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Book Review

Jeffrey Schaler. Addiction Is a Choice. Chicago: Open Court, 2000, pp. 146+, \$42.95 cloth, \$19.95 paper.

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Schaler's book has one of those transparently clear titles, and it accurately reflects his entire message: addiction is a choice. The strength of the volume is the message that is almost completely missing in public discourse on drugs: that the language and symbols surrounding drug policy in this country imply that drug-taking—even at its initiation—is an activity over which the user has no willpower. The weakness of the volume is that it does not fully inform the reader regarding the difficulties in ceasing drug-taking through willpower alone.

To argue that an individual has control over whether he/she takes drugs, as Schaler demonstrates, is viewed by many as heretical. And, if it were to become conventional wisdom, this new perspective would have significant consequences for drug policy in the United States. The current perspective is guided by a scenic approach which conceives of illicit drug consumption as beyond the control of the drug-user and worthy of sympathy.

Schaler's view is that addiction is a "myth" (p. xv), and, consistent with his conservative ideology that "people are responsible for their deliberate and conscious behavior" (p. xv), which the taking of drugs constitutes. He calls his approach the "Free Will" Model (pp. 8-9) and provides a "credo" (p. 9) which, although contrasting in premises, somewhat parallels the 12-Step Programs of Alcoholics Anonymous (and analogous programs such as Al-Anon, Narcotics Anonymous and others). He later decries as "12-Step Imperialism" (p. 56) the domination of the entire "treatment industry" by 12-Step Programs modeled on that of Alcoholics Anonymous.

Much of Schaler's anti-disease rhetoric mirrors psychiatrist Thomas Szasz's language and approach to mental illness, and Dr. Szasz is liberally referenced in the book. Many of the arguments that Szasz has made over the years to refute the notion that most mental illnesses are bona fide illnesses apply mutatis mutandis (the necessary changes having been made; substituting new terms) to the "disease" of drug addiction (pp. 17-18). The word "disease" is applied to the irresponsible taking of drugs because such application functions rhetorically to justify the medicalizing of the behaviors and the exorbitant expenses of "treatments." Several years ago the National Institute of Mental Health's Division of Epidemiology and Services Research estimated that 52 million Americans have a diagnosable mental illness; if the typically recommended 30 subsidized visits were permitted by a national insurance plan, the costs would be in the scores of billions of dollars.

Schaler maintains that the strongest proof that addiction constitutes freely-chosen behavior is cogently illustrated by the evidence that drug-taking ebbs and flows as a 296 Book Review

function of reward and punishment. Demonstrating by that fact that "addictions" are voluntary behaviors, Schaler's list of studies (p. 22) shows that drinking of alcohol can vary widely among drinkers and within the life of the drinker himself or herself; thus, he argues, alleged "alcoholics" can moderate their drinking and are not subject to "irresistible craving, more drinking, and loss of control" (p. 23). Addiction is a Choice taps conventional sources to show repeatedly the ability of various types of "addicts" to stop their self-destructive behaviors (for example, the case of smoking; see p. 59). Schaler emphasizes studies which indicate the rhetorical phenomenon of "self-fulfilling prophecy" contributes to the perception of "loss-of control" (pp. 23-25; pp. 37-39). In other words so-called alcoholics often are told (and therefore frequently believe) that they cannot attenuate their drinking. Still, Schaler is a psychologist who does not reject counseling (p. 131), and, in fact, he himself counsels people regarding their drug use. He cites the fascinating power of the self-fulfilling prophecy in the example of Zoey, a client ("clients" are patients, without the medicalizing rhetoric) who believed all of the conventional shibboleths of the disease model. Schaler helped her become abstinent by demystifying the controlling rhetoric of disease and replacing it with the empowering rhetoric of self-control. Citing Albert Bandura's work, Schaler characterizes this strategy as "favor[ing] the development of self-efficacy in individuals, preferr[ing] to see people in charge of their own lives" (p. 8), a strategy Schaler argues is incompatible with the disease model. Still, her new principal denied her admission to a special school for children with drug problems because of her rejection of the dependency role. She chose instead to go back to her regular school where, Schaler maintains, she is still drug-free (pp. 41–43).

The author asserts that cocaine and heroin users similarly control their fates. He cites evidence (p. 30) that of those who used heroin during the Vietnam War, only 14% persisted in taking the drug after their return to the United States. Schaler's conclusion is that "Addiction, regardless of drug, is a choice" (p. 33). Moreover, Schaler argues, the most valid predictor of cessation of drug use is not the existence or lack of existence of "treatment," but is, as Charles Schuster, former director of the National Institute on Drug Abuse, states, "whether the addict has a job..." (p. 44).

Schaler views "addiction treatments" as rhetoric masquerading as medicine: "There are different kinds of addiction treatments, but almost all of them consist entirely of talking" (p. 62). This recasting does not constitute opposition to talking to those who take drugs with the goal of helping them to stop, but merely to the rhetorical mystification which persuades people to support public policy of which they are not knowledgeable. Schaler also criticizes "treatments" which offer a "close substitute" like methadone (for heroin) and achieve a rhetorical victory by misleadingly labeling the substitution a "success" (p. 45).

There are times when Schaler compromises his own persuasiveness by overstatement ("Alcoholics Anonymous is a religious cult..." [pp. 83–92]) and false paradoxes ("Not wanting to stop drinking is a sign of an iron will, not a weak will" [p. 86]). Perhaps he just enjoys tweaking those who support conventional wisdom. Despite this proclivity, most of the book relies on empirical evidence and consistent logic to place responsibility for excessive drug-taking where it is usually absent in public discourse: on the individual drug-user.