



## Episode 1,099: Myths of the Addiction Industry

Guest: Steven Slate

**WOODS:** This is a bit off the beaten path, but you know, after you do 1,100 episodes or so, you've got to do something. You've got to branch out a bit. But it's not altogether removed from the sorts of things we talk about, and it does have to do with human welfare. And you've got an interesting personal story, and you're a member of my supporting listeners Facebook group, so I think it pretty well relates to what we talk about. In fact, I've done an episode in the past that generated a lot of controversy and even anger when I did an episode on 12-step programs. So that was a long time ago. But anyway, what we're talking about today is addiction, and I guess primarily we're talking about alcohol and drugs and the different ways people think about addiction and ways we've been led to think about addiction and what's right and what's wrong and what's a myth. But why don't we start off with your own personal story, if it's not too intrusive to ask you to share it with us? You obviously got to a point where you felt as if you needed to look into this whole addiction and recovery thing, simply because of what was happening in your own life.

**SLATE:** Yeah, well, I started using drugs when a lot of people do, which is my late teenage years, and got pretty obsessed with it and used them in many ways uneventfully, and then in ways that were problematic. And it reached a point where I had to go to rehab. I got arrested with drugs, and to clear all of that up, I had to go to rehab. And I came out of there about ten times worse than before I went in. And I don't want to downplay my problems. Heroin was one of the drugs I was using, but I was using it nasally, and I would start and stop using it at will. I went through detox many times on my own, just sort of sweating it out.

Then I went to rehab and they fill your head full of, *Oh, this is unbearable to go through withdrawal; you're changed forever; you're never going to get over this; it's going to be a fight for the rest of your life; you'll probably be injecting soon.* And I got out of rehab and I started injecting within a week, and I started doing all the things that you think of a stereotypical junkie would do, a lot of theft and petty crime, and just really went down a bad path. And then I went through about five years' worth of different treatments, outpatient; I did all the psychotherapy stuff, methadone a whole bunch of times, hospital detoxes. The first one that I went to was a traditional inpatient rehab, and it just got worse and worse and worse.

And then my parents were demanding that I go get help again, and I said, "Why? There's no point. When I get out of there, I'm still going to want to use these drugs and it'll be a waste of money." And I was like, "You've got to find something different." And they did. They found these people at the St. Jude retreats, which is now going to be called the Freedom Model retreats; they're changing the name. And they said this is not a disease, you are in control,

you're doing it because you think it makes you happy, but you can also be happier doing other things if you explore that. And this was no longer fighting a disease, fighting cravings, any of that. The question was put to me totally differently in a way of saying, it's your life, do what makes you happiest, figure that out – as opposed to, *You have to quit. This is going to kill you. You're going to end up in jail, institutions, death.* All the normal stuff, the scare tactics, figure out what makes you happier. And I took to that, and I finally got over it. And that was 2002, 16 years ago now.

And so I got incredibly interested in it, ended up working for that place eventually and just investigating this like crazy, and I found out that there is research going way back showing that all of these normal things we think about addiction really don't bear out in the research and the science or even just the trajectories of people with these problems. Most people get over their addictions pretty quickly, pretty young, and they move on with their lives. They don't fight it forever.

**WOODS:** There are so many assumptions we have simply because we haven't examined them, but they've been pushed on us. Almost like an ideology, they've been pushed on us. And maybe some of them are right. I don't know. Maybe some of them are wrong. But they're taken as if they're self-evidently correct.

So just to pick a few at random, building on things that you said, that addiction, substance abuse is a disease. That's taken for granted. Because of course a disease means there's no personal responsibility, because you're not – you know, cancer could come about because of your bad eating habits, but we all know people who led exemplary lives who wound up with cancer, so there's no blame there. So that way they want to make it seem as if you can't do anything, because what could you do about a disease? You have to – whatever, you know, they have treatment for a disease. That's what you have, is treatment, and that means subjecting yourself to different sorts of regimens.

Moderation is an impossibility for a so-called addict, so in that statement alone, there are two propositions. One, that there's a class of people called addicts, and these are people who are just prone to go on benders and be irresponsible and use substances, and these people have to be treated differently from everybody else. And secondly, that moderation is impossible. If you touch one drop of alcohol, you're going to go right tumbling back down that hole again.

Then the idea of denial, that if somebody says, "I appreciate your concern from me and I know that from time to time maybe I go overboard with my drinking, but I really don't think rehab is necessary and I'm not convinced of the merits of it." Instead of having a rational, back-and-forth discussion, this is shut down instantly with, "You're in denial." So there's a magic word that shuts down all conversation.

