Section I: Research Essays

Good Addiction

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ABSTRACT: This paper argues that drug addiction can be rational. The paper argues for rationality as a necessary component of a good life, and views paternalistic intervention as appropriate only if intended to prevent necessarily irrational behaviour. Drug addiction is not necessarily irrational. First of all, drug addicts do not lose the capacity to consider whether or not to consume their desired drug, and to act accordingly. And secondly, from a long-term as well as a short-term perspective, drug addicts may consider their addictions more beneficial than harmful. Interventions, then, should only be informative, not preventative. Paternalistic policies should only aim to inform addicts of the consequences of their addictions, they should not deny access to drugs.

Introduction

Drug addicts are commonly believed to compulsively consume drugs that are bad for them (Levy 2006, 429). Proponents of paternalism argue that such behaviour should be discouraged or prohibited because it is irrational and inevitably makes people worse off (Dworkin 1972, 36). Therefore, no one will truly object to regulations making these drugs less available (Goodin 1989, 34). Libertarians, however, reject paternalism. They believe that individuals should care for themselves, and argue that no one can know another's interest better than the person herself.[1] No matter how irrational their behaviour may seem, addicts have a right to act upon their addictive desires (Berlin 1969, 133-134). Depriving them of this right, libertarians argue, is degrading and never justified (Berlin 1969, 137, 157). Without denying the importance of rationality in human action, I will defend the freedom to consume addictive drugs. Paternalism may be permissible in other cases, but I reject paternalistic action aimed at protecting people from drug addiction. At the core of this essay is the following question: How can it be rational to consume addictive

[1] The gender neutral 'they' and 'he or she' sometimes cause obscurity or awkwardness. Where I consider it necessary, I will use a gendered singular pronoun when referring to a generic person, and alternate between the genders.

and potentially harmful drugs? Addiction is an urgent appetitive desire for a substance recurring periodically and can be satisfied only temporarily (Foddy & Savulescu 2010, 36). These desires can sometimes influence people to act contrary to their own true interests. Addicts find it difficult to ignore their desires, and long-term drug use may be harmful. But consuming addictive drugs can still be rational. The drugs do not make their consumers lose self-control, and they may cause more good than bad effects.

I will first consider John Rawls's understanding of rationality as a necessary part of a good life (1999, 392). He believes that irrational people should be helped to follow a rational life plan (1999, 218). Critics argue that Rawls imposes unacceptable constraints upon individuals, but I will defend Rawls's view by showing that he encourages individual deliberation. What is important here is that rationality merely requires individuals to consider the consequences of their actions before they act. It does not tell people how to behave. In the second and third sections I demonstrate how this understanding of rationality accommodates drug consumption. First of all, drug addiction does not mean loss of self-control. Although drugs may strongly influence their users, they cannot take control over them. People cannot become helpless to their drug desires without believing in the drugs' power to dominate them. In the last section, I argue that drugs can do more good than harm. Health and financial problems caused by long-term drug consumption may be a price addicts are truly willing to pay for the drugs' hedonic effects. However, measures to inform people about these consequences are permissible. Ultimately, I deny the permissibility of paternalistic policies preventing people from consuming drugs. However, I do not form a sufficient argument against prohibition and taxation of drugs. Such a claim requires a thorough consideration of possible harm to others and social impacts that I do not offer here. I only consider drugs' impact upon their users.

Rationality and the Good

We all seek rewards through our actions, but individually we are motivated by different kinds of rewards (Elster 1999, 141). So how can one tell another that his behaviour is bad for him? Paternalism, Gerald Dworkin explains, interferes with people's liberty 'to achieve a good which is not recognised as such by those persons for whom the good is intended' (1972, 69). Paternalistic action is intended to help people do what they would have done had they been fully rational (Dworkin 1972, 77).

