also untrue. I always advise such individuals that they can control themselves and their lives, that they have the power to renounce an old addiction, if they really want to. This, I believe, is helpful to them. It's also the truth.

In this book, I sometimes compare drug addiction with religion. Religious devotion or piety is one of the most familiar addictions. Another is romantic love, the addiction to another specific individual, a potential sexual partner. I do not make these comparisons to demean religion or love, or to defend drug addiction. I merely seek to accentuate an underlying similarity.

Though drawing attention to parallels among different addictions, I don't maintain that all addictions are on a par. When it comes to the consumption of chemical substances, I like a glass or two of wine or scotch, and occasionally more than two. I also sometimes, usually earlier in the day, like a cup or two of good strong coffee. I don't consume heroin, cocaine, or tobacco, and if asked for my advice, I generally recommend against consuming those substances. On the other hand, I utterly oppose the government's 'war' against the people who consume or provide these substances. If asked for advice, I would also recommend against joining the Moonies, Transcendental Meditation, or Scientology—or, for that matter, a purportedly therapeutic religious cult like Alcoholics Anonymous. And similarly, I completely oppose government persecution of these cults.

Since there is an underlying similarity between addiction to religion and addiction to drug-taking, I favor extending the First Amendment 'establishment' and 'free exercise' clauses to drug-taking. It is no more the business of the government what chemical substances you put into your body than it is the government's business where or in what manner you practice your religion. Following a remark often attributed to Voltaire, I disagree with what you say, but I will defend to the death your right to say it. Following Thomas Szasz, I disagree with the drug you take, but I will defend to the death your right to take it.

1

Two Ways of Looking at Addiction

We be virgins, and addicted to virginity.
Robert Greene, *Arcadia* (1590)

Today, just about everyone believes, or says they believe, that addicts—including regular smokers, heavy drinkers, frequent gamblers, presidents who seduce interns, and people who run up credit card debts—can't help themselves. They are driven by an irresistible compulsion, and this compulsion is allegedly a medically recognized disease, which can be treated.

"Just about everyone" includes politicians, government officials, social workers, addiction treatment providers, physicians, ministers of religion, and the media. There is, however, one exception: those people who actually know something about the subject. These are the psychologists, physicians, and social scientists who have researched addiction, and those others who have closely followed their findings and the ensuing scholarly debates. These people are divided on the issue; their views are more diverse than those of the politicians and media, and it is fair to say that many of them are increasingly skeptical of the disease model. As we shall see, the results of research on addiction certainly do not bear out the disease theory, and are actually hard to reconcile with it.

I should add that although "just about everyone," with the exception of those who know something about addiction, *appears* to swallow the disease theory, with many people this acceptance does not go very deep. They generally hold conflicting and contradictory views, in which assent to the disease model is combined with a disregard for it in practice.

A little over two hundred years ago, the disease model was completely unknown, as it had been throughout history up to that point. No one, for example, thought that habitual drunkenness was due to a disease (though many knew it could *cause* diseases—a very different matter). The tremendous sea-change in opinion which led to the present dominance of the disease model did not result from new scientific findings. No scientist or physician has ever 'discovered' the disease of addiction! As a matter of historical fact, the disease model did not originate with scientific research. It emanated, in the first instance, from religious thinking about social problems, especially from the form of Protestantism associated with the nineteenth-century Temperance movement.

The Disease Model—What It Is

According to the disease model, what does 'addiction' mean? Let's look at some typical formulations. Psychologist James R. Milam and writer Katherine Ketcham, authors of *Under the Influence*, are popular spokespersons for the disease-model camp. They contend that alcoholics should not be held accountable for their actions because these are the "outpourings of a sick brain. . . They are sick, unable to think rationally, and incapable of giving up alcohol by themselves" (Milam and Ketcham 1983).

Similarly, physician Mark S. Gold, considered an expert on cocaine use and treatment, says in his book *800-Cocaine* that cocaine should not be regarded as a benign recreational drug, because it can cause addiction. As with alcoholism, says Gold, the only 'cure' for cocaine addiction involves permanent and total abstention from its use. Cocaine purportedly produces "an irresistible compulsion to use the drug at increasing doses and frequencing in the face of serious physical and/or psychological side effects and the extreme disruption of the user's personal relationships and system of values" (Gold 1985). According to Gold "If you

feel addicted, you are addicted." I doubt that he would accept that if you don't feel addicted, you're not addicted. In view of the frequent claim that addiction is a disease 'just like diabetes', try this on for size: 'If you feel diabetic, you are diabetic.'

