"Do Drugs Cause Addiction?"

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TIMEKEEPER - MARK NIX: Welcome to this week's debate: Do Drugs Cause Addiction? Dr. Schottenfeld, will you start off our debate?

DR. SCHOTTENFELD: I am a physician, an associate professor of psychiatry and director of the Substance Abuse Treatment Unit at Yale University School of Medicine. Do drugs cause addiction? Absolutely. Drugs powerfully act on and change brain cells, nerve cells in the brain's reward system. Drugs fool people into believing and acting as if drugs are critical, the most important thing--more important than food, their loved ones, their health, or their work. In my practice I see the enormous pain and suffering caused by addiction--to addicts, to their loved ones, and to society. And just as society needs to fight cancer through a coordinated program of prevention, including reducing exposure and through treatment and research, we need to address public policies needed to reduce substance abuse and addiction through a policy aimed at reducing addiction, including reducing the allure of addiction, and through research and treatment.

TIMEKEEPER: Thank you. Dr. Szasz, would you like to make your introduction?

DR. SZASZ: I am professor of psychiatry emeritus at State University in Syracuse. The question, "Do drugs cause addiction?" is prima facie nonsensical. Addiction is a form of behavior. Behavior is not caused; it has reasons. Drugs can no more cause addiction than sex hormones or genitals can cause perversions or sexual acts. Some drugs, when ingested--which itself is a decision--some drugs make people feel in certain ways which they like to repeat. If you want to call that an addiction, which is already a value judgment, because there are many behaviors which are now called addictions--for example, smoking-- Nobody called Churchill or Roosevelt an addict. Now they would be called nicotine addicts. So addiction is not a descriptive term, it is a stigmatizing term which is culturally conditioned. And it reflects not a property of the drug, but a property of the culture. So in sum, drugs cannot cause addiction.

TIMEKEEPER: Thank you, Doctor. Dr. Schottenfeld, would you like to introduce your first guest?

DR. SCHOTTENFELD: Yes. To my left is Professor Ernest van den Haag. He's been trained in psychoanalysis and law. He's retired as the John M. Olin Professor of Jurisprudence at Fordham University, and as you will hear, there is some disparity and divergence of opinion on our own panel.

DR. VAN DEN HAAG: Okay. I think almost anything can cause addiction in the sense that it can form a habit which is hard to get rid of, depending on how volitionally strong people are. Drugs can cause addiction; so can my girlfriend. If I am deprived of her I will be restless and suffer from insomnia, loss of appetite, all kinds of things that being deprived of an addictive substance--because it's not the substance that is addictive, it's you who wishes to continue a habit that you have formed. Is my time up?

TIMEKEEPER: You're doing fine.

DR. VAN DEN HAAG: [laughing] I can go for a long time. Okay. It is certainly true that some thins, say alcohol, are more addictive than others. Other things are simply called addictive because people don't like them. In general [bell] I don't know how you could cure an addiction, and I think it's--

TIMEKEEPER: Oh, you've got your time now, so we'll move on here. Dr. Szasz, will you introduce your first teammate?

DR. SZASZ: I'd like to introduce Professor George Alexander, who teaches law at Santa Clara University in Santa Clara, California.

MR. ALEXANDER: It's really difficult to improve on the statements that have been made by my good friend and colleague, Dr. Szasz, and now by Professor van den Haag, with which I completely agree. Addiction is a nonsensical term because it is simply descriptive--misdescriptive--of behavior. If it were a sensible term, then I would also agree with the statement made by Dr. Schottenfeld that drugs are addictive, but then my first addiction to which I have to confess was milk. There was a time when withdrawal of milk gave me all of the symptoms that are typically described, but my parents carefully weaned me off that addiction, and frankly, I am now cured and I can even have a glass of milk without feeling that I've got to have another. So it is a curable thing. And that, I think, is the question we really should be asking. Is there behavior that can be altered? That's an important question, whether drugs are addictive in this nonsensical way [bell] is unimportant and misleading.

TIMEKEEPER: Thank you, Professor Alexander. Dr. Schottenfeld, your last teammate.

DR. SCHOTTENFELD: Dr. Anne Geller is chief of the Smithers Addiction Treatment Center and immediate past president of the American Society for Addiction Medicine.

DR. GELLER: Addiction is a complex illness, and it consists of three major components: One are the drugs, which produce profound brain changes and are variously powerful. The second is the host--in this case human beings, though it could be animals--which is variously vulnerable. And the third is the environment, which provides or does not provide ready access to drugs and approval of their use.

TIMEKEEPER: Thank you. Dr. Szasz, your last teammate.

DR. SZASZ: I'd like to introduce Dr. Jeffrey Schaler, who teaches at the Johns Hopkins and American Universities.

DR. SCHALER: Thank you. I think it's important to be clear about several facts regarding addiction. One, of course drugs

cannot cause addiction, because drugs are inanimate objects, and if one really, truly believed that drugs had the power to cause addiction, of course we would consider such an individual to be psychotic. And I don't believe that my colleagues here are psychotic, so I suspect that to defend the notion that drugs could cause addiction is really a political trick or gimmick to effect a particular style of social control. I think it's also important to differentiate between how drugs get into the body and what drugs do to the body. What drugs do to the body is relatively uncontroversial. The controversy here is how do drugs get into the body? And of course, people choose to use drugs. Thirty-five years of research testing the notion of loss of control has always shown that
people use drugs--heroin, cocaine, and alcohol--for psychological reasons, not for physiological reasons, or in such a way as could be caused by the power of the drug. [bell] Thank you.

TIMEKEEPER: Thank you. Dr. Szasz, would you mind standing up and let's begin the questioning of the debate. Dr. Schottenfeld, your team may begin.

DR. SCHOTTENFELD: Dr. Szasz, I thought I might start and then ask-- Do you think there is any role for society or government to play in improving public health, what type of roles, and-- For example, do you think the government should attempt to regulate or limit exposure to clearly toxic substances or carcinogens?

