

## The Freedom from Addiction or the Freedom to Be Addicted – A Question of Faith at Last?

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Although the freedom from addiction is a therapeutic objective that is taken for granted by doctors (e.g. World Federation of Doctors, the German Ärztekammer (i.e. German federal medical association) and the Federal Government of Germany), liberals loudly proclaim the freedom to be addicted.

The well organised, but partly neglected practice of substitution, disregards the dangers of a prolonged and extended addiction. Those who therefore stand up against such unlimited methadone substitution or against drug legalisation are loudly ridiculed by liberals and permissive politicians and their sympathisers for being “fighters in a religious battle”. The liberals naturally disregard such arguments.

What drives them, is an unchallengeable conviction that is resistant to facts, namely the conviction that they take a human, modern and liberal point of view. For this conviction the therapy of drug addiction however, is as utopian as the resurrection of the flesh. For these contemporaries, therapy on addicts is limited to survival aid, harm reduction and harm restriction. Definitely, these are sensible temporary objectives, if the freedom from addiction is earnestly strived for.<sup>1</sup>

The objectives of the freedom from addiction and the freedom to be addicted are based on two different beliefs.

The politicians who pretend to be liberal are of course incorrect when they pronounce the aim of curing drug addiction as a failure in view of increasing drug problems (which they themselves assist), in or-

1 Further details see H. J. Bochnik, “Sucht und Freiheit”, in: W. Keup (ed.), *2. wissenschaftliche Symposion der Deutschen Hauptstelle gegen Suchtgefahren*, Stuttgart 1978; H. J. Bochnik, “Suchtbehandlung oder Suchtförderung durch Drogenfreigabe”, *Hessisches Ärzteblatt*, 1994, 10; H. J. Bochnik, “Sucht und Zeitgeist”, in: W. Trabert, B. Ziegler (ed.), *Psychiatrie und Zeitgeist*, Munich 1996.

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der to let the “unconventional” capitulating to the needs of addicts seem like the political ability to act.

However, they are also right when pointing to necessary religious controversies about the attitude concerning the therapy of drug addiction – but totally different from the way they mean it. These controversies concern – unlike most of the questions of therapy in the medical area – the core of the human being, his personal ability to be free, and thus his dignity.

Consequently, decisions about values are unavoidable here. These values are not scientifically provable, but it is a trusting conviction that implies consequences, which we have to think about and declare our support or dislike for.

### **Human Dignity Is Inviolable!**

There is only one matter of faith enacted in the German constitution (disregarding the free democratic state under the rule of law), which cannot be violated, not even with a two-thirds majority of parliament:

Article 1 of the German constitution declares that human dignity is inviolable. It is the duty of all powers of the state to respect and protect it.

### **What Then Is Human Dignity?**

It is a value which everyone is entitled to, but which others can violate and which the person himself can violate through his own behaviour.

Without doubt, the personal ability to be free – despite personal commitments one makes – is part of the core of human dignity, because it is only this ability which makes human beings different from viruses, plants and animals:

The instrument of the ability to be free is consciousness. Consciousness enables a person to perceive inner and outward situations, interests, motives, urges, etc. and to make choices and decisions possible orientated to values acting with a free will.<sup>2</sup>

What has the ability to be free to do with addiction? Everyday freedom of behaviour eroded via abuse and dependence to addiction which in the narrower sense restricts the ability to be free until it is tied to the

deprivation of the addict. In this situation, reason degenerates from individual judgement about what to do or what not to do into the uncritical fulfilment of addictive needs.

### **There Is a Difference between Dependence and Addiction!**

There is an important difference between *dependence*, which can still be integrated into normal life, although with some kind of restrictions (e.g. dependence on nicotine), and *addiction in the narrower sense*, in which the addictive behaviours become self-destructive. Unfortunately, these differences become blurred in the international nomenclature, although they are at once clear to all experts on addiction. Furthermore, they have everyday importance as they are the basis for therapeutic decisions.

Definitely, the loss of the personal ability to be free, which is due to addiction, is not compatible with human dignity. Consequently, the prevention of addiction should be (due to article 1 of the German constitution) the aim of every action of the state, and should be the aim of all other countries that highly value human dignity unquestionably.

### **The Abuse of Freedom Man Has the Freedom to Take any Decision**

*Freedom can only exist if it can also be abused.* The precondition on abuse is the validity of social, legal, ethical, religious and other systems of values. They are binding to a different degree for individuals of different cultures, but they always provide a social orientation for our actions.

