







The Economics of Addiction?





The Disease Model of Addiction

Experts Confirm that Addiction is



- American Medical Association. - World Health Organization. - The American College of Physicians. - The National Association of Social Workers. - The American Public Health Association. - The American Hospital Association. - The National Institute on Alcohol Abuse & Alcoholism.



A Disorder of Choice?







The Economics of Addiction

Addiction is an ideal puzzle for economic theory:

- 1. Why do most addicts expend resources to acquire their targets of addiction but simultaneously incur real costs to try to reduce or limit their consumption of these goods?
- 2. Why is the typical course of addiction characterised by repeated unsuccessful attempts to quit prior to final abstention?

From the standpoint of standard consumer theory in economics, these patterns of behaviour are difficult to rationalise



Economic Theories of Addiction

A Theory of Rational Addiction

JOURNAL OF POLITICAL ECONOMY

Gary S. Becker and Kevin M. Murphy University of Chicago

Modeling internal commitment mechanisms and self-control: A neuroeconomics approach to consumption-saving decisions

Jess Benhabib, Alberto Bisin*

New York University, New York, USA Games and Economic Behavior 52 (2005) 460–492

Addiction and Cue-Triggered Decision Processes

By B. DOUGLAS BERNHEIM AND ANTONIO RANGEL*

THE AMERICAN ECONOMIC REVIEW

DECEMBER 2004

IS ADDICTION "RATIONAL"? THEORY AND EVIDENCE*

JONATHAN GRUBER AND BOTOND KÖSZEGI

QUARTERLY JOURNAL OF ECONOMICS

A Dual-Self Model of Impulse Control

By DREW FUDENBERG AND DAVID K. LEVINE*

THE AMERICAN ECONOMIC REVIEW

DECEMBER 2006

Harmful Addiction

FARUK GUL and WOLFGANG PESENDORFER Princeton University

REVIEW OF ECONOMIC STUDIES

Econometrica, Vol. 80, No. 1 (January, 2012), 1-42

TIMING AND SELF-CONTROL

BY DREW FUDENBERG AND DAVID K. LEVINE¹

Willpower and Personal Rules

JOURNAL OF POLITICAL ECONOMY

Roland Bénabou

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The Behavioural Correlates of Addiction

Risk Preferences

Time Preferences

Intertemporal Risk Preferences

Subjective Beliefs



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Why do we care?







Source: United Nations Office on Drugs and Crime



Four Studies

- Time Preferences of Smokers in Southern California
- Risk Preferences, Time Preferences, and Smoking Behaviour of Students in Cape Town
- The Behavioural Correlates of Smoking Behaviour in Cape Town
- A Contingency Management Smoking Cessation Programme



Risk Preferences





Risk Preferences: Results



TABLE 4: RDU THEORY	TABLE 4: RDU THEORY ML ESTIMATES								
HETEROGENOUS PI	REFERENCE	S							
	Mo	del							
	Pre	elec							
	Estimate	Std Error							
Power function parameter (r)		<u> </u>							
Age	-0.004	0.011							
White	0.029	0.051							
Male	0.062	0.049							
Commerce faculty	0.030	0.062							
Financial aid	-0.051	0.058							
Risk task first	-0.015	0.050							
Smoker	-0.005	0.055							
Constant	0.366	0.230							
PWF parameter (φ)									
Age	-0.003	0.006							
White	0.001	0.047							
Male	-0.009	0.044							
Commerce faculty	-0.084	0.120							
Financial aid	0.034	0.056							
Risk task first	0.054	0.080							
Smoker	0.028	0.049							
Constant	0.871***	0.206							
PWF parameter (η)									
Age	-0.027	0.046							
White	-0.062	0.121							
Male	-0.166	0.137							
Commerce faculty	-0.216	0.184							
Financial aid	-0.014	0.139							
Risk task first	0.166	0.153							
Smoker	0.146	0.153							
Constant	1.425**	0.676							
Error (µ)									
Constant	0.166***	0.008							
N	7000								
log-likelihood	-4119.762								

Results account for clustering at the individual level * p<0.10, ** p<0.05, *** p<0.01



Time Preferences

		Sep	tembe	r 2016					Oc	tober 2	2016					Nov	ember	2016			December 2016							January 2017							
Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
				1	2	3							1			1	2	3	4	5					1	2	3								
4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10	1	2	3	4	5	6	7	
11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17	8	9	10	11	12	13	14	
18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24	15	16	17	18	19	20	21	
25	26	27	28	(29)	30		23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31	22	23	24	25	26	27	28	
							30	31																				29	30	31					

29 September 2016 (Today)		13 October 2016 (14 days from today)
R 300,00 today Select	OR	R 301,73 in 14 days Select
R 300,00 today Select	OR	R 314,56 in 14 days Select
R 300,00 today Select	OR	R 317,51 in 14 days Select
R 300,00 today Select	OR	R 323,45 in 14 days Select

You must make your choices above before you are able to confirm





Time Preferences: Results





Time Preferences: Results





Time Preferences: Results



dialogues 2018

Time Preference Results and the Behavioural Puzzles

Behavioural puzzles:

- 1. Why do most addicts expend resources to acquire their targets of addiction but simultaneously incur real costs to try to reduce or limit their consumption of these goods?
- 2. Why is the typical course of addiction characterised by repeated unsuccessful attempts to quit prior to final abstention?

These puzzles suggest some level of time-inconsistent behaviour on the part of addicts in that they simultaneously want to quit but continue smoking. And then they finally stop but then relapse.

What's going on?



Smokers are more Time Inconsistent than Non-smokers





Contingency Management (CM) has been efficacious in the treatment of a number of psychoactive substance addictions, including tobacco, across a range of populations.

CM involves identifying an objectively defined target behaviour (quitting smoking), frequently monitoring that behaviour, and delivering incentives for reaching the target behaviour.

We designed a low-cost, low-intensity smoking cessation programme that we ran last year with UCT students.











You must make your choices above before you are able to confirm













Smoking Cessation: Results





Smoking Cessation: Results





Next Steps

We elicited risk and time preferences during the baseline session of our cessation programme so we're going to analyse whether these predict the likelihood of abstinence.

Intuitively, smokers who are more risk averse and who discount the future at a lower rate may be more likely to quit, particularly if they receive abstinence-contingent incentives.

To the extent that this is true, cessation programmes could be tailored to the risk attitudes and/or impulsivity of people to help them to quit.



Next Steps



For adults 35 years of age and older, what percentage of deaths from coronary heart disease are associated with smoking in the United States between 2005 and 2009?