What does it mean to be rational, and why is it so important? John Rawls's answer is that everyone wants to lead a good life, and a good life requires a rational life plan (1999, 79–80, 371). Rationality, he explains, involves awareness and consideration of relevant information (1999, 358–359). It enables individuals to form their own conceptions of the good (Rawls 1999, 79–80). Similarly, Jon Elster considers it rational to choose the 'best means of satisfying the desires of the agent … grounded in the information available' (1999, 142–145). Rational action may not always lead to desired ends, but, as Rawls puts it, 'we do not regret following a rational plan' (1999, 370). I understand Rawls to mean that a rational decision is a decision whose consequences may be either good or bad, but we cannot look back at it and think that we, there and then, had a good reason to choose differently. This definition of rationality is the basis for Rawls's 'thin theory of the good' (1999, 348, 392). We should find the good in our own separate ways, he argues, but a conception of the good must be rational (1999, 393). If not, it is not good (1999, 393).

Rawls identifies certain goods that every 'rational man wants whatever else he wants,' and calls these 'primary goods' (1999, 79). Regardless of the ends we pursue in life, we will always prefer more of these goods rather than less (Rawls 1999, 79). Rawls divides these goods into two subcategories: social and natural (1999, 54). The *social* primary goods are rights, liberties, opportunities, income and wealth, and self-respect (1999, 54, 380). And the *natural* primary goods include 'health and vigor, intelligence and imagination' (Rawls 1999, 54). Since the primary goods fit into every rational conception of the good, Rawls believes his thin theory of the good to be morally uncontroversial (1999, 354–355). Carelessness towards one's share of these goods cannot reflect one's own true will (1999, 219). Paternalistic interference preventing people from such action is therefore never truly objectionable, in Rawls's view (1999, 219, 366). Protecting people against their own irrationality promotes individual integrity and self-governance (1999, 220–225). To show our respect for each other sometimes obligates us to help a person avoid self-destructive actions, he argues (1999, 455).

However, Rawls's 'uncontroversial' account of the good has been subject to much controversy. Adina Schwartz rejects the idea of morally neutral primary goods (1999, 300). Many individuals do not appreciate all these goods, she argues, and illustrates her point

with the example of an individual believing wealth to undermine communal values (1999, 307). R.M. Hare denies the possibility of an objective view of the good. To say that something is good, Hare argues, is to say something about its function (1957, 106). And since humans have no function they are meant to perform, we cannot understand a human action as good (1957, 109). To Hare, the good is good simply because it is sought (1965, 72). Hare's view thus rejects Rawls's objective understanding of a good life as a rational life. Similarly, Isaiah Berlin argues that to emphasise the importance of rationality is to impose a false idea of a human purpose upon people (1969, 153–154). He warns against an objective conception of the good because he believes it enables people to impose values upon others they do not necessarily appreciate (Berlin 1969, 133–134). There can be no objective hierarchy of values, Berlin argues, because it would 'falsify our knowledge that men are free agents' (1969, 170). It is degrading to tell people that their ends in life are less important than someone else's (Berlin 1969, 137).

But I see these criticisms of Rawls's thin theory of the good as inaccurate. The theory is not as constraining as these critics believe it is. We should realise that to declare the primary goods important to all human beings is not to deny individuals the opportunity to value them differently. The person in Schwartz's example is free to give less priority to his wealth in his pursuit of other values. Rationality requires him only to consider the impacts of his decisions upon his share of primary goods. And he need not show equal concern for these goods. If a decision is likely to reduce his share of a primary good, he should consider this consequence before he acts. This consideration is what I take to be rational deliberation. If, based upon available information, a rational person knows that her action will threaten a primary good, she must consider this consequence before she acts. If she believes that her action will promote one primary good, say self-respect, she may perform it even if it reduces her wealth. This trade-off mechanism enables the individual to seek more of one primary good at the cost of another

This mechanism is central to my understanding of drug consumption as potentially rational. It may be harmful to the addict's health, while enhancing her sense of self-respect. Rational deliberation and the ability to make one's own decisions free from external constraints is a source of dignity. Rawls's thin theory of the good is not the constraining moral prescription the critics understand it to be, but rather a flexible basis upon which a

responsible and dignifying life can be structured. '[S]elf-respect and a sure confidence in the sense of one's own worth,' Rawls argues, 'is perhaps the most important primary good' (1999, 348).

