

More Tools, Less Understanding

Thoughts on the surgeon general's report on addiction

by Theodore Dalrymple



[The brain disease model of addiction](#)," written by three eminent researchers in the field, published in 2015 in the *Lancet Psychiatry*:

Understanding of addiction, and the policies adopted to treat and prevent problem drug use, should give biology its due, but no more than it is due. Chronic drug use can affect brain systems in ways that might make cessation more difficult for some people. Economic, epidemiological, and social scientific evidence shows that the neurobiology of addiction should not be the over-riding factor when formulating policies toward drug use and addiction. The BDMA has not helped to deliver the effective treatments for addiction that were originally promised by Leshner and its effect on public health policies toward drug addiction has been modest. Arguably, the advocacy of the BDMA led to overinvestment by US research agencies in

biological interventions to cure addiction that will have little effect on drug addiction as a public health issue.

In other words, we must all be led, according to the surgeon general, to think what might not be true, could possibly be a lie, and can certainly be disputed; and it is the job of the surgeon general to lead the leaders in this dubious enterprise. A quick reading of J S Mill's *On Liberty* might prophylactically have curbed his imperative mood.

After the prefaces come the acknowledgements. According to my quick count, there were 169 contributors to, and editors of, the report. This is probably more contributors than to Diderot's and d'Alembert's *Encyclopédie*. The sheer number of experts involved in compiling the report acts, whether intentionally or not, to intimidate potential critics: for how could one casual reader stand against so many of the great and good?

It is not that the report contains no useful information or makes no sensible suggestions. But it sometimes misses, or avoids commenting on, interesting things even in its own data. A graph shows that the only drug that has seen increased use proportionate to population in America is marijuana, and that this increase started with President Obama. We must remember, though, that it does not follow that *a* caused *b* because *b* came after *a*.

There is much evidence in the report that its own basic outlook is mistaken. For example, alcoholism and binge drinking in America have not become less prevalent since the 1980s, but the number of fatal road accidents caused by alcoholics and binge drinkers has halved. It is possible that factors such as better brakes or roads have played a part; but it seems to me likely that the most important factors have been consistent propaganda and police enforcement, factors that prove that alcoholics and binge drinkers continue to be

moral agents who make decisions, their drinking notwithstanding.

Many people with what the authors call substance-use disorders do not seek treatment. The reason why 40 percent of them fail to do so is as follows:

A common clinical feature associated with substance use disorders is an individual's tendency to underestimate the severity of their problem and to overestimate their ability to control it. This is likely due to substance induced changes in the brain circuits that control impulses, motivation and decision making.

But it is a frequent occurrence that such people *do* eventually seek treatment (or give up their drug use spontaneously), after further abuse that might, on the argument above, have been expected to induce yet more changes in the brain circuits that control impulses, motivation, and decision-making. And unless we suppose that there is no connection at all between between man as a purposeful, thinking being and man as a physical being, all behavior whatsoever—for example, being nice to one's favorite aunt—must have at least a neurobiological correlate. But there is no being-nice-to-one's-favorite-aunt disorder, whatever changes to the brain being nice to one's favorite aunt might entail.

In the last three years alone, almost as many Americans have died as a result of opioid overdose as have been killed in all American military actions since the end of the Second World War. The evidence suggests to me that this “epidemic” started with, and has been maintained by, the irresponsible, incompetent, and sometimes corrupt prescribing of opioids by a portion of the American medical profession. But this does not altogether absolve the patients themselves of responsibility for their predicament—unless no one is ever responsible for anything.

Toward the end of the surgeon general's preface to his report, Murthy writes:

Fifty years ago, the landmark Surgeon General's report on the dangers of smoking began a half century of work to end the tobacco epidemic and saved millions of lives.

The analogy, alas, is far from exact. It is as if I were to write a play about a man's inability to make up his mind and say that 400 years ago, Shakespeare wrote [*City Journal*](#).