DR. SZASZ: The government has a role in informing and protecting people from harmful substances--for example, explosives, which are chemicals, and it has a role in regulating the purity and truth of representing what a drug is that a consumer would purchase. Beyond that, I do not believe government has a role in protecting adults from themselves, which is a key issue in the debate about drugs.

DR. SCHOTTENFELD: Let me follow up just by a question about how you think about and would respond to an addict who, for instance, has neglected his children and is now desperate to overcome addiction and become a good parent? Do you think that treatment should be made available to that person? Do you think that society should conduct research to improve drug abuse treatment and to make treatment available?

DR. SZASZ: Well, you are asking many, many questions: whether or not it is a function of the government to provide treatment for diseases which are bona fide diseases, and then to

provide treatment for what are not diseases but are politically defined as diseases. It's difficult for me to discuss this subject without reminding people of the audience that masturbation, self abuse, was for 200 years the leading psychiatric disease before it was replaced by drug abuse. So these are not diseases. Now if this person wants to stop using drugs, he should use the same economic means to get treatment that he used to get the drugs, namely, he should pay for it. If he wants it, he will pay for it. A characteristic of so-called drug treatment today is that the people who get it don't pay for it. They only pay for the drugs, not for the treatment.

DR. SCHOTTENFELD: While of course in some ways we may disagree on some of the premises, I think that if people contract illnesses as a result of, say, exposure to toxic substances, even if they allowed themselves to be exposed, that they still would require treatment. I'd like to open up for the next question.

DR. VAN DEN HAAG: Yes --

DR. SCHOTTENFELD: Who would like to ask the next question, Dr. Geller or--

DR. GELLER: I would like to ask the next question. Inasmuch as drug use starts way below the time that people could be considered as adults--in fact, most people start their drug use of drugs of addiction, whether it be nicotine, alcohol, or more illegal drugs, during their teens, when they can't be considered as adults, is there anything that you would consider appropriate to protect these young, very vulnerable people from access to drugs?

DR. SZASZ: Yes, indeed. First of all, the first appropriate thing I think government's duty is to leave adults alone. If your concern is children, then the government should say if you want to smoke or take heroin or anything else as an adult, as a competent adult, then stay out of my life. After that, I would say that it would worry Jefferson, not to mention Aristotle, the idea that it is the government's job to protect children from taking toxic substances. For thousands of years, and even today, when it comes to household cleansers and toilet cleansers, which are all very toxic, it is parents who have to protect the children. The government does not assume--you don't hear either from Mr. Dole or Mr. Clinton talk about protecting you from Clorox. But Clorox is much more dangerous for children than marijuana.

DR. GELLER: I would disagree, and I think that--

DR. SZASZ: You disagree that drinking Clorox is--

DR. GELLER: Oh, that over the long haul, drug addiction causes a great many more--

DR. SZASZ: But there is no drug addiction--

DR. GELLER: --problems for society.

DR. SZASZ: --we are talking about learning a habit. Drug addiction is already a--
DR. GELLER: Whatever you call it, whether it's learning a habit or not--

DR. SZASZ: That's very important.

DR. GELLER: --it results in--

DR. SZASZ: It's very important.

DR. GELLER: --incredible societal cost.

DR. SZASZ: That's not true. It's only if society defines it that way.

DR. GELLER: And drinking Clorox is not--

DR. SZASZ: For hundreds of years, people have smoked. And even in many parts of the world today, the government promotes it.

DR. GELLER: And 400,000 people--

DR. SZASZ: Our government--

DR. GELLER: --year die of nicotine addiction.

DR. SZASZ: Our country was founded on the growing and exportation of tobacco. That's a historical fact. The fact that tobacco is harmful has been known for hundreds of year; it was not discovered by any surgeon general. The surgeon general doesn't discover anything. He is a political mouthpiece. All this is now part of our American scene that we are discussing, and to medicalize it, as you are trying to do and is a popular trend, I think is simply a politically ideological phenomenon like stigmatizing blacks or Jews.

DR. GELLER: Oh, you should tell that to the people who are dying from the results of their nicotine and alcohol addiction and to the people whose children have been killed--

DR. SZASZ: Thirty million Americans have stopped smoking, according to government statistics.

DR. GELLER: And many more are not able to.

DR. SZASZ: Not able to? Or not willing to? How can you tell the difference?

DR. GELLER: It's very difficult.

DR. SZASZ: Not difficult at all.

DR. GELLER: But they can be helped to be willing or able, whatever you want to call it--

DR. SZASZ: If they want to be helped. I have no objection to helping people voluntarily. [bell]

TIMEKEEPER: It's difficult for me to stop this, but you may sit.

Dr. Schottenfeld, you can stand and your team can now question Dr. Schottenfeld.

DR. SZASZ: Then perhaps we should begin with where we left off. How do you justify government coercion of adults who take drugs and whose drug-taking in no way interferes with their life, so you have to test them to find out whether or not they take drugs? Now explain that, please.

DR. SCHOTTENFELD: Well, first of all, most of the people who I see and treat come to me because of the pain that drug addiction is causing.

DR. SZASZ: Who is paying for their treatment?

DR. SCHOTTENFELD: Some pay me directly, some--

DR. SZASZ: What percentage pay you directly from their own pockets?

DR. SCHOTTENFELD: It depends on the site. I see some private patients, they pay me directly, some get insurance, and I

also work very much in the public treatment system that is very much supported by public treatment dollars. And the people who come--

DR. SZASZ: And they come voluntarily?

DR. SCHOTTENFELD: Many do. They come voluntarily, they come because of the pain that--
DR. SZASZ: Let's just address-- Let's address the involuntary section, because you are wriggling out of this issue.