Weakness of Will

In this section I will show that drug addiction does not prevent rational deliberation. Paternalistic action is therefore not permissible as a means to protect addicts' rationality. But whether it is permissible to intervene to protect people from irrational self-harm is a different question, which I will consider in the next section. First I shall focus upon drugs' effect upon their users' autonomy. I will reject the commonly held view of addicts as people incapable of self-governance (Levy 2006, 429). Robert Goodin, however, defends this view, and understands addictions as 'necessarily bad' (1989, 100). Paternalism is therefore permissible to help addicts avoid a behaviour they cannot truly desire, he argues (1989, 36). But no loss of autonomy is solely due to drug consumption. Unless the addict believes in the drugs' power to make his addictive behaviour compulsive, he will not become helpless to his desires. Thus, drug consumption itself does not imply a loss of liberty. On the Rawlsian account of paternalism, then, there is no reason to intervene in others' addictive behaviour 'for the sake of liberty' (1999, 179).

An autonomous person governs herself and possesses the capacity to express her own will and true preferences (Levy 2006, 429). Addiction is often seen as inconsistent with autonomy because it involves strong desires for drugs believed to paralyse the addict's capacity to judge according to her own will (Elster 1999, 170). On this account, addicts are incapable of forming their own conception of the good as their obsession with drugs paralyses their free will. To consume the drug may seem rational at the time of consumption. But it is still irrational because the drug may make the person permanently incapable of revising her conception of the good and of pursuing a new life plan (Buchanan 1975, 398–399). Such a decision should not be treated as voluntary consent, Goodin argues, and compares it to the decision to sell oneself into slavery (1989, 28). Addiction therefore seems irrational. To agree to one's own enslavement is clearly to ignore the fact that one is likely to change one's own conception of the good later in life (Buchanan 1975, 398–399). It is a failure to treat one's opportunities as the primary good they are (Rawls 1999, 54). This view is supported by the fact that addicts themselves often

report a loss of self-control (Levy 2013, 2). According to the Centers for Disease Control and Prevention, seven in ten American adult cigarette smokers want to quit but feel incapable of doing so (Centers for Disease Control and Prevention 2015), and four in ten have failed in their attempts to quit. Their decision to keep consuming the drug is therefore commonly understood as compulsive (Foddy & Savulescu 2006, 5).

Perhaps the most obvious reason to reject the compulsion thesis is the fact that many addicts quit. Most of us know an ex-smoker or an ex-alcoholic. And a frequently-used example to illustrate this point is the American servicemen who became addicted to heroin in Vietnam, but only 12 per cent of them continued to consume the drug after they came home (Goodin 1989, 25). But when Goodin understands the addictive drug to enslave its user, he means that it is very difficult, but not impossible, to quit (Goodin 1989, 97–98). 'The issue is not whether it is literally impossible,' he argues, 'but merely whether it is unreasonably costly for addicts to resist their compulsive desires' (1989, 25). The decision to quit may be very difficult to make because of the pains of cravings and acute withdrawal (Elster 1999, 193). Deciding between continued addiction and quitting may simply feel like a choice between drugs and suffering (Elster 1999, 193). The strong desire for drugs to put an end to the pain do not give the addict false beliefs, but it can shape his priorities (Foddy & Savulescu 2010, 39). Cravings tend to 'crowd out' other activities, meaning that addicts become obsessed with their desired drug (Elster 1999, 69). Addicts have developed 'existential dependence' when virtually all they care about is where and when the next dose will become available (Elster 1999, 198). Because cravings and withdrawal make quitting so difficult, it may seem like Goodin has a point when he says that addictive drugs make people act contrary to their true interests (Goodin 1990, 192).

The crucial fact refuting Goodin's view is that a drug becomes the master of its user only if the user *believes* in her enslavement. Although the drug shapes the addict's priorities, it is only one of several values capable of doing so. A drug may crowd out other values and become dominant, but this is no inevitable outcome of taking it. The fact that most drug addicts quit around age thirty is a good indication of this point (Heyman 2010, 263). This is the time in many people's lives when they start a family or get a meaningful job (Foddy & Savulesco 2006, 5). These are important values with the strength of undermining the once so powerful desire for drugs. Drugs may be the dominant value, but

only because they lack competition from other values. The desire for drugs can also be crowded out. Cravings are usually triggered by associations with a desired drug, and can remain absent as long as these associations are avoided or forgotten (Elster 1999, 2). Addicts also deliberately abstain for long periods to lower their tolerance for the drug and decrease the dose required to achieve the desired high (Levy 2006, 17). It is true that some lack such self-control, and simply cannot stop despite their will telling them to do so. But as psychologist Gene Heyman points out, these people often suffer from an additional psychiatric disorder that prevents them from taking control of their addictions (2010, 82–84).

