach is too narrow in its scope, concentrating exclusively on addicted persons in poverty-stricken, violent communities who use substance for self-medication. However, given the widespread substance abuse in economically disadvantaged areas and the clinical support for the self-medication hypothesis, the duress-like approach remains valuable. It can effectively assess blameworthiness in a considerable number of real-world addiction-related offenses.

Besides, self-medication due to social marginalization and oppression is not the only way social factors might affect an addicted person's blameworthiness. My aim here is not to establish an exhaustive framework for excusing addiction influenced by social factors but to address theoretical gaps. The duress-like framework can be expanded and supplemented. Apart from self-medication, there might be other ways in which a socially disadvantaged addicted person finds herself in a duress-like situation. Apart from being in a duress-like situation, the socially disadvantaged addicted person might have other situational excuses to mitigate her blameworthiness. There is abundant room for future research.

Others may worry that my approach is overly broad. By allowing a duress-like excuse for socially disadvantaged addicted persons, we may inadvertently legitimize excuses for a wide array of wrongful acts. A related concern is that my framework focuses too much on social disadvantage that create duress-like situations, with addiction playing a minor role. Consequently, any wrongful behavior might be excused if linked to the "right" kind of social disadvantage.

My response to both objections centers on the same component: the self-medication model. Addressing the second objection, the self-medication model of addiction is central in forming the structure of a hard choice in duress (like Kathy's choice between self-medicating and caring for her children). Without addiction, we have no reason to say the wrongful behavior is about self-medication, and the hard choice structure collapses. Regarding the first objection: the self-medication model's application in addiction is supported by substantial empirical evidence and should not be arbitrarily extended beyond addiction-related behaviors. Concerns that this model could excuse a wide array of offenses overlook the rigorous standards required for its clinical application. While it is possible to worry about the model unpalatably excusing

villainous behaviors, such an extension would require establishing a self-medication model for those behaviors first, which is highly unlikely.

Nevertheless, I do think that my approach could be extended to other offenses related to substance use, including distress-motivated substance use triggered by treatment-resistant illnesses (such as treatment-resistant depression and severe chronic physical pain), as well as nonaddicted, distress-motivated substance use. Some might argue that if my approach can be applied to cases without socioeconomic challenges, or even to nonaddicted drug use, then addiction and socioeconomic challenges seem less central to the account. My response to this is as follows: while my account discusses factors highly relevant to the nature of addiction, it is not meant to define the nature of addiction or to demarcate addiction from nonaddiction. Nor does it aim to distinguish socioeconomic influences from other possible causes of self-medication, such as chronic pain or personal distress. Rather, it is grounded in the empirical reality that many real-world cases of addiction involve individuals in adverse socioeconomic conditions, which often contribute to the development and persistence of addiction. These cases place a demand on theories of moral responsibility to provide accurate evaluation of blameworthiness, and my account is developed to respond to that demand. It offers a focused framework for evaluating blameworthiness so that the blameworthiness of addicted people in these real-world cases can be assessed more accurately. If other nonsocial or nonaddiction cases can also be assessed more accurately in my account's framework, that should not be a reason against it.

5. CONCLUSION AND IMPLICATIONS

In this article, I have presented the case of Kathy, a person who was addicted to substances and committed a moral infraction, and I have discussed the ways in which her socioeconomic background might affect her blameworthiness. My broader goal has been to use Kathy's case as an example to construct a theoretical framework highlighting a duress-like reason that may partially excuse the blameworthiness for addiction-related wrongdoings, which connects to the socioeconomic dimensions of addiction.

Seen in the structure of the fair opportunity theory of responsibility, my work in this article can be described in the following way: cases of addiction-related wrongdoings and responsibility can be categorized along a spectrum. At one end, responsibility is mitigated purely by impaired normative competence; at the other, it is mitigated solely by a lack of situational control. The current philosophical literature predominantly explores the normative competence side. Though there are some discussions of the relevance of situational control, these are less common and remain incomplete.

The self-medication model and choice theory of addiction show that substance use by addicted individuals involves some degree of choice. This is important for the discussion about addicted wrongdoers' situational control because only when a person's action involves choice making does it make sense to talk about the situation in which she makes the choice. However, the choice theory stops short of examining the situation in which the addicted person makes the choice and how the situation might affect the person's responsibility. As a result, for real-world addiction and responsibility cases that are located near the other end of the spectrum and that have strong social dimensions (such as Kathy's), current resources fall short in assessing how social factors might influence blameworthiness. Since global data show a profound and widespread connection between substance abuse and socioeconomic factors across both developing countries and impoverished regions in developed countries, it is critical to address this gap. My duress-like framework bridges this gap by providing theoretical resources for a more effective evaluation of blameworthiness in cases of addiction that have a significant social dimension.⁶⁶

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