



On Not Admitting Error

BY THOMAS SZASZ

According to a September 2006 report in the *New York Times*, Afghanistan's opium harvest has increased almost 50 percent from the year before and reached the highest levels ever recorded. Antonio Maria Costa, head of the United Nations Office on Drugs and Crime (sic) explained: "It is indeed very bad, you can say it is out of control. . . . The Taliban had distributed leaflets at night, inviting farmers to increase their poppy cultivation in exchange for protection. . . . I am pleading with the government to be much tougher. A new high-security prison block would be inaugurated in a few weeks. We have place for 100 people and I am asking the government to fill it within six months."

History is a chronicle of people clinging to erroneous ideas authenticated as religious or scientific truths. Max Planck (1858–1947), one of the greatest physicists of all time, observed: "A new scientific truth does not triumph by convincing its opponents and making them see the light, but rather because its opponents eventually die, and a new generation grows up that is familiar with it."

In the natural sciences the lifetime of belief in false truths tends to be brief. In contrast, beliefs in false truths in human affairs—in custom, religion, politics, and law—typically linger for decades, centuries, even millennia. "[H]ow can we agree," declared Mikhail Gorbachev, "that 1917 was a mistake and all the seventy years of our life, work, effort and battles were also a complete mistake, that we were going in the 'wrong direction'? No . . . it is the socialist option that has brought formerly backward Russia to the 'right place.'"

Gorbachev sought to put a human face on the inhuman visage of communism, and the more he failed, the more he insisted that he was on the right track. Ameri-

can drug prohibitionists—Democrats and Republicans alike—seek to cast the ignoble war on drugs into a noble, therapeutic rhetoric, and the more they fail, the more they insist that they are on the right track.

Coercive world-savers have always been blinded by their reformist zeal. Communists denied the importance of man's need for private possessions, a propensity they perceived as "property abuse," and called individuals and institutions that catered to that need "capitalist exploiters." Drug prohibitionists deny the importance of man's need for mind-altering chemicals, a propensity they perceive as "drug abuse," and call individuals and institutions that cater to that need "narco-terrorists" and "narco-states."

The opium trade is said to constitute one-third or more of Afghanistan's gross domestic product. People who grow and sell opium, like people who grow and sell olives, are engaged in agriculture and trade not terrorism. Using explosives and herbicides to destroy crops—especially the crops of faraway people with different traditions and religions—is terrorism.

The story of the trade in alcohol in America and the West is familiar, and so also are the medical and social effects of drinking. In the United States alone, intoxicated drivers cause an estimated 17,000 traffic deaths per year, one every 30 minutes. Twenty percent of all traffic fatalities are due to driving while under the influence. The same day that the *New York Times* ran its report on opium cultivation in Afghanistan, it also ran a story about the use of alcohol in the United States.

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The entire state of Wyoming, said the writer, is like “a small town with long streets. . . . The open space means room to roam and a sense of frontier freedom. It also means that on any given night, an unusually high percentage of young people here are drinking alcohol until they vomit, pass out or do something that lands them in jail or nearly gets them killed.” Rosie Buzzas, a Montana state legislator and part-time alcohol counselor, tells the reporter:

We’re a frontier culture, and people say, “I work hard and I’ll be damned if I’m not going to have a beer or two on the way home.” . . . There’s a church, a school, and 10 bars in every town. It has never been hard for young people to get alcohol in Montana, Ms. Buzzas said, in part because many parents think it is a rite of passage for children to drink. “There are plenty of adults who tell me, ‘What’s the big deal? Kids just have to learn to drink.’” . . . Not long ago, three children, ages 9, 11 and 12, died of alcohol poisoning in an isolated town in Montana, but the deaths did little to change attitudes.

Customs and traditions are more powerful than laws, guns, and herbicides. We have our customs, other people have theirs. “Why,” asks an unidentified Afghan, “does the government tell us to stop growing opium when it’s doing nothing about alcohol use and prostitution? Opium is not mentioned in the Koran, but alcohol and prostitution are.”

A scholar on Iranian culture reminds us that before Qajar’s period (which began in the late eighteenth century), “opium was deeply integrated into Iranian social and daily life. People consumed opium each morning in order to be in a good mood to go to work. . . . Opium functioned in Iranian society the way that wine does in French society.”

We define certain goods, in particular opium and cocaine, as presenting irresistible temptations, especially to Americans; persecute the tempters and regard their oppression as the protection and promotion of public health; call the people who justify and promote the persecution “medical scientists” and “lawmakers”; and honor

the individuals who engage in the mayhem and murder integral to the enterprise as heroes in a noble “war on drugs.”

Taxpayer-Funded Cathedral

Afghans who grow poppy are criminals, and Americans who use heroin are patients suffering from a “diagnosable no-fault disease” we call “substance abuse.” To combat this “plague,” we have erected and consecrated a taxpayer funded-cathedral, the National Institute on Drug Abuse. NIDA’s official “Mission” is:

to lead the Nation in bringing the power of science to bear on drug abuse and addiction. Recent scientific advances have revolutionized our understanding of drug abuse and addiction. The majority of these advances, which have dramatic implications for how to best prevent and treat addiction, have been supported by the National Institute on Drug Abuse (NIDA). NIDA supports over 85 percent of the world’s research on the health aspects of drug abuse and addiction. . . . NIDA research is a critical element to improving the overall health of the Nation.

Under a subhead, “NIDA for Teens: The Science Behind Drug Abuse,” we read: “By abusing drugs, the addicted teen has changed the way his or her brain works. . . . These changes cause addicted drug users to lose the ability to control their drug use. Drug addiction is a disease. . . . There is no cure for drug addiction, but it is a treatable disease.” In short, government scientists teach American children that the use of some drugs is a “disease” they cannot control and doctors cannot cure, which only lifelong submission to the government anti-drug priesthood can keep in “remission.” “Our goal,” NIDA’s mission statement concludes, “is to ensure that science, not ideology or anecdote, forms the foundation for all of our Nation’s drug abuse reduction efforts.”

Could all this deception, self-deception, effort, and expense be the practical consequence of a simple conceptual error consecrated as truth?