When you put all this together, I'm not an expert at this, but that just sounds like the way people I can't stand carry on political arguments. There are magic words that shut down conversations. There are unexamined assumptions that everybody is forced to accept. That's why I find this kind of – I'll be honest with you, I find it kind of creepy.

**SLATE:** Yeah, it is. And you hit it right on the nose. It's all meant to shut things down. This is maybe going a little deep, but this is the medicalization of deviants, is what we have here. And we've seen it historically where doctors in the 19th century said that running away from

your slave master is a disease called drapetomania. And we saw it where if women wanted to work or vote or disobey their husband in some way, they had the disease of hysteria. And homosexuality was called a disease. And it's a way of delegitimizing people's wants, desires, preferences and almost controlling them. It's a little trick that they do.

And the assumption is sort of, well, nobody would want to do what you're doing, nobody who's sane and in their right mind, so therefore what you're doing must be a sickness and now let us pull you into our system to make you stop that, to treat you for it. And it presents as compassionate, right? But the problem is that we desire to do drugs because we like something about it. It serves us in some way. And when you make the assumption that what you're doing is a disease and you have to stop it, you're never giving that person the chance to explore what they like about the substance, what they might like about abstaining or moderating, switching to a less harmful substance, any kind of option like that. You just shut down any critical discussion about things and really try to get them to comply. And actually, that's what the rehabs research now. How can we make people comply better? It is creepy.

And the whole denial thing, people will say it's become a real trope in television. Somebody gets confronted about their drug or alcohol use, and they say, "I can stop whenever I want." And then it's like, okay, well, why haven't you so far? And that's evidence that they can't, that they haven't so far. But maybe they just haven't wanted to yet. To say that you can stop isn't the same as saying that you want to.

**WOODS:** But let's think about real-life examples that we all personally know. We probably know somebody who from an outside observer's standpoint seems to be doing damage to himself by his consumption of these substances. And yet, we can't seem to make any headway with that person. In some cases, it could be of course that they simply evaluate the situation differently from how we do. In other cases, are we dealing with a matter of willpower? How does willpower fit into this? I personally know a very close friend who drank pretty heavily on a regular basis, who then decided this is actually not good for me and it's damaging my life and my relationships, so he just stopped doing it. I'm not joking. That's what he did. That was his treatment. He just simply stopped doing it.

**SLATE:** Yeah.

**WOODS:** But I'm not sure everybody could do that. And why is that? In other words, let's say they wanted to. Let's get to the point where we have somebody who does want to but yet then doesn't. At least the addiction model people, they have an explanation for that. *Well, that guy is trapped in addiction. Will power can't overcome that.* What would be your explanation for somebody who sincerely and genuinely says, "I want to be free of this," and yet can't break free?

**SLATE:** I would liken it more to somebody who's in a marriage that is rocky and they hate so many things about it, but still at the end of the day they love some things about that person. They think of going without that person and being alone as unbearable or worse, and they see no better option. And that's really what's going on with a heavy substance user, is that, as much as they might hate the consequences of their substance use, they still like some things about it and they still think that going with it, continuing on with it is better than stopping. I was just reviewing Rothbard's "Individualism and the Social Sciences" yesterday, because I mentioned that to you in the email. And he says, look, if people engage in some kind of a trade, they think they're getting something out of it. And if people take any kind of action,

they think they're getting something out of it. People are confused, and you can want the bad things to stop but still want the thing that you're doing. And so that confusion – it's more like they're ambivalent. Does that make sense to you?

Now, the idea that the addiction industry will tell you is, well, first of all, that person loses control of their drinking. The minute they have a single drink, they just can't stop and they keep going. And this has been studied. There have been experiments where they sobered up these alcoholics, detoxified them, the worst of the worst alcoholics taken off the streets that were begging for alcohol. And they sobered them up in a hospital and they gave them these vitamin drinks every day, and then every few days, they would slip a large-sized shot of 80 proof alcohol in there and find out if they craved more, asked to leave the hospital, say they wanted more alcohol. And none of that happens when they don't know they're taking it. So that allergy model, that something biological happens as soon as alcohol enters, doesn't hold true. They don't lose control.