DR. SCHOTTENFELD: Well, even the involuntary section, many of the people who have come in initially involuntarily as they have made the types of changes and have been able to give up and move away from drugs are thankful for that intervention. And what they have often experienced is what I said at the outset. The drugs have fooled them. They have fooled them into thinking that this is the way they get pleasure, this is what's important, this is more important than anything else to them in their lives, and that is in part a chemical fooling, it's the way drugs work on the brain, it causes terrible problems. And when they are no longer fooled, they're able to make enormous changes and feel often extremely grateful that somebody--government, a family member, an employer, a friend--helped push them into treatment.

DR. SZASZ: Let me only say that this sounds to me--and I don't know if it sounds to you--very, very eerily similar to forcible religious conversion. But I would like Professor Alexander to continue.

MR. ALEXANDER: Thank you. I am just interested in where you stop. You believe in government making our lives better, and you point out that they will be thankful afterwards. Well, let's put that aside. We have no data on how many are, how many aren't. But suppose now I propose to you that the government tell you to stop eating eggs and stop using white sugar and stop eating fatty foods--not asking you to do it, but telling you to do it, with some demonstration that your life would probably be better--and eat less, maybe more me than you, but assume it anyway. Are these all good things?

DR. SCHOTTENFELD: No, and I wouldn't call for the government making those types of changes.

MR. ALEXANDER: But you're calling for the government to do exactly that with respect to people who have made a choice at

some point to take drugs, presumably knowing all of the things that you know, at least at some level.

DR. SCHOTTENFELD: Well, it's not clear that they know all the things that I know at any level. As Dr. Geller has already said, most of the people who become addicted to drugs start out using drugs as children, adolescents. I don't think they are fully informed at that point. I don't think they can imagine what life will be like if they become addicted. I think they get swayed very early on by what a friend, what a peer is doing, and make choices that can be terrible for them.

MR. ALEXANDER: But if you're right about that, then it seems to me the government has failed. It has failed in providing adequate information. I don't believe that for a moment. But shouldn't that be where we put our energy so that people understand the consequence of their choice?

DR. SCHOTTENFELD: Well, I certainly think that's an important role for government to play. I agree with you. The government should make accurate information available. It should do a lot of things to try to educate our citizenry broadly about what are the risks and benefits of various types of behaviors, how to avoid those risks. That's an important role. When it comes to addiction, addiction to heroin and to cocaine, I think considering the very clear problems that people experience as a result of their being addicted to these drugs, government has other roles that it needs to play.

MR. ALEXANDER: Let me, before you go on to them, ask you a bit more about that. If you assumed, as I do, that the government has spent tremendous amounts of money providing education, but will spend whatever more you think it needs to educate people, then explain to me, after that education, why the government has any more of a role in keeping people from choosing drugs than in keeping people from choosing alcohol, which it allows, or eggs or fatty meat?

DR. SCHOTTENFELD: Well, I think that in part the role is called for, considering the nature of the problem and the severity of the problem. Government has a role to play [bell] in limiting carcinogens, access and exposure to carcinogens, and it should play that role. It's an important part of preventing cancer.

TIMEKEEPER: Thank you, Dr. Schottenfeld. Professor Alexander, would you please stand and be prepared to be

questioned.

DR. VAN DEN HAAG: Am I doing--

TIMEKEEPER: You can. You can go ahead.

DR. VAN DEN HAAG: Okay.

MR. ALEXANDER: I hope we disagree enough to make this interesting.

DR. VAN DEN HAAG: Well, yes, I am wondering. There is one thing though that I agree with you, that it is not a disease. I think that it's a habit, but a habit which may be very hard to get rid of. Now this habit not only damages the individual, which is a choice that's theirs, as you pointed out, but it does have some social damage--for instance, the people who engage in this habit to a strong degree may not be able to work and may have to be supported, as it were, by society. Dr. Szasz pointed out correctly that they ought to bear the cost of their own treatment. But most of these people are not able to bear any costs, because they don't make any money. So I am wondering how you would confront this problem.

MR. ALEXANDER: A very interesting question, though a rather broad one. What you're asking me to do is to solve the welfare problem, and Congress has just demonstrated it's a hard one to solve. People do create the problem--

DR. VAN DEN HAAG: I'm not asking you to--

MR. ALEXANDER: I think you are. Let me tell you why I think you are. People create all sorts of problems, such as not making themselves employable, which the government ultimately has to solve in one way or another, and drugs are no different from that. Lots of people can use drugs without becoming a government liability, and as a general matter I reject the notion that because any habit may ultimately make a person indigent or in need of government help gives government a right for that reason to intervene.

DR. VAN DEN HAAG: May I interrupt you?

MR. ALEXANDER: Please.

DR. VAN DEN HAAG: It seems to me that implicitly you have

conceded that government has an interest in keeping people employable. Now go a step further: For a person to remain employable, there are two factors involved. First, the volitional factor: He must want to be employable. If he wants to go on taking drugs instead of being employed, there is really nothing much that can be done about it. But supposing he wants to, or at least is neutral, he is willing to become employable, don't you think that the government may play a role in helping him to become employed? Let me just add: I don't believe there is any treatment for drug taking, incidentally. It's volitional; a person will take drugs if he wants to. And Dr. Schottenfeld says that in some sense he is fooled into believing that it's pleasant. Well, you know, you may be fooled once, but if you find out it's pleasant and afterwards is unpleasant--

DR. SCHOTTENFELD: I wonder who he is answering the question of, you or me?

MR. ALEXANDER: Well, I think he is -- I am about to point out--

DR. VAN DEN HAAG: I am making a statement and hope that you will have a comment--

MR. ALEXANDER: I am about to point out, I think he is asking it of you, because he says, shouldn't the government be obliged foolishly to spend its money doing something that can't be accomplished? And I think I have an answer to that. I think no, it spends enough of its money foolishly as it is and it shouldn't do more of that, but most of all, let me point out that the answer to the question doesn't answer the question that we're debating, because it's a question of social policy to what extent the government makes up for the needs of its citizens and one in which it is conceivable that at an extreme Dr. Szasz and I may have slight disagreement. But however you resolve the question of how much government money ought to be used in providing something useful, if one accepts your premise, that this treatment is useless, then certainly that is not something that the government should do.