Following from this, freedom is possible, in and despite dependencies and ties which support us and which we support. It is only in this network of biological, social and psychological dependencies and spir-

- 2 G. E. Störing, *Besinnung und Bewusstsein*, Stuttgart 1952; H. J. Bochnik, W. Richtberg, "Deprivation – Ausdruck und Folgen einer suchtspezifischen Besinnungsstörung", in: W. Keup (ed.), *Folgen der Sucht*, Stuttgart 1980; H. J. Bochnik, C. Gärtner-Huth, "Psychiatrische Erkenntnisziele: Regeln und Individualität in historischen Prozessen", in: R. Degkwitz, H. Siedow (ed.), *Standorte der Psychiatrie*, Munich, Wien, Baltimore 1981.

itual bonds, which limit our freedom, that we can be free and decide alternatives.

In our culture, the prevailing opinion is that consciously going beyond criminal limits is an abuse of freedom. The same is true for abusing ethical and social values like honesty, reliability, faithfulness and sympathy and the respect for the rights of others, etc.

It is part of everyday life to limit our freedom. That's why we consider dependence on smoking and on drinking alcohol, or on anything else, a legitimate use of one's freedom, if the rights of others are not violated (apart from strict groups of all kinds). Even our traffic only works due to restriction of liberty, e.g. through traffic lights.

### **The Freedom to Be Addicted Is the Freedom not to Be Free!**

Certainly, people therefore also have the *freedom to be addicted*. In contrast to the dependencies however, this is the *freedom to lose one's freedom*, in which satisfying the addiction becomes the most important behaviour. This behaviour replaces all other attitudes which support us in society and with which we gain human significance, esteem and income.

*Dependencies beneath the bounds of addiction* do not necessarily fundamentally restrict the ability to be free, although the personal freedom can get insidiously lost and illness and an early death (which can actually be prevented) will be the result. In Germany, every year about 100,000 people die because of smoking, and at least 30,000 die due to alcohol. 2.5 million Germans are in need of a therapy due to alcohol.

As the freedom to be addicted is freedom not to be free, which harms human dignity, it is the responsibility of the state to restrict the supply of illegal narcotics, to prosecute drug trafficking and to make drug consumption more difficult. This helps to prevent as many people as possible from losing their personal ability to be free.

*The Swedish experience*<sup>3</sup> shows that the repression of drug trafficking and the restriction of drug consumption slows down the spread of drug addiction and especially protects youth who are at risk to initiate drug use. However, preconditions for this are favourable in Sweden, because the state can count on a commonly held basic conviction of the Swedish people, that is hostile to drugs.

### **The Existence of a Society without Addiction Is a Bad Utopia**

It is a bad utopia because freedom, as I mentioned before, only exists if it can also be abused. The exclusion of any abuse of freedom requires limitations of freedom, which even totalitarian police states can hardly do and which we certainly do not want in free democracies. Addicts will therefore always exist. Thus, addicts are an evidence of our freedom, which has proved their undoing. This insight should have practical consequences for our willingness to help: As we do not want to do without risky freedom, which will be the undoing of a minority, we have to stand up for drug addicts and people at risk. Fraternity, humanity, solidarity and, in a legal sense, risk liability demand this.

### **What Is Meant by “Aid for Addicts”?**

Our top priority should be regaining the lost ability to be free in the dependencies and ties that support us. Addiction restricts the ability to be free and, because of that, it restricts the central part of a person. Consequently, addiction takes a special place amongst human illnesses, and we must therefore pay special attention to it:

- A person himself is not an illness that can be treated.
- The therapy of addiction can therefore only assist self-help, which must be the strengthening of the will for freedom, which again requires psychotherapeutic, sociotherapeutic, economic and legal assistance.

### **It Is Impossible to Get All Addicts into a Therapy!**

Undoubtedly, many addicts – sometimes for many years – do not want to live without drugs. So long as their legal competence, with which they can legally refuse a therapy that aims at abstinence remains intact,

3 Thomas Cederquist, “Experience and Possibilities of the Swedish Narcotic Officers Association and Interstate Effects of Changes in Drug Policies”, in: VPM (ed.), *I. International Symposium against Drugs in Switzerland*, Zürich 1991, 397-406.

this has to be respected. Necessary help has to be reduced to palliative measures then – but without the conservation of the addiction.

In principle, every German has got the right to reject live-saving medical aid. However, he then has to take the consequences.