Then we have this brain disease model, where it says the brain has changed so much that the person can't stop craving it. And –

**WOODS:** Yeah, this is the thing that I've just assumed must be true.

**SLATE:** Yeah, and you know, it's not. The studies that they use to justify this, they've done them on meth addicts first, and they show, look, the brain has changed this much and it must be causing the person to keep using it. Well, the fact is in those studies, those meth addicts quit using. And then when they looked at their brain again 14 months later, it looked almost like the brain of a person who'd never used drugs. So people quit despite their brain being changed. There's never really been any causal link there. It is a correlation. We know that people's brains change when they engage in any behavior often, but it doesn't mean that they're forced to do it. For example, when you learn to play the piano, your brain is going to change. It doesn't mean you can't resist sitting down at a piano and playing when you're in the presence of one.

So it's sad. It's tough to watch people go through it, but the good news is, and this is one of the first things that I put in my book, *The Freedom Model for Addictions*, is that most people get over these problems on the order of more than 90%. More than 90% of alcoholics will get over it. More than 96% of users of every other drug will get over their addictions. I mean, and then –

**WOODS:** Wait a minute. Hold on. Can I just clarify something?

**SLATE:** Yeah.

**WOODS:** I just want to make sure, are you saying that these numbers are people who will get over – are these people who set out to try and then succeed? Are you saying that overall, the overall number –

**SLATE:** The overall number.

**WOODS:** But that just doesn't seem to conform to everyday experience. We all know – I know this is anecdotal, but it seems like we all know people who just drink and drink and drink, and this goes on for years and years and years, and nothing changes.

**SLATE:** Well –

**WOODS:** Is that really just 10%?

**SLATE:** Yeah, it really is. So what the NIAAA does and SAMHSA and all these other governmental organizations that look at addiction and drug and alcohol use, they do these epidemiological studies. They go out and they survey tens of thousands of people, they find out about their drinking, their drug use, their systems. And they've done it several times since the '80s, and what they find is that at any given moment, about 75% of people who've ever had a problem are currently over it. And then when you work it out by age and you look at the older people get, the more likely they are to be over their problems, they generate these probabilities. And it is true that 90% of alcoholics will get over it. And it's even higher for the other drugs.

And now contrast this with what you always hear from the activists, which is that, oh my God, we need more treatment. Only 10% of people with addictions are getting treatment. Whether or not they're getting treatment, most of them are getting over it. And the picture that you've been given is from a small segment of people, which is those who appear in treatment centers. And they're taught that they're going to struggle, that they're going to have this forever. It's like we have this biased sample and this biased picture. And those people are taught you need to go to meetings for the rest of your life, to AA. And when you whittle it all down, what portion of people with drug and alcohol problems they are, it's less than 1% of people conform to what they're taught in treatment and continue to go to these meetings. And the rest of people kind of go and do their own thing.

And then if you compare the rates of success between treated populations and untreated populations, they're similar, and sometimes the untreated population does better. 75% of alcoholics are currently over their problem, whether they've been treated or not.

**WOODS:** All right, that was really what I was going to hit on, which is that we can debate the merits of different ways of approaching this, but what most people are going to want to know is: what are the success rates? Now, this has been difficult to pin down, because for example, obviously with something like AA, there's anonymity and people are not going to walk in with a clipboard and ask for people's histories. So it's been tricky to do. It has been done by Lance Dodes from I think Harvard, and he came up with a 5-8% recovery rate going through those types of programs.

Now, I got a lot of pushback on that, again, when I put that in, because I had people saying, "But I did really well with it." And my view is that if you do really well with that, then great, I'm glad that worked out for you. I'm not saying you shouldn't go if it's doing you some good, but maybe it could be that other people do well with other models. So I mean, I'm very ecumenical when it comes to this.

And there is kind of an attitude in AA because they make this very clear, that if you don't succeed in AA, it's because you are just constitutionally incapable of following a simple

program and being honest and whatever. So they badger you right off the bat. Now, I've never had an alcohol problem, so I've never been to an AA meeting, but I'm going on what people have told me, this view that if you don't do well with this, it's because there's just something constitutionally wrong with you. I don't know. I think that's not a good way to deal with people who especially are in a vulnerable situation. So anyway, if it works for you, fine. But other things may also work.

So what exactly then, this group that you work for, if you're saying that treatment, so-called, doesn't really seem to be the determining factor in whether somebody gets better, then what is it that your center does?