DR. VAN DEN HAAG: This treatment-- Forgive me, I don't know--

DR. SCHOTTENFELD: Maybe we should have Dr. Geller shift to at least perhaps a different view about whether treatment is useless and some type of follow-up question.

DR. VAN DEN HAAG: I would like to try to define first of all what we mean by treatment. If we mean by treatment an educational effort to call attention to the damage that drugs produce--
MR. ALEXANDER: Well, then I am all for it.
DR. GELLER: No, no, no--

MR. ALEXANDER: I said that.

DR. GELLER: --we don't mean that. We mean what we do--

DR. SCHOTTENFELD: But I think there is disagreement here between what we might mean and what's important in treatment, and maybe Dr. Geller would like to address that question.

DR. GELLER: I would like to ask you: Have you read the treatment outcome data? Are you aware that there is considerable scientific evidence that treatment in fact is effective for a certain percentage of the people treated? Not all of them--

MR. ALEXANDER: Absolutely.

DR. GELLER: --but some of them.

MR. ALEXANDER: Absolutely I've read that. And some of it is true, some of it is not.

DR. GELLER: Absolutely, so--

MR. ALEXANDER: But for the portion that is true, I welcome the notion that voluntary people find means to take whatever help they can get in changing their habits. I mean, I think people ought to get help in exercising more too, and in eating better foods. I am for all of that. [bell] I am simply not for dragging people off the street to do it to them when they don't want to, and my reason is exactly yours: It can't be done, it's a waste of money, and it is a bad government policy.

TIMEKEEPER: Thank you. Professor van den Haag, would you stand and be prepared to be questioned?

DR. VAN DEN HAAG: Whom am I asking?

TIMEKEEPER: Oh, they'll be asking you.

DR. VAN DEN HAAG: Okay. I'll answer anything. Not

necessarily correctly. [laughter]

DR. SCHALER: Professor van den Haag, it seems that you view addiction as a volitional process now--

DR. VAN DEN HAAG: Yes.

DR. SCHALER: --and I suspect that what you may refer to as treatment involves secular ethics, education, that type of thing, through conversation, perhaps even moral confrontation with oneself. How could involuntary treatment ever be justified?

DR. VAN DEN HAAG: Let me answer this simply. I am totally opposed to involuntary treatment--

DR. SCHALER: Good. Good.

DR. VAN DEN HAAG: --because both I think it's morally suspect and because I think it is totally useless. If a person wants to drink, you can tell him 50 times, "You're an alcoholic; you must change," and still if he wants to drink, he will drink. You can dry him out, you can deprive him of alcohol or heroin or cocaine or whatever, for awhile, but if he wants to go back and do it, he will go back and do it. So the thing has to be voluntary. But I don't feel-- When we speak of volition, we should keep in mind that it is not a monistic, homogenous factor. A person may really in some part of his personality wish to refrain from taking drugs in view of undesirable consequences, but at the same time, not be able to resist or feel unable to resist, or in fact not resist the temptation to take the drug, even though he has told himself he will not take it. Now it seems to me that as long as it is voluntary--and let me point out, we haven't found a good method of doing so--but to the extent to which we could do it, we should try to strengthen his volition and try to give him the information that leads volition in the right direction.

DR. SCHALER: May I add one thing to that question, please? I am not sure which psychoanalytic organization has come out with this position statement--it's one of the large ones that basically has voted against insurance involvement in reimbursement for psychoanalytic therapy, treatment, et cetera, because they view it as intrusive and in violation of confidential relationship between the analyst and the client. Along the lines of your view of what constitutes treatment and what constitutes addiction and understanding that you oppose involuntary "treatment," do you see any role--

DR. VAN DEN HAAG: Let me--
DR. SCHALER: Let me finish one thing. Do you see any role for government to support treatment in any capacity?

DR. VAN DEN HAAG: Yes, I do, a). And b) Let me point out I am opposed to involuntary treatment of anything, including for that matter cancer or whatever else.

DR. SCHALER: But state involvement in--

DR. VAN DEN HAAG: But treatment should always be voluntary unless it--there are some exceptions, but very few--but when you ask is there any role, there is a role for the government to help people who are affected by cancer by making treatment available if they can't afford it themselves in some form or other, without going into the details. Now I would think that if I have the impression that a person drinks or takes heroin or cocaine, et cetera, and really would like to stop but needs some sort of environmental reinforcement of his volition to do so, I would be willing to provide that within limits, but it depends in the first place, I have to be sure that the person has not been referred to me by a court who says to him, go over to this treatment center and then you don't have to go to jail. That would be useless, of course.

DR. SZASZ: But look, if I may say something, this discussion and your comments certainly are premised on ignoring the fact that the American government, instead of persecuting foreign enemies, which used to be the duty of governments for thousands of years, is now persecuting its own citizens in the name of drug abuse and drug treatment. After all, the jails are full of people, for instance--

DR. VAN DEN HAAG: Well, I haven't gone into that because that wasn't the question I was being asked.

DR. SZASZ: Well, but it's--

DR. VAN DEN HAAG: Forgive me, when you say prosecuting its own citizens, the government always prosecutes people who break its laws. If it has made a law, which you may oppose--

DR. SZASZ: But you are opposed to it. But you are opposed to it.

DR. VAN DEN HAAG: No, no, forgive me. I have not talked about that. I am against involuntary treatment, but I am not necessarily against punishment for people who break the law. I

may want to change the law or not; that's a different matter. But meanwhile I don't regard it as persecution if a person is prosecuted and punished for breaking a law with which you may disagree or I may disagree. It's still a law.

MR. ALEXANDER: Forgive me. I just have to ask. Was it just for the German government to enforce the law of 1930s Germany?

