

SOCIETY, MARCH/APRIL 2001, Volume Thirty-Eight, Number Three  
BOOKS IN REVIEW  
pp. 95-96

### **Addiction Is a Choice**

By Jeffrey A. Schaler. Chicago and La Salle: Open Court Publishing Company, 179 pages, \$19.95 (paper), \$42.00 (cloth)

*Reviewed by* David R. Rudy

Drawing from the traditions of Alfred Lindesmith, Thomas Szasz, Stanton Peele, and Herbert Fingarette, Jeffrey Schaler has produced a provocative, irreverent, and sometimes ideological tome that is sure to add fuel to the fire of the addiction wars. *Addiction Is A Choice* brackets debate regarding the nature of “addiction” by comparing the disease (determinism) and choice (free will) positions. Schaler’s argument is not new (which he clearly acknowledges) and has been more clearly and definitively articulated by his predecessors, particularly Peele. What *is* new, however, is that Schaler, as clinician, teacher, and activist, has chosen to expound his argument on the street and in the trenches rather than through the more polite and restrained approach of academic discourse.

Schaler systematically debunks the commonly accepted model that addiction is activity that people are “physically unable to stop.” He gleans illustrations from well-known studies of users (humans and rats) of a variety of drugs (alcohol, cocaine, tobacco, and heroin). Any objective overview of this research reveals that users (including those who are considered “addicted”) either moderate or alter their drug use in experimental as well as natural settings. Consequently, the notion that there is some underlying physiological condition, or “addiction,” that controls the user’s behavior is unfounded and a societal construction (p. xv).

When Schaler gets to the material he knows best—clinical work—he vehemently attacks the treatment enterprise and those whose organization and funding support and perpetuate it. I have personally witnessed situations in which academicians and treatment providers have shared views, butted heads, and/or screamed at each other. Generally, such discourse, like personal argument, produces bad feelings, an entrenchment of personal positions, and little progress or compromise. Schaler reports numerous misinterpretations, attacks, and examples of “double-speak” in a variety of communications with various stakeholders. While there is no reason to doubt the accuracy of his interpretations, where such rancor, from one side of the other, leads us is not a road worth traveling.

With respect to treatment providers, Schaler draws a convenience sample of providers in the United States, Canada, and Australia. Respondents include members of the National Association of Alcoholism and Drug Abuse Counselors (NAADC) and the

Society of Psychologists in Addictive Behaviors (SPAB), as well as member/supervisors from Rational Recovery Systems (RRS). He provides basic demographic characteristics of providers, measurement of attitudes regarding disease or free-will models of treatment, and measurement of spiritual dimensions of recovery. As expected, RRS supervisors have a closer affinity to a free-will model of addiction, while NAADAC members are most attached to a disease model. Given his modest sample size, Schaler is only able to examine bivariate relationships but is unable to statistically elaborate on them. It would be interesting to note how gender, membership in Alcoholics Anonymous, religion, treatment certification and other factors interact with and affect each other.

While Schaler, on the one hand, advances a free-choice model he subsequently lists a series of social and psychological constraints that impinge on the actor's ability to choose. In discussing Zimmer and Morgan's *Marijuana Myths and Marijuana Facts*, Schaler cautions that the authors do not mention the possibilities of marijuana's harmful effects. He writes, "I have come to suspect through long experience counseling marijuana users that marijuana consumption may adversely affect people's ability to differentiate what they know versus what they imagine" (p. 27). Schaler also suspects that these effects vary with self-esteem, self-efficacy, guilt feelings, views of the world, and identity. One obvious interpretation of this is that a person could choose to use marijuana and choose to use it in a way which others may define as habitual. However, is this really a choice based entirely on free will, or a choice shaped, clouded, and partially determined ultimately by what the early marijuana use has done to an individual's ability to differentiate?

Schaler is accurate in saying that addiction, drug use and drug abstention are behaviors. But are these behaviors the result of choice or determinism? The obvious answer is that they are both. The middle ground isn't a safe cop-out; rather, it emerges from a rational and objective assessment of the data. Neither polar position makes the most parsimonious interpretation of the data. Addiction as behavior is much more accurate than addiction as disease or choice. If, as Schaler argues, addiction is behavior, then viewing it as a disease is a metaphor, and taking that metaphor as reality involves constructing a myth.