Social expectations may affect addicts' beliefs in the power of drugs. In societies where addiction is widely regarded as a likely consequence of drug consumption, there are many more addicts than in societies where such beliefs are less common (Elster 1999, 118). For example, a twenty-year-old drug user in the United States in 1990 was about eight times more likely to become addicted than a twenty-year-old American drug user in 1960 (Heyman 2010, 32). Between 1960 and 1990 the public view of drug addiction changed substantially (Heyman 2010, 32) This correlation suggests that addiction is largely caused by social beliefs, norms, and values influencing the addict's convictions (Elster 1999, 205). More generally it suggests that addiction is 'cue dependent' (Elster 1999, 66). As mentioned above, associations with a desired drug trigger addictive desires (Elster 1999, 2). These associations are referred to as 'cues' (Elster 1999, 66). They provoke the desire for a drug, perhaps merely by the addict thinking about it, and prime the body to consume the desired substance (Holton & Berridge 2013, 261). Becoming aware of these cues, and realising that one's addiction is largely a result of external impulses, can help addicts overcome their strong desires (Heyman 2010, 97).

But an addict's desire for drugs may be more than just another value. When a person believes that a reward has become available, dopamine, a chemical in the brain, is released (Ross 2013, 42). This reaction causes desire (Ross 2013, 42). Something vital, like food, can trigger this reaction, but it can also be caused by a drug (Levy 2013, 12). Since most of our desires are quite easy to ignore, and drugs cause the same reaction in the brain as other 'rewards', why do drug addicts find it so difficult to disobey their desires for drugs? Bennett Foddy and Julian Savulescu see no difference between heroin and sugar's impact

upon the dopamine system, and suggest that the compulsion to consume the former is no more real than the compulsion to consume the latter (2006, 10). They point out that people have also developed 'serious addictions to hundreds of 'harmless' substances, from carrots to drinking water' (2006, 10). But drugs' impact upon the dopamine system is a controversial issue. Heyman, for example, understands addictive drugs simply to have a more powerful effect upon the dopamine system than other substances (2010, 142). And Neil Levy points to the fact that drugs, unlike most other substances, affect the dopamine system not only before, but also during consumption (2013, 12). In any case, addictive desires are not themselves powerful enough to take control over the addict (Holton & Berridge 2013, 240, 261–262). They affect the brain's dopamine system, but do not make their user lose his self-control. Addictive desires need not lead to action. Drug addiction 'is not compulsion, or coercion,' Levy concludes, 'it is, in some sense, volition' (2006, 432).

Preferring Addiction

In the previous section I showed that drugs alone do not cost addicts their liberty. But drug addiction may threaten other primary goods. Drugs are often expensive, and an addict may therefore end up with financial problems. And perhaps most significantly, drugs may seriously harm their users' health. To show that the consumption of addictive drugs can still be rational, I must demonstrate how its benefits may outweigh its costs. I will defend the view that the potentially harmful effects of drugs may be consistent with a good and rational life. It may be rational to consume an addictive drug even if it leads to a costly and harmful addiction. As mentioned above, I believe Rawls allows for trade-offs between primary goods. Such trade-offs enable individuals to value the primary goods differently, and to pursue different ends in life. For example, they may risk their health to gain liberty or self-respect. I therefore believe Goodin is mistaken when he sees addiction as irrational because it jeopardises the addict's health (1989, 99).