The former National Drug Policy Director William J. Bennett has explained (in a 1989 speech in San Diego) that an addict "is a man or woman whose power to exercise . . . rational volition has . . . been seriously eroded by drugs, and whose life is instead organized largely—even exclusively—around the pursuit and satisfaction of his addiction." One might, of course, wonder how someone whose power to exercise rational volition has been badly damaged can be so effective at organizing his life around his addiction. An act of organizing is clearly a volitional act, the exercise of will. And all the more so if there are many successive acts of organizing, unified by a common purpose.

Celebrities often make a public confession of their drug addiction and claim that they cannot be held responsible for it, or for assorted criminal acts they performed while addicted. Typical is Marion Barry's assertion, when he was 54 and mayor of the District of Columbia: "That was the disease talking . . . I was a victim."

Fourteen charges were lodged against Barry by the U.S. Attorney's office, including three counts of perjury, a felony offense for lying about drug use before a grand jury; ten counts of cocaine possession, a misdemeanor; and one count of conspiracy to possess cocaine. Barry considered legal sanctuary, but settled for moral sanctuary, in what has come to be known as the disease-model defense. He maintained that he was "addicted to alcohol and had a chemical dependency on Valium and Xanax." These are diseases, he explained, "similar to cancer, heart disease and diabetes." The implication: it is as unfair to hold him responsible for drug-related criminal behavior as it is to hold a person who has diabetes responsible for their abnormal blood sugar levels.

The suggestion was that Barry's disease of addiction forced him to use drugs, which in turn eroded his volition and judgment. He did not voluntarily or willfully break the law. According to Barry, "the best defense to a lie is truth," and the truth, he contended, is that he was powerless in relation to drugs, his life allegedly unmanageable and "out of control."

Barry's actions were purportedly symptomatic of his disease. And jail, say those who agree with him, is not the answer to the

"product of an illness." I agree, on entirely different grounds, that no one should be jailed for using or possessing cocaine or other drugs. Unfortunately most people who oppose the jailing of drug consumers usually go on to demand even more lavish government spending on 'treatment'. This is wrong-headed for a number of reasons, the simplest being that *addiction treatments don't work.*

After his arrest at the Vista Hotel in Washington, D.C., Marion Barry went through treatment for alcohol addiction and chemical dependency at the Hanley-Hazelden clinic in West Palm Beach, Florida, and at the Fenwick Hall facility near Charleston, South Carolina. Barry said he needed treatment because he had "not been spiritual enough." His plan was to turn his "entire will and life over to the care of God . . . using the Twelve-Step method and consulting with treatment specialists." He said he would then "become more balanced and a better person."

The Twelve-Step program Barry attempted to follow was developed by Alcoholics Anonymous (AA), a spiritual self-help fellowship with specific religious views. AA and its offspring Narcotics Anonymous (NA) are the major methods of dealing with alcoholism and addiction today. All 'good' addiction treatment facilities and treatment programs aim at getting their 'patients' into AA and similar programs such as NA.

Yet several courts throughout the United States, in cases involving First Amendment violations, have determined that AA is a religion and not a form of medicine. Anthropologist Paul Antze has written extensively on AA and describes the "point-by-point homology between AA's dramatic model of the alcoholic's predicament and the venerable Protestant drama of sin and salvation."

What kind of 'disease' is it for which the most popular and prestigious 'treatment' is a conversion experience in a religious cult?

The Credo of the Disease Model

Let's now set out the main tenets of disease-model thinking. These were developed mainly in application to alcohol addiction ('alcoholism') but are usually now extended to all substance addictions.

1. Most addicts (alcoholics) don't know they have a problem and must be forced to recognize they are addicts (alcoholics).