**SLATE:** We educate people. *The Freedom Model for Addictions* is a book full of information, ideas, strategies for how to understand this problem. And the book alone helps people. I just got a call from somebody the other day who said he's been trying to quit marijuana for 20 years, and he always approached it from this abstinence point of view and just tried to resist doing what he wanted to do. And he started reading the book and started moderating for about a month while he was reading it and exploring what would make him happier. How much does he like marijuana? Does he like moderately using it? How does he feel on the days that he doesn't use it? And then he quit fully and said, for the first time – and now, he's only been quit for a month, but for the first time in 20 years, he has stopped for an extended period of time and is not craving. He's just happier without it.

In our retreats, at the Freedom Model retreats, we teach this book to people. You're getting a lot of the same content you would get in just the book, but people go there because they want to be in a safe space away from temptation for a little while, and they need that time and space to focus on learning. Some people aren't committed in enough to learn from the book alone at home. They have too much chaos in their lives, so they go to our retreat to do that. And we have no judgments about what people should do when they come into the retreat. The whole point is for them to figure out what they want to do.

And so normally when you would go to get help for this, they try to give you techniques to resist cravings. They're going to teach you to avoid triggers, and a trigger is like, well, if you see somebody drinking, that's going to trigger you to want to drink. So people start to shrink their lives and stay away from places where there's going to be alcohol or don't drive through that part of town where you used to score drugs and all of that. And so in treatment, it's all sort of trying to change the world around you so that it doesn't trigger you to use and try to be strong and try to deny what you really want, which is to get high and to – really, they say it's not about willpower, but they are teaching you to sort of willpower your way through it.

When people come to us, we say don't make any decisions off the bat. Don't demand of yourself, "I have to quit. I must never drink again." It's almost like demanding of yourself, "Solve the problem: what is 280 times 490?" you know what I mean? It's like, you can't demand that. You have to reach that conclusion by some sort of logical process. And in the same way, your desire for substances, you can't just demand of yourself to not have it. You have to discover that maybe substance use is boring to you now, it doesn't offer you all of the things that it once did, maybe you'd be happier not using. And that's not just eliminating the consequences and worried about the costs of substance use, but it is really assessing the benefits of continuing to use as is or changing that in some way. What are the benefits of changing it?

So we don't tell people how to resist their cravings, but we give them somebody to talk to who is not going to be judgmental. They're not going to try to scare them. They're just going to give them someone to talk to who can explore openly what are the benefits of your options. And if a person arrives at the idea that they're really going to be happier changing, they do.

And in *The Freedom Model for Addictions*, what we try to explain is that, whether you quit by going to AA, taking methadone, reading our book, doing it on your own, when you successfully and happily quit it's because your view of the substances and their value to you has changed. You have realized that you're happier doing them less. And people are individuals. We have free will. We choose what we think and we believe. So there are infinite ways that somebody could arrive at the conclusion that they'd be happier changing, so whatever works to get them there is great. I just don't think that scaring people works. I don't think that telling them they have a disease that they're going to have to fight for the rest of their lives works very well, although some people will swear by that. I just think that figuring out you'd be happier works.

**WOODS:** Do you concede that there may be particular people who are just drawn to what we might colloquial call addictive behavior, where they just persist in just continuing to, whether it's alcohol or gambling or eating or shopping or whatever? Because sometimes when you see somebody who engages in habitual behavior that seems self-destructive, they have other habitual behaviors that are likewise destructive. Is there such a thing as an addictive personality?

**SLATE:** Some of the most renowned researches like William Miller have studied this and found that there is no stable addictive personality. It is true that many people continue to do these kind of things. I don't know if it's stable within them. I think people grow and change throughout their lives. So yes, people do, but I don't think it's constitutional in them, if that makes sense.

**WOODS:** All right, still a lot to talk about, but I'd like to pause to thank the sponsor of this episode, *The State of Logic* podcast.

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All right, let me ask you – let's imagine a hypothetical situation. Let's say you and I have a mutual friend who, by really all accounts other than his own, is in a really, really rough state with regard to his consumption of illegal drugs, and it's just ruining his life. Like, he is the classic example that everybody thinks of. So we think the way to do it, the way to proceed is to scare him into going into recovery or to use these sorts of tactics. Or let me ask this. Let's suppose we decide to have an intervention, where all of his close friends and family are all there, and everybody speaks to him kindly but more or less as, if you don't go into treatment, the following things will happen. I'm not going to lend you anymore money, you're not going to have a place to sleep, things like that. Is that – because we've all seen the TV show, *Intervention*. Is there anything to that? Is there any good that comes out of that?