Regarding addiction as choice, however, oversimplifies the complexity of reality and choice. Human behaviors, as compared to animal behaviors, are much more shaped by choice and perception; but choice and perception are filtered through the lens of culture. Schaler's citations of studies in which persons viewed as "addictive" or dependent and who have the ability to regulate, alter and adapt their specific drug-related behaviors are not sufficient to support his assertion that there no physiological or pharmacological influences on behavior. Alcohol, cocaine and other similar substances, are psychoactive; they alter perceptual, feeling, and cognitive functions. However, even these are mediated and shaped by physiology, set (psychology) and setting (physical and social environment). The chemicalistic fallacy that specific drugs produce specific behavioral consequences is simply wrong. Relativism, though, only goes so far. If you use enough of a substance, it can kill you, regardless of what you think. Drugs can also produce a host of diseases, which Schaler clearly acknowledges; yet he also argues,

following Szasz, that to confuse heavy drug use (the cause of disease) with the disease itself is logically and factually wrong.

Developing and implementing drug education and prevention programs in schools that are based on the disease model—whether by independent providers, the police or the government—are questionable activities, given the data on their effectiveness. Prevention strategies, laws, and treatments that are based on a model that views drug use as likely to lead to drug abuse and addiction are as about as effective as they are correct. This is not to say that treatment providers are the enemy; their models and approaches have evolved due to broader societal currents that have lessened social integration and diminished personal and social accountability. Individual and social responsibility—not “defective” human characteristics—has more bearing on levels and types of drug use. It is the maintenance, strengthening and restoration of social relationships between selves and others and between users and their social networks that are intervention points at which to address what goes awry or reduces the likelihood of dysfunction in the first place.

How we think about and treat addiction influence the development of personal and societal drug issues more so than does the actual drug consumed. Many people try drugs; yet most of them cease their use over the short to moderate haul. Some become heavy users, habituated users, or are designated as “addicts.” Among these, many (if not most) eventually cease their use. Of these heavy users, the majority stop because of significant life changes: they choose to stop, their friends and families help them, they hurt enough to stop, or they find another good reason to stop. Some stop because of their connection to others through treatment. While Schaler advocates a broader view of treatment, he would do well not to throw the baby out with the bath water.

Drug use, whether recreational, heavy, or habituated, is best understood from a lifestyle and/or career perspective. Careers involve behavior systems, worldviews and identities. Early or experimental drug use is situational and arises from diverse causes, sources, and explanations. As drug use becomes more patterned it has greater consequence for the actor, throughout life. Schaler’s views are consistent with this approach but occasionally lapse into a version of the “evil causes evil” fallacy. Like most clinicians, he tends to view drug use as essentially bad, or at least maladaptive (negative addiction). Drug use, whether recreational or habitual, is behavior that is not intrinsically good or bad, but simply behavior.

Like AA members who learned through AA involvement to understand, explain, and reconstruct alcoholism and their alcoholism experience from the AA perspective, Schaler also constructs and interprets his experiences with others from clinical lenses. While his lenses are far more objective and balanced than those of most observers, his objectivity is hampered by seeing and talking primarily with those in treatment. His contributions in this work are significant; like his predecessors, he paints a picture of alcohol and drug maladies that are driven by choices, missed opportunities, and a host of other factors. Getting people to understand that they are active participants, in fact, the creators of their situations, has the potential of empowering actors and their significant others to take

stock and change. Regarding self as a constant victim in a billiard-ball theory of causation instead of an active agent is a trend that, if reversed, can lead to a significant reduction of habituated drug use as well as other human maladies—both personal and social.

---

*David R. Rudy is professor of sociology and dean of the Institute for Regional Analysis and Public Policy at Morehead State University. He is the author of Becoming Alcoholic: Alcoholics Anonymous and the Reality of Alcoholism and co-editor (with Jim Orcutt) of the forthcoming book Alcohol, Drugs, and Social Problems.*

Society  
Transaction Publishers  
Rutgers—The State University  
35 Berrue Circle  
Piscataway, New Jersey 08854