2. Addicts (alcoholics) cannot control themselves when they take drugs (drink alcoholic beverages).
3. The only solution to drug addiction (alcoholism) is treatment.
4. Addiction (alcoholism) is an all-or-nothing disease: A person cannot be a temporary drug addict (alcoholic) with a mild drug (drinking) problem.
5. The most important step in overcoming addiction (alcoholism) is to acknowledge that you are powerless and can't control it.
6. Complete abstinence, not moderation, is the only way to control drug addiction (alcoholism).
7. Physiology alone, not psychology, determines whether one person will become drug-addicted (alcoholic) and another will not.
8. The fact that addiction (alcoholism) runs in families means that it is a genetic disease.
9. People who are drug-addicted (alcoholics) can never outgrow addiction (alcoholism) and are always in danger of relapsing.

Good and Bad Addictions

In its traditional definition, addiction simply means that someone likes to do something, moves toward something, or says yes to something. As Alexander and Schweighofer (1988) have pointed out, addiction can be 'positive' (good) or 'negative' (bad), drug- or non-drug related, and characterized by tolerance and withdrawal or not characterized by tolerance and withdrawal.

Tolerance refers to the fact that through continued use of a drug, or repetition of some activity, people often feel the need to 'increase the dose' to produce the kind of pleasurable experience they once had. *Withdrawal* refers to the physiological (as well as psychological) changes that occur when drug use ceases.

A positive addiction enhances the values we hold dear. Through a positive addiction we pull our life together, creating meaning and purpose. Obviously, that sense of meaning and purpose varies from person to person. A negative addiction pulls our life apart. By

engaging in a negative addiction we live in conflict with ourselves, which again bears on the sense of meaning and purpose in our lives. Positive addictions may include alcohol, work, and love. Negative addictions may also include alcohol, work, and love. Addictions are as diverse as peoples' values.

The newer usage of 'addiction' to refer to drugs, loss of control, withdrawal, and tolerance, along with the theory that addiction is a disease, developed out of the moralistic rhetoric of the temperance and anti-opium movements of the nineteenth century. This restricted use of the word served several purposes, according to Alexander and Schweighofer. It was a trend of the times to medicalize social deviancy—to label those who contravened society's norms as sick and in need of treatment. Linking addiction to drugs and illness suggested it was a medical problem. This link could also be employed in an attempt to scare people away from drug use, a tactic that became increasingly important to anti-opium reformers. In its origin, the anti-opium movement was a racist anti-immigration movement, directed against West Coast Chinese, who were thought to be able to work harder because of opium and thus unfairly undercut the working conditions of Caucasian laborers.

Consider one of the most uncomfortable and difficult addictions we know of. This addiction can be either positive or negative, depending on many circumstances. It is characterized by both tolerance and withdrawal: the emotional and physical manifestations of withdrawal are frequently severe (they can be far more severe than is usually the case with heroin or cocaine). These pangs of withdrawal often lead to suicide, and withdrawal from this addiction is indeed a major cause of death among young people. The addiction is called 'love'.

On the other hand, many other people use allegedly addicting drugs (pursue romantic relationships) for long periods of time, choose to give up those drugs (love objects), and then experience virtually no symptoms of tolerance or withdrawal, let alone irresistible cravings causing them to continue to use drugs (seek out the loved one) at any expense.

The Iron Will of the Addict

The disease model credo dominates present-day drug policy. Yet some of its tenets are rejected by the great majority of addiction researchers. Taken as a package, these beliefs are somewhat contradictory: the thinking and motivation of the addict are considered to be, at the same time, both absolutely crucial and totally immaterial. Addiction is a 'disease' to be 'treated', yet 'treatment' consists of talking sessions aimed at changing the addict's beliefs and motives.

Disease-model advocates maintain that addiction cannot be controlled through an act of will: the heavy drinker or drug user has an 'impaired will'. Addiction is characterized by an inability willfully to control one's behavior, especially in relation to certain kinds of 'addictive' drugs, for example, alcohol, heroin, cocaine, or nicotine.

The opposite view is surely worth considering. Heavy drinking and drug use are characterized by strong will. The more single-mindedly self-destructive the drinker or other drug user is, the more indicative their behavior is of a strong will, even an iron will. If the term *addict* has come to imply passivity and involuntariness, a more accurate word (from the same Latin root) to describe the person who chooses a negative addiction is *dictator*. These people become dictators, of a sort, by choosing to consume alcohol and other 'addictive' drugs, possibly at the expense of family, job, and health, making themselves and other people suffer from their iron will.