**SLATE:** You know, I think that some people might credit an intervention with helping them, for sure, but it is a really scary thing. It tears families apart, because it has everybody trying to coerce each other. And you've got to think about the long-term result that you're trying to get. In most cases, what happens is the person who's being intervened on agrees to go away to treatment, and if they continue to want to use, all they're going to do is learn how to hide

it better and avoid those family and friends that intervened on them. And it's probably going to cause more of a rift when you try to control and coerce each other, you know?

So if I have a friend who's having a problem, I would say to them, "I'm a little bit worried. I want you to do whatever you need to do to be happy in life, but there are some dangerous things going on. I love you and I want you to have a happy, long life. Would you be willing to explore the idea that you might be happier making a change?" I wouldn't come with this scare stuff. I definitely don't use it when I help people. It's a little bit different when you're talking about a relative and you want to say something to them, or a friend. I get that, and I wouldn't tell anybody just to not be angry. And families, certainly, if you feel like somebody in your home is using too much and is putting you in danger, you have every right in the world to tell them, "You don't get to keep living here if you keep behaving this way." For sure. For sure people should say those kind of things. You have every right to. But as far as coercing the person that you can never do this again in your life, or else I'm going to make all of these bad things happen to you, I would really stay away from that. It causes a rift and it doesn't work.

And with negative motivation being the only thing, when people just stop using drugs to get out of trouble and that is all that's motivating you, they eventually explode back into heavy use. I did it myself when I was sober once for a year. And I was on methadone, and I would go to jail if I gave a positive urine test. So I stayed sober for that year purely to avoid consequences, and the whole time I believed I was deprived, it was unfair that I couldn't use, I was hating the world. And as soon as the year was up, I went right back at it. Nothing changed in me. I grew no belief that life being sober was better. And when I went back, it was worse.

I can't stress strongly enough that when people address their own substance use problems, they should focus on the benefits. That's what we talk about in the Freedom Model throughout. What are the benefits of making a change? Because that's where motivation comes from. Everything that we do, we see some benefit. If we didn't, we wouldn't do it. So that's what needs to be figure out: what are the benefits of your various options?

**WOODS:** All right, obviously your book is a place to start for people who are curious about what you have to say. Where can they find it, and where can they find out more about this whole approach?

**SLATE:** They can find the book at [TheFreedomModel.org](http://TheFreedomModel.org), and there's also information there about our classes and our retreats. They can also find the book on [Amazon.com](http://Amazon.com). You can get it on [iBooks](http://iBooks) and all those sort of sources. They can go to my website, [TheCleanSlate.org](http://TheCleanSlate.org), and that's where I just blog about addiction. I've got a lot of information there, a lot of research. And I've had tons of people over the years email me that, just from reading some of the research on my website, they got the confidence that they could change and they explored it and they got over their problems. Just that information is so powerful.

Nobody wants to trust drug and alcohol users with the truth. They want to use these myths, that you'll lose control, that you have this disease, that drugs are addictive [laughing] — and I don't want to open that up now. That's a big topic, but we explore that in the book. Is there such thing as an addictive drug? There are drugs that cause withdrawal syndromes, physical dependency, but that's easily solved. If you were in withdrawal from heroin, you can get over that inside of a week. But then people go back to it. Why? And they go back because they see benefits in it, so all of that needs to be figured out. Anyways, I'll shut up [laughing].

**WOODS:** Well, as somebody who is not even an amateur when it comes to this stuff, I'm interested in what you have to say, and at the very least, I think we ought to have a conversation about it instead of assuming that this is all solved, the best model for this has been discovered and ought to be followed. Maybe, but maybe not, and why would we just assume that, or why would we grow impatient when people want results figures? How have people actually done with this? Are we just assuming that this is the way to go? As I say, the whole apparatus, with magic words and unexamined concepts and badgering people by just repeating the same claims over and over and over again and acting as if there's no debate about this – that alcoholism is a disease, for example, is just the most common – acting like that's just self-evident, that's not right. That's not normal. That's not the way a conversation should happen. So maybe these people turn out to be 100% right, but I don't know, people who try to intimidate others into shutting up and acting as if there's only one way to think, sorry, that reminds me over one-party bolshevism. Sorry, that's the way they acted.

**SLATE:** Yeah.

**WOODS:** So if you do fall into the other way of looking at treatment and addiction and recovery, then tell your colleagues to knock it off and have a real, honest conversation with other people. Anyway, Steven, I appreciate your time today, and thanks very much.

**SLATE:** Thanks, Tom.