DR. VAN DEN HAAG: I didn't say these laws were just or that any laws were just..

MR. ALEXANDER: No, no, but you said--

DR. VAN DEN HAAG: And you know, I haven't discussed it. Forgive me, I have merely objected to Tom's insistence that--
MR. ALEXANDER: But was it not persecution in Germany?

DR. VAN DEN HAAG: --that the government punishes people for breaking the law. It's persecuted--

TIMEKEEPER: Thank you, Professor. Dr. Schaler, will you please stand? And you may begin questioning.

DR. SCHOTTENFELD: Dr. Geller.

DR. GELLER: Dr. Schaler, I am enormously concerned by the direction in which this debate is going, because we seem to be ignoring the fact that drugs cause very significant brain changes when people ingest them, and that when people ingest them repeatedly, the brain is changed and changed in a permanent fashion. That change in the brain drives behavior. And I would be interested to know what you think about addiction as a driven behavior caused by the drugs that the addict has ingested.

DR. SCHALER: Well, first let me respond by saying there are many different activities that people engage in through which they can damage their brains, so certainly one could do that through the use of drugs, but drugs aren't exclusive in that sense. Right? For example, riding bicycles, skiing, doing all kinds of activities; using chainsaws can cause enormous injuries. Now with regard to the idea that somehow a change in the brain could cause behavior, I would like to respond by asking you, how do you reconcile 35 years of research testing the loss-of-control hypothesis of alcoholism, the most extensive studies on cocaine conducted at the Addiction Research Foundation in Canada, and Lee Robins*, the epidemiologist Lee Robins' study, the largest

study of confirmed heroin users--1973 Archives of General Psychiatry. In each of these studies, the "alcoholics," cocaine users, and heroin users were found to control their drug use for reasons that were important to them. The presence of alcohol, cocaine, or heroin had absolutely nothing to do with it. Now these are confirmed studies in reputable journals. Never has the loss-of-control theory, which underlies your question--certainly the loss-of-control theory of addiction, which came out of alcoholism in the temperance movement--it has never been held up, it has always been found to be false, a myth. So I don't see any evidence that shows that a change in the brain, which has yet to have been identified, it is only hypothesized--can be shown to cause behavior. It has never been shown. The opposite is true.

DR. SCHOTTENFELD: Well, that is always a complex issue, and there may be multiple factors involved in affecting behavior, causing behavior, and changing behavior. There are ways in which things that can be caused by physical, biological impact of, say, drugs and reward systems, might also be affected and remediated by talking, by social influences. Cause is a complex issue, and we shouldn't--you know--we shouldn't make it less so. The question--

DR. SCHALER: But the research has--

DR. SCHOTTENFELD: The question--

DR. SCHALER: --consistently shown--

DR. SCHOTTENFELD: The question that--

DR. SCHALER: --that what people believe about the power of drugs and the environment--

DR. SCHOTTENFELD: I was wondering about the research in your--

DR. GELLER: I --

DR. SCHOTTENFELD: I was wondering about the research and some of the research that now really looks at the impact of drugs on specific brain cells, on the changes that occur there, either in the whole systems of the brain and how that gets affected and remains affected for prolonged periods of time, the reward system, the limbic system, and on individual brain cells that are permanently changed. You know, there is research that shows the

genetic changes that occur, the expression at the level of the gene, of proteins that occur from drug abuse, and I was wondering how you--

DR. SCHALER: Well, I would like to go back--

DR. SCHOTTENFELD: --incorporate in that your view that drugs don't cause--

DR. SCHALER: --to my original statement, because to me this type of argument is really a red herring. We differentiate between how drugs get into the body and what drugs do to the body. What you're saying is: How do you explain these changes in the body that cause through the actual chemical interaction of the drug and physiology? That's relatively uncontroversial. The issue here is how does the drug get into the body? And it sounds like what you are saying is the change in the brain causes the person to take the drug which gets into the body. No, there is no evidence to show that at all. Certainly there can be changes in the body and the brain through the use of drugs--through drinking coffee.

DR. GELLER: Do you believe there is a difference between why people initially use drugs--why some of the people who use drugs seem to be unable to stop using them, and why adults who have been exposed to drugs as children seem to be unable to control their drug use?

DR. SCHALER: That they may seem to be unable is one thing. I don't believe they are unable [bell] because if you ask every person who was a heavy drug user how they stopped, they said they wanted to stop. They stopped because they decided to stop. [bell]

TIMEKEEPER: Thank you, Dr. Schaler. Dr. Geller, if you don't mind standing up and preparing to be questioned. Anyone can jump in--

DR. SZASZ: How can you distinguish between whether somebody-- I mean, you are confronted by another adult-- Now your premise and the premise of the drug treatment ideology is that the person can't control himself. Well then, how come he is allowed to vote? How come he is allowed to vote? How come he is allowed to drive a car? How can he control everything else in his life except this thing?

DR. GELLER: That is--

DR. SZASZ: He controls his bladder, his bowels, I mean, his--

DR. GELLER: That is really remarkable, and in fact, one of the things that's characteristic of many, many people who are addicted is that they have enormous will power and ability to control all kinds of other behaviors. But where the drug is concerned, the drug has produced, I believe, changes in the brain which makes their ability to control that particular piece of behavior exceedingly difficult, and in the presence of the drug, often impossible.

DR. SZASZ: Well then how do you explain the fact that when a person like this is treated in the old-fashioned, brutal way, and simply put in prison for two months, cold turkey, then he comes out and starts taking the drug again. Now he's free of the drug effect.

DR. GELLER: Oh, he's free, but his brain has changed. I mean, I think that we all understand that--

DR. SZASZ: So now you are saying that the brain--

DR. GELLER: --there are long-lasting effects in the brain after using drugs. We can see physiological changes measurable--

DR. SZASZ: You can see physiological--

DR. GELLER: --occurring years after--

DR. SZASZ: One moment.