Drug addiction causes serious health problems. Addiction is a large public health problem, and addicts commonly die younger than non-addicts (Levy 2013, 2). A rational decision to consume addictive drugs must take this fact into account. Allen Buchanan, in his defence of Rawls's thin theory of the good as morally neutral, argues that a conception of the good must remain revisable (1999, 398). Life plans change, and when they do, people need their primary goods intact to pursue their new ends (Buchanan 1975, 398–

399). Although individuals value the primary goods differently, no one should undermine them because they are likely to be useful later in life (Buchanan 1975, 398–399). Since we cannot predict our future conceptions of the good, it is irrational to deplete any primary good because it restricts our opportunities to pursue desired life plans. And with financial and physical, and perhaps mental, capabilities reduced after years of regular drug consumption, people may struggle to pursue revised conceptions of the good. The fact that addicts are especially prone to regret their decisions suggests that this is a real problem (Heyman 2010, 173).

I will nevertheless defend the possibility of rational addictive behaviour. First of all, we must keep in mind that the addict is free not to repeat his addictive behaviour. But a rational person must still consider the likely and unwanted consequences of reduced wealth and health before he consumes his desired drug. Rationality to involve keeping the future in mind when one makes important decisions (Elster 1999, 146). But although it is irrational to make a potentially harmful choice without consulting one's future self, it is rational to make such a decision following sincere consideration of both short-term and long-term consequences. After rational deliberation, a person is rational when she acts upon her convictions. Such action gives her a sense of self-respect, which Rawls repeatedly describes as probably the most important of the primary goods (Rawls 1999, 348, 386). A rational decision may not produce the good consequences the agent hopes for, but as long as she feels responsible for it, she may still gain dignity and a sense of self-worth (Rawls 1999, 370).

The pleasant effects of the drug may outweigh the harmful ones. A smoker, for example, is likely to enjoy the benefits of his addiction for decades before he may have to pay any significant costs. Smoking may therefore reflect his true interests. Imagine that he after a lifetime of smoking develops lung cancer, presumably as a consequence of his addiction. He may still think back to when he smoked his first cigarette and think that he would not have chosen differently today, or at least that he at the time had no good reason to do so. Goodin, however, believes all decisions to smoke are bad because they reflect a lack of concern for long-term interests (1989, 22), and Rawls argues that 'we should arrange things at the earlier stages to permit a happy life at the later ones,' and that 'for the most part rising expectations over time are to be preferred' (1999, 369). I think Rawls is

right to say that the present self is responsible to the future self, and that we therefore should consider long-term consequences before we make decisions (1999, 371). But to show concern for the future is not to ignore present interests. It rather means that future interests—not just present ones—should be taken into account in the rational deliberation process. And how these interests affect the outcome of this process is up to the individual to decide. Evidence shows that drug addicts to a greater extent than others, favour smaller, immediate rewards to larger, later ones (Heyman 2010, 158). As Elster argues, 'time preference is just another preference. … [S]ome like the present, whereas others have a taste for the future' (1999, 146). Addicts may value the present higher than the future, but that does not make them careless about the future.

Drugs' harmful impacts upon their users' health may be rationally considered less significant than their positive effects. Goodin realises that drugs provide short-term benefits, but sees rationality in a choice to jeopardise one's own health (1989, 100). But we cannot simply assume that health problems necessarily are more significant than the pleasure of consuming drugs (Foddy & Savulescu 2010, 38). Valuing the primary goods unequally enables the rational person to jeopardise her health as long she considers this consequence an acceptable cost of pursuing her desired ends. Health must be considered, but it need not be the factor that ultimately tips the decision in one direction or the other The rational person must consider the information available and follow what Rawls calls 'a subjectively rational plan' (1999, 366). Applied to the addiction case, I take this to mean that both bad and good effects of drug consumption must be considered, and that the decision whether the health risk is worth taking is ultimately up to the individual to make. In this sense, rationality describes the deliberation process rather than its outcome.

It is also important to emphasise that a decision to consume drugs is likely to have no negative consequences (Rawls 1999, 183–184). In the United States, only 5 per cent of users of illicit drugs become addicted (Heyman 2010, 30–31). For heroin the share is 20 per cent, but a four-in-five chance of not getting addicted is substantial (Heyman 2010, 31). Even a first-time user of a highly addictive substance like intravenous cocaine has a two-in-three chance of not getting addicted (Elster 1999, 183). And people who do get addicted, even to heroin, often manage to maintain normal and productive lives, involving a job and a family (Foddy & Savulescu 1999, 616). By maintaining a source of income, drug

addicts need not end up with financial problems. Also health problems are far from inevitable. A 2006 study showed that only 4.5 per cent of American heroin addicts experienced 'worsening physical problems' due to their drug use (Foddy & Savluescu 2010, 38). In other words, most illicit drug users get a taste of the short-term hedonic benefits without having to pay the long-term non-hedonic costs. By taking this information into account, rational deliberation may allow for drug consumption.