The fact that the desire or will for the freedom from addiction or the freedom to be addicted is not explained nor taken into account, let alone activated, gives evidence for a neglected methadone substitution with heroin addicts. In this way, the support of the addictive demands becomes the rule. Addicts that are satisfied regarding this also satisfy their doctors, whose clear conscience is confirmed by the medical success against neglect and against accompanying illnesses and sometimes – even though rarely – by social success.

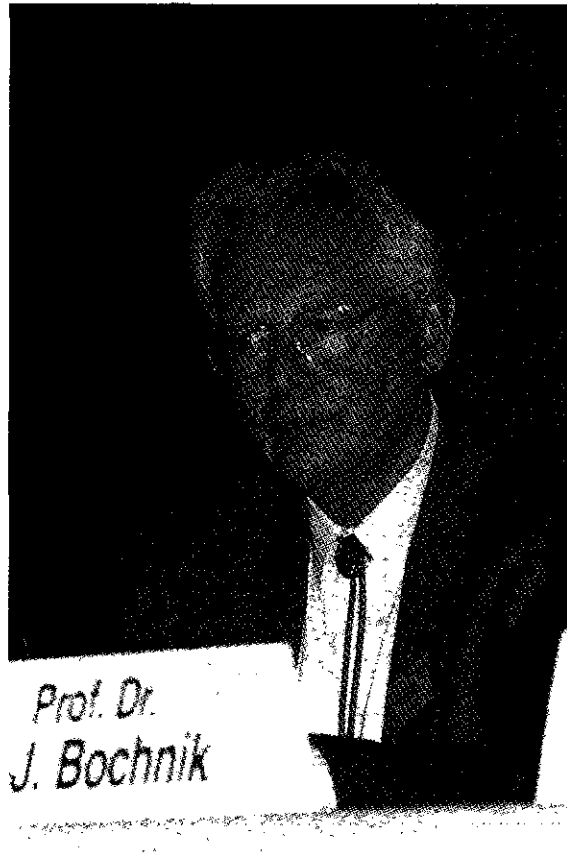
All this is absolutely sensible as long as the freedom from addiction is clearly striven for. The relief from the pressure to get hold of drugs can be used for psychotherapeutic, psychosocial assistance, which has to include economic and legal aspects. Even minor results can be important steps of encouragement on the way to personal freedom.

### **The Risks of Methadone Substitution: Good Organisation, Amateurish Indications**

Unfortunately, the objective of the freedom from addiction and abstinence in many cases remains a faint, not even believed in lip-service:

Hesse, which has a well organised methadone substitution, shows that only 40 percent of the candidates of the substitution make use of the offered psychosocial accompanying therapies, which are covered neither in their methods, nor in their time, nor in their quality, and which are left with the drug advice centres, which again are overtaxed. The drug advice centres now have to look after drug-free aids, which are laborious, and after drug-assisted aids, which are less laborious, at the same time and with all the difficulties for the consumers. There are neither plans nor means for the supply of psychotherapeutic aids, which are contractually scheduled.

Methadone doctors, who provide 10 to 20 addicts (and 30 if they have an assistant) with methadone, of course do not have the time to provide the necessary psychotherapeutic aids. In fact they could not do it, because only very few of them are competent in the field of psychotherapy



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for drug addicts. Consequently, there is a lack of psychotherapy for addicts. The planned sociotherapy becomes an “illusionary therapy”.

Additional consumption of heroine, cocaine, hashish, benzodiazepine, amphetamines, etc. is tolerated astonishingly often and without any consequences. This therapeutic practice corresponds to the motto “free beer for alcoholics”.

### **Research on Addiction**

A well planned research, which wants to provide answers to sensible questions, is of course always legitimate. Despite this fact, the hope that statistical data can decide whether one should prefer the freedom

from addiction or the freedom to be addicted, misses the basic fact that patterns of distribution and correlations cannot be used in order to justify or condemn human behaviours. Values can be rejected or agreed with, and in the light of these values one can assess empirical data. Actually, this assessment always has to be based on a "background of belief", as the recognition of article 1 of the German constitution.

Bearing this in mind, the research on drug addiction is absolutely necessary but, despite much effort, it is not being done according to scientific quality requirements.

The reasons for this lie with particular difficulties, namely a high individual variation, the selection of survey groups whose failures often leave the group before the survey's final evaluation is done, almost constantly missing control groups, and the regrettable but perhaps unavoidable interpretation of the data according to the expectations.<sup>4</sup>

Politics exploits research which fits to its decisions of general principle. Thus, an improper emphasis was put on drug addiction although the misery of alcoholism is about 20 times higher. (The budget of North Rhine-Westphalia is valued at 11 million DM for methadone programs, which concern 3 percent of the addicts. For the alcoholics, making up 90 percent of the addicts, the budget spends only 6 million DM). "There is something wrong here", said the drug therapist, to whom I owe this information.