DR. GELLER: --addicts abuse drugs.

DR. SZASZ: Well, as Dr. Schaler has emphasized, you keep wriggling out of this. There are physiological changes after you box. You have minute hemorrhages in the brain. Well, is that why you go back and box again or because you want to make more money?

DR. GELLER: Well, no, but they are not the same kind of changes. I mean, obviously some changes will--

DR. SZASZ: They are much more clearly demonstrable than the changes you claim.

DR. GELLER: Oh, but the kind of changes you get from boxing are going to possibly cause dementia or difficulty in cognitive

function, but they are not going to cause addiction, because they are not in the same area of the brain.
DR. SZASZ: Well--

DR. GELLER: Why would you expect that?

DR. SZASZ: --I don't want to push this line of argument--

DR. GELLER: That's simplistic.

DR. SZASZ: --because it becomes silly, but in effect you are saying there are two kinds of human beings, one that can't control themselves, and the other, all the rest, that can. Well then, why have blanket prohibition? Why prohibit drugs from all the others?

DR. GELLER: Oh, I think that one of the very interesting areas of research is why some people appear to be more vulnerable to drugs than others. And certainly we have a lot of research that suggests--I think the data is convincing--that this is on a genetic basis, not a simple gene, but a complex mode of inheritance which makes some people more vulnerable to the effects of certain substances.

MR. ALEXANDER: You seem to understand the many mysteries that we don't understand, but why do you reject the much simpler answer that people take drugs because they choose to take drugs? If that's the cause, then it seems to me most of your efforts are unfortunately misguided.

DR. GELLER: It seems to me that that's a kind of over-simplified use of the word "choose." I don't know to what extent an addict who is, for example, going through withdrawal and feeling physiologically absolutely awful, chooses to use the drug. I don't know to what extent someone who comes out of prison, for example, and as you can measure, after two months, sees heroin or sees his dealer and experiences profound physiological change. I don't know what the meaning of the word "choose" is in that instance. It's very different from someone choosing in other ways. [bell]

TIMEKEEPER: Thank you. It's time to move on to the next round. Dr. Szasz, Dr. Schottenfeld, do you mind standing? Dr. Schottenfeld, you can begin questioning Dr. Szasz.

DR. SCHOTTENFELD: Good. I thought maybe we could start by exploring this issue about choice. And what I am thinking about here is that we know that peer pressures, peer influences

powerfully are major factors leading young people to use. There are surveys now, for instance, of California and New Jersey students showing that 60-70 percent cite as a reason that they don't use the fear of getting in trouble if they did use. So this issue of choice, I would wonder whether you don't see it in part as being in relation to what choices are available, what people are encouraged to do by other people, by society, what countervailing influences we develop.

DR. SZASZ: One question at a time. I am glad you asked this question, because I have wanted to at some point bring up a very simple consideration that Professor Alexander has pointed out, the simplicity of maybe people choose to take drugs. For thousands of years, and especially--this is especially important in the Jewish and Christian tradition--people thought and believed that one of the most important things in raising a child and growing up is resisting temptation, saying no to certain things, abstaining from sex until you can take care of your offspring, abstaining from peer pressure not to study and instead to have pleasures, postpone gratification. This is a choice that is available to everyone because it is simply the choice to abstain from something. Now this is systematically undermined by the medical and governmental ethos of, "You poor thing. You can't help yourself. We'll take care of you."

DR. SCHOTTENFELD: But those choices, don't they also get affected by the types of messages that we give? By--

DR. SZASZ: Yes, we give the message that you can't help yourself.

DR. SCHOTTENFELD: --what society prescribes as smart behavior, what it suggests people do?

DR. SZASZ: Absolutely.

DR. SCHOTTENFELD: So there are a variety of ways in which society can and should influence the behavior to help people make choices that will ultimately be in their best--

DR. SZASZ: But you are not speaking of the issue of temptation. The way the government can influence the system is by letting people be exposed to temptation and suffering the consequences as early as possible. It's to do with raising a child and training him how not to wet the bed, how not to eat all night.

DR. SCHOTTENFELD: But there are some consequences that I

think are too dangerous to let people experience, and drug addiction is one. [bell]

DR. SZASZ: Then they will never control themselves.

TIMEKEEPER: Dr. Szasz, now you can go on the offensive.

DR. SCHOTTENFELD: I thought he was. [laughter]

TIMEKEEPER: It was almost like that, but don't sit down yet.

DR. SZASZ: Well, my offensive would be-- I mean, let me be kind of nasty. Don't you think one could ask the question which the Romans always asked in controversies: Cui bono? Who benefits from this idea that, "You poor thing, you can't control yourself?" You can control yourself, and you can control yourself, but your patients can't. I find this ugly.

DR. SCHOTTENFELD: Again, I don't think the issue is who can control themselves and who can't. I think that people, after they get exposed to drugs, many people become addicted, and in that process of becoming addicted, they no longer can control themselves. They make decisions--they make decisions that are not right for them. They are not right for them, they are not right for society, and in that sense they have lost control of themselves, and people again that I've treated and I've seen, when somebody who has made the decision-- He is in the midst of a cocaine binge, he's suffering chest pain from the cocaine binge. What does he do, he stops using for a couple of minutes until the chest pain goes away, and then he goes and gets more cocaine. I don't think that indicates great control, and I know in talking to many people like that, who have experienced that, that they are much happier and feel much more in control when they are no longer addicted.

DR. SZASZ: Well, I don't know if you have read and whether you trust a book like Malcolm X's Autobiography of Malcolm X, which describes how he was unable to get off drugs with all the treatment systems, but got off it when he decided to get off it. And that he said that getting off cigarettes was much harder than getting off cocaine or heroin. I trust that kind of an account much more than the professionally prejudiced accounts, all of which profit economically from this enormous government-funded industry called drug treatment.