Some other 'dictators' do the same with chess, body-building, money-making, music, ministering to the poor, or pursuing enlightenment. We often tend to applaud those who ruthlessly subordinate their lives to an over-riding purpose we consider valuable; we often tend to boo and hiss those who ruthlessly subordinate their lives to an over-riding purpose we consider pointless or destructive. Considered in this way, addiction becomes an ethical issue.

When drug-addicted dictators turn away from alcohol through disease-model-based treatment programs such as AA, their iron will may become an iron fist. They then demand that others *abdicate* to their definitions of addiction as a disease. In other words, their dictatorship comes first no matter how or where they impose it.

Self-Efficacy versus the Disease Model

An important concept in contemporary psychology is self-efficacy. Technically, self-efficacy is people's confidence in their ability to achieve a specific goal in a specific situation. It refers to the

capability people believe they possess to effect a specific behavior or to accomplish a certain level of performance. Self-efficacy is not the skills one has but rather one's judgment of what one can do with those skills (Bandura 1977; 1986).

You do not need psychologists to know that having confidence in your ability to achieve something for yourself has a lot to do with whether you will actually make the effort to succeed at something you set your mind to do. While self-efficacy is a scientific concept, tested by psychologists in various settings, it's also common sense. When you believe you can do something, you are more likely to be successful at it. When you believe you cannot do something, you are more likely to be unsuccessful at it. We tend to try to do what we believe we can do. We tend not to try to do what we believe we cannot do.

For those of us who favor the development of self-efficacy in individuals, who prefer to see people in charge of their own lives, the message taught by the disease model is profoundly discouraging.

The Free-Will Model: What It Is

According to those who reject the disease model, humans are capable of deliberate action in pursuit of chosen goals. Although much human behavior is not carefully thought out, the acting person may at any moment pay more attention to such thoughtless behavior, and consciously modify it. All such voluntary human action is ultimately under conscious control, and is to be distinguished from an unconscious reflex or seizure, which is involuntary.

Whenever we see someone behaving in a conscious, goal-directed manner (rushing to get to the liquor store before it closes, laying in a supply of alka seltzer, and so forth) we can be sure that this behavior is not to be explained by physiology alone. Physiology alone can never determine that someone will take a drug, or how often they will take it. Part of their motivation may be to make themselves feel better, and the explanation for this may owe something to physiology. But their beliefs, values, and goals are also essential in forming their intentions.

Heavy, habitual users of drugs, including alcohol, often moderate or cease taking the drug without help from anyone else. There is no evidence that any form of 'addiction treatment' can increase

the proportion of drug consumers who moderate or halt their consumption of drugs.

Individuals in the habit of taking a drug frequently or heavily may, and often do, decide to moderate or to quit. If they decide to quit, they may decide to stop suddenly or to taper off gradually. No one technique is best for everyone. Some people will be happiest reducing their intake to a modest level, others will wish to quit completely. Of the latter, some will be happiest quitting abruptly, others will prefer to gradually taper off. The notion that 'once you're an addict, you're always an addict', that an addict (or alcoholic) can never be cured but only 'in remission', is nothing but religious dogma; it does not have a shred of scientific support.

The Credo of the Free-Will Model

1. The best way to overcome addiction is to rely on your own willpower. (*You* are the 'higher power'.)
2. People can stop depending on drugs or alcohol as they develop other ways to deal with life.
3. Addiction has more to do with the environments people live in than with the drugs they are addicted to.
4. People often outgrow drug and alcohol addiction.
5. Alcoholics and drug addicts can learn to moderate their drinking or cut down on their drug use.
6. People become addicted to alcohol and other drugs when life is going badly for them.
7. Drug addicts and alcoholics can and often do find their own ways out of their addictions, without outside help.
8. You have to rely on yourself to overcome an addiction.
9. Drug addiction is often a way of life people rely on to cope with, or avoid coping with, the world.

If you find these propositions ludicrous or outrageous, you are addicted to the disease model. I hope to persuade you to addict yourself to the truth. Switching addictions is rarely easy or painless. It takes the exercise of willpower, but you do have plenty of that.