It is a problem, however, that many addicts invest little in information about the drugs they consume (Elster 1999, 175, 178). Taking certain drugs can ruin their lives, and they do not act rationally if they fail to gather extensive medical information before exposing themselves to this risk (Elster 1999, 185). Heavy drinkers rarely check on the status of their livers, and smokers do not have their lungs examined as often as medical experts recommend (Elster 1999, 179). A defender of Rawls's view of the good and the rational as inseparable cannot find goodness in decisions made without consideration of available information. I must therefore emphasise here that although drug addiction can be rational, it can also be irrational. On a Rawlsian account, conceptions of the good based upon deliberation with inadequate information must be judged inferior (Arneson 1990, 449). A failure to show concern for one's primary goods is a failure to take oneself seriously. Such indifference reveals incapability or unwillingness to govern oneself. Rawls advocates paternalism to defend people against such indifference (1999, 219–220).

Rawls's argument for paternalism seems reasonable, but it does not justify coercion. Relevant information should be accessible, but individuals should not be forced to consider it. Perhaps we should follow John Stuart Mill, then, who argues for a form of paternalism that makes sure that people seeks to inform people before they engage in harmful activities (Mill 2006, 109). '[T]he buyer cannot not wish to know that the thing he possesses has poisonous qualities,' Mill writes (2006, 109). Without such information, a deliberation process cannot be considered rational. I think Mill's view is attractive, but we should keep in mind that some people do not want to be reminded of the harmfulness of their actions. Many drug addicts avoid medical checks because they fear bad news (Elster 1999, 179). Bad news may do more harm than good, especially to those who in any case have no intention of giving up their addictions. Making information accessible but avoidable seems like a reasonable compromise between informing those who want to

know, on the one hand, and not reminding those who know but prefer not to be reminded, on the other. Large warnings on cigarette boxes should not be permissible, but the same information in smaller, readable but avoidable, print should. Such intervention does not guarantee that the uninformed will be informed. But we cannot go any further in imposing the information upon drug users without disrespecting many people's rational decisions. The bad consequences are bad even if the good ones are more significant, and rational drug users should not have to be reminded of them.

Conclusion

Treating drug addicts with dignity requires us to trust their ability to lead their lives according to their own conception of the good. But we should declare rationality a necessary basis for a good and dignifying life. Critics have pointed out that Rawls's identification of primary goods, of which everyone would want more rather than less, is a way of imposing a controversial moral doctrine upon people. However, this criticism is based upon a too rigid understanding of the primary goods. I have argued that although these goods are important to everyone, Rawls does not constrain people to only pursue ends that will not threaten any of them. People should be free to pursue ends at the cost of one primary good as long as they believe it will increase their share of another primary good. To Rawls, experiencing the good requires self-government. And one governs oneself only through rational deliberation, which requires serious consideration of consequences that may affect one's share of primary goods. Addiction is irrational and incompatible with a good life if the agent fails to consider its likely consequences. However, a decision made upon a thorough consideration of the likely consequences is rational and therefore compatible with a conception of the good.

Addictive drugs do not cost addicts their ability to consider their own situation. Many addicts feel incapable of governing themselves, but loss of autonomy is not a consequence of drug use itself. Only if people believe that the drugs have this effect upon them can it become real. Protection of people's autonomy is therefore not a valid reason for preventing them from consuming drugs. However, intervention may be permissible to inform people about the bad consequences drugs may have upon their users' health and wealth. But paternalistic action remains unacceptable if people are aware of these consequences and consider them before they consume their desired drug. Ultimately, this

essay presents a view of addictive drug consumption as potentially rational behaviour It defends a respectful treatment of drug addicts that allows them to pursue their own conceptions of the good.

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