DR. SCHOTTENFELD: I agree with part of what you are saying

in that there are many ways that people can come off drugs, and Malcolm X demonstrates one of them. [bell] People can come off in other ways too. Medical treatment is very effective as a way of helping--

DR. SZASZ: Then would you have any objection to-- [bell]

DR. SCHOTTENFELD: --people come off drugs.

DR. SZASZ: --getting the government out of the medical treatment--

TIMEKEEPER: Thanks, Dr. Szasz, we're going to have to hold you back now. Professor Alexander and Professor van den Haag, if you don't mind standing up, and you may begin to question Professor van den Haag.

MR. ALEXANDER: Thank you. I think it's wonderful because we have really shared a lot of agreement and we come to the point of disagreement. You seemed to assert a few minutes ago that you thought people could not be persecuted when the government simply insisted that the laws be followed, but I know you don't mean that. I just want you to tell me you don't mean that, because then I want to ask you about the justification for the laws we have.

DR. VAN DEN HAAG: Well, that's largely a semantic matter. All I wanted to say is that all governments, whether they are legitimate or not, prosecute people who do not obey their laws. It's a wholly--

MR. ALEXANDER: But if the laws are bad--

DR. VAN DEN HAAG: Wait a moment.

MR. ALEXANDER: Yes.

DR. VAN DEN HAAG: It's a wholly different matter whether the government is legitimate, whether its laws are legitimate, whether you want to obey them, whether you think morally it's better not to obey them-- That's not what I was discussing. I was discussing--

MR. ALEXANDER: We were just quarreling about "persecute."

DR. VAN DEN HAAG: Right. And let me point out--I want to quarrel just a little bit more semantically, because I don't think we are all that-- intellectually at least--divided. I do totally agree that

people can, if they want to, control themselves. And that when they say "I can't," they generally mean, "I am unwilling to," despite the fact that you call to their attention that they should, et cetera, et cetera. But I think you go a little too far. You see, people's volition, what they want, can be influenced by other people. Not compelled--I am totally opposed to that; it doesn't work. But you can influence them. You can, for instance, try to change the atmosphere of the young in such a way that--

MR. ALEXANDER: Forgive me. I see where you are going, and we probably agree on a good part of it. Let me get to something on which we disagree. Since we both agree that taking drugs is a volitional matter and we both agree that it is illegitimate for government normally to change choices legitimately made, why are you for criminalizing the use of drugs?

DR. VAN DEN HAAG: It is illegitimate to change choices, I agree with you, but not necessarily to influence choices. Now I think criminalization has in the United States in the whole not had the effect of making drugs unavailable. [bell]

MR. ALEXANDER: No, it has filled our jails.

DR. VAN DEN HAAG: The major effect has been to--

TIMEKEEPER: Mr. van den Haag, you can start questioning now. We're starting your time.

DR. VAN DEN HAAG: Okay. This is part of a question: Don't you agree that the major effect of the law has been to cause the prices of drugs to be higher than they would be otherwise?

MR. ALEXANDER: Exactly the point I was trying to make.
DR. VAN DEN HAAG: --and making it therefore a little bit more difficult to use--

MR. ALEXANDER: No. More attractive to get into the drug business and filling our jails.

DR. VAN DEN HAAG: Yes, I totally agree with you. More attractive to get into the business, but the price is higher. And the price being higher, less of it will be consumed. And if a government's intention is to reduce the consumption, this is one way of achieving it.

MR. ALEXANDER: And if you say that although you can't

really explain that the matter isn't volitional, it makes sense for the government to fill half of its prisons and jails with people who are there because the government is trying to dissuade a few from taking drugs, that sounds fairly nonsensical.

DR. VAN DEN HAAG: Forgive me. People are there voluntarily. They are there because they choose to do what has been forbidden, knowing full well that if caught and convicted they will be punished. So this is a choice.

MR. ALEXANDER: So the government--

DR. VAN DEN HAAG: Now if you like drugs so much that you are willing to take the risk to go to prison for them, et cetera, then--

MR. ALEXANDER: Let me restate your point. The government had two options and both options had to do with changing people's choices. They could change people's choices a little bit to take drugs, and they could change people's choices a lot about committing criminal acts, and they chose to change people's choices about committing acts in order to achieve the small objective of encouraging a few people not to take drugs. That's a pretty heavy price

DR. VAN DEN HAAG: I am not sure that I follow you fully, but let me point out that there are good reasons why the taking of drugs is socially undesirable. Not to the point necessarily of saying that the people who do it can't help it or anything like that. I think they can help it, but I think the government has a right to discourage this. I think the majority of the American people would like it to be discouraged because they are aware of the fact that people who do take drugs become in many ways socially undesirable. [bell]

TIMEKEEPER: Thank you, gentlemen. Dr. Schaler, Dr. Geller, if you don't mind standing. Ladies first, and you may start questioning.

DR. GELLER: I'm, again, a little concerned about the direction we're taking when we talk about volition, because my concern, as I have emphasized before, is with the introduction to drugs for young people, since that's where most of the introduction occurs. And I would be very interested to know how you would view any kind of governmental intervention in making drugs less available to young people, where addiction, as I see it, begins.

DR. SCHALER: Well, it's a difficult, and certainly an arbitrary decision where to draw the line in terms of access even for alcohol. I think that we should be consistent in our public policies insofar that we allow and even require that someone die for his country, that same person should be capable of making a decision as to whether he could drink or take drugs. So I'm for and support a consistency in policy. If that age is 18 at which a person can vote and can join and fight in the armed forces, then certainly he can make a decision about--or her-- about consuming alcohol and any other drugs. So from that point of view--

DR. GELLER: Most of my patients started their drug use much, much younger. I am talking about eight, nine, 10.

DR. SCHALER: Well, most people who use drugs at a young age mature out of drug use. That's a natural phenomenon. There is plenty of research work that shows that maturing out is a normal, natural recovery from alcoholism. To quote the title of a book by George Vaillant, most people just move out of it. So I don't really see a problem that you're describing there.

DR. GELLER: We aren't talking about most people. Most people don't seem to be vulnerable to addiction.

DR. SCHALER: I don't see any people as vulnerable to addiction. I don't see the person as a victim. And my concern is that we are in fact reinforcing a helplessness and passivity by continually defining the person that way. The person that you label as an addict isn't suffering from a weak will. In fact, he or she has an iron will. He chooses to use drugs no matter what. He has a very strong will.

DR. GELLER: Yes, I want to say the objection that you are having to "vulnerability," would you consider that some people are not vulnerable to diabetes, to arthritis--

DR. SCHALER: Again--

DR. GELLER: --to any other chronic illness?

DR. SCHALER: But again, I think you are mixing categories here, and this is really a red herring. Diabetes is not a moral situation. It's a medical, physical illness. What we talk about in terms of addiction--

DR. GELLER: I don't believe that drug addiction--

DR. SCHALER: --we're talking about--

DR. GELLER: --is a moral situation.

DR. SCHALER: --moral issues and we talk about values and volition.

TIMEKEEPER: Dr. Schaler, you can now turn that around into a question, if you like.

DR. SCHALER: Well, I would like to continue with this. Do you see diabetes or cancer as based in morality in any way?

DR. GELLER: No, nor do I see addiction--

DR. SCHALER: Could a person--

DR. GELLER: --as based in morality.

DR. SCHALER: But how is it that people change and moderate their use of 0.cocaine? How is it in these major studies on loss of control and on cocaine, where people moderated their use of cocaine for reasons that were important to them? If they were so enslaved, how were they able to do this? How is it that 87 percent of these confirmed heroin users in Vietnam came back and gave up heroin like that, with no problem with withdrawal, no treatment, nothing. And when they were interviewed, they said, "Because we don't need it to cope with the experience of life here." These are existential, moral, ethical issues. They are not medical, physiological, biological issues.

DR. GELLER: You are very different from myself. And I think we differ on many aspects. You look different. You have a beard; I don't have a beard. We differ also, I think, in our response to drugs, and you may be much less vulnerable to the effect of addictive drugs than I am. And I am not talking about the 87 percent of people, if that's indeed the correct number, who can give up drugs without problem. I am talking about actually the 10-15 percent of people who experience enormous difficulty in spite of their desire to do so--patients who come to me saying, "Please help me. I want to give up drugs, but I can't." And I think that their pleas are genuine and their addiction is a part of their particular physiological makeup.

DR. SCHALER: I think they are liars. They are not telling the truth.

DR. GELLER: That, I think, is very easy to say about anyone, but I don't see it with my patients. I see them struggling, I see them really putting a great deal of effort, and I see them very often not being able to sustain it.

DR. SCHALER: In these other studies on loss of control with alcoholism, which I am sure you are familiar with, how is it that these people, labeled as the most chronic alcoholics, the people who are most vulnerable, according to your definition of this particular segment of the population-- These were the worst-case scenarios. How is it that these people were able to moderate their drinking because of what they believed was in the substance. for example, they thought there was alcohol in a drink and there was no alcohol in a drink; or they thought there was no alcohol in a drink and there was alcohol. What they believed about each substance was the best predictor in terms of whether they would consume the beverage or not. Those are psychological issues, they don't have anything to do with biology. Your thesis about some kind of biological vulnerability has never been upheld by the research. How do you explain that?

DR. GELLER: That is not true that it has not been upheld by the research. It depends what research you look at. There is considerable research done by Mark Schochet, Henri Begleiter, looking at differences in people who later become addicted or who are sons and daughters of alcoholics.

DR. SCHALER: But never testing the loss of control hypotheses.

DR. GELLER: That is a red herring. I am not interested in whether or not the loss of control hypothesis as a way of describing what happens to addicts is in fact true. What I am interested in is are there in fact people who have differential vulnerability to using drugs. [bell]

TIMEKEEPER: Thank you. Dr. Szasz, would you mind standing and giving us your closing statement?

DR. SZASZ: Well, as many of us, including our opponents--some of our opponents--agree that drugs do not cause addiction, in the correct use of English, let me only say this in conclusion: Human nature has not changed over thousands of years basically. The

human brain has not changed, and many of the chemicals that we are now talking about have been around for a long time. How come we are having this discussion today in 1996? And my answer is because this has become convenient for both right-wing, left-wing, and middle-wing governments in the Western world. As they have run out of scapegoats, the foreign enemies, they are all now running against drugs, and this is a convenient scapegoat and therefore your whole discussion about brains and chemistry is really beside the point. [bell]

TIMEKEEPER: Thank you, Dr. Szasz. Dr. Schottenfeld?

DR. SCHOTTENFELD: Thank you. Part of the reason that Vietnam vets stopped heroin use when they returned to the United States was because drugs--heroin--wasn't nearly as available to them on their return. Questions have been raised about government persecuting its own citizens through its drug policies.
Really drugs persecute people. The fundamental question for us as a society is how we're going to best prevent and treat addiction, how we are going to reduce that harm. We're on the verge of making major advances in treatment and prevention. We are on the verge of a cocaine vaccine, we're on the verge of specific medications to treat cocaine abuse, we're making major improvements in treatment. We shouldn't abandon our people, our citizens, our families, and communities to addiction. We should pursue treatment, prevention, and research relentlessly.

TIMEKEEPER: Thank you, Dr. Schottenfeld. That ends this week's television debate. Next week a new debate. But the debate continues on our Web site. The Web site is at www. debatesdebates.com. That's www.debatesdebates.com. You will be able to join an ongoing forum of our debates, as well as download free transcripts of all our programs. E-mail us your comments and suggestions, and check out our schedule for the topics of upcoming debates. Once again, our address is www.debatesdebates.com. That's www.debatesdebates.com