Research becomes questionable if its main purpose is the undermining of the legal barriers against drug legalisation. Of course, it is possible also in this area to find reasonable answers to reasonable questions. The Hessian "research plan" on heroine distribution amongst totally addicted persons, which was thrown out by the federal authority, on the one hand comprises a plausible pharmacological scientific part, but on the other hand – and I agree here – it includes an amateurish clinical part, which does not produce anything new and which could "prove" or "disprove" well-known facts with unclear entrance data.

*I can hardly understand the great Swiss research efforts, which are represented by Uchtenhagen and which are already in progress for a long time.*

4 See also G. Bühringer, G. Spiess, I. Künzel, "Methadon-Substitution bei Opiatabhängigen", *Z. G. klin. Psychologie*, 1995, 24, 184-192.

Decades of experience with addicts allows me to come to the conclusion that such large number of experiments exclude the acquisition of sufficiently differentiated, sufficiently reliable and sufficiently wide entrance data. Even EDP with the most clever of statistics cannot conjure “precious flower arrangements of insight” out of bad mixed vegetables.

*There is one thing that I do not understand at all.* These big research plans must be limited because of international legal reasons. What is to be done with the spoiled but not cured patient on D-Day, when the experiment and thereby the distribution of narcotics come to an end? It is impossible – in my opinion – that the leading people feel cynical apathy towards the persons affected. Consequently, the only conclusion that seems to suggest itself is that they after all believe in drug legalisation and that they want to force it this way. It is for the same reasons that Aeschbach’s fundamental criticism of the Swiss heroin project is ignored by German “drug proponents”.

### Conclusion

The basic principle of medium-term and long-term drug therapies – apart from emergency – has to orientate in the aim to regain and stabilize the ability to be free. Thus, the therapies do justice to the inalienable dignity of the individual.

### Survey and Abstract

“*Freedom from addiction*” is one of the classic medical objectives of curing diseases. The “*freedom to be addicted*” has developed as an alternative motto – also as a consequence of many attempts to cure drug addiction, which were without success and characterized by many relapses – in connection with a permissive political *Zeitgeist*, which is also averse to curing demands on addicts. This permissive spirit does not really take into consideration the strict orientation to abstinence because, according to them, it is the expression of an old-fashioned missionary spirit. As a concession to the international legal situation, the aim of a drug-free life is still mentioned but it is felt to be worthless in practice.

The priority of moods and needs – by the way, this is also a sign of the transformation of our democracy to a thymocracy, in which moods guide our acting – disregards the special role of addictions amongst human diseases, which concern a person's ability to be free and thus the core of human existence and dignity.

*The freedom to be addicted is the freedom not to be free*, which is not compatible with human dignity.

Whether human dignity is recognised as a conductance for practical behaviour, is a question of belief, which can also be answered very differently (today's conductances e.g. attracting votes by a favour, even against reason, against actual economy, even if it increases the problems in the long term, etc., leaving the conductances of other cultures, religious and political civilisations out of account).

In Germany, human dignity is protected as nearly the only matter of faith (even before the free democratic social state under the rule of law) as a binding unalterable aim of the state according to Article 1 of the German constitution.

### The Ability to be Free

Who would take seriously, the freedom from addiction as conduct fitting the dignity of the human being and also as realisable in every day life. Excuses of the drug-lovers, who agree with the "freedom to be addicted", are the following:

- \* "Primary aids for survival": Yes, but please do not carry them out as a prolongation of the addiction. They need to be a proficient detoxification in connection with offers, which strengthen the motivation to be free from addiction. These offers can be done at every point of the addiction and they have to be repeated with a lot of patience, until the assistance for self-help arouses the addict's interest in being able to organise his life the way he wants to.
- \* "harm reduction": Yes, but please do not accept the freedom to be addicted by the unlimited prolongation of the addiction. Substitution, which frees the addicts from the pressure to get hold of drugs for a limited time and makes them receptive to orientating aids, can support the aim of curing the addiction.

Substitution without restrictions supports addiction, which is not compatible with human dignity. It corresponds to the motto *free beer for alcoholics*.

Certainly, everybody has got the freedom to give up his freedom, and actually, many addicts really do not want to be free from addiction for many years during their "drug career". This has to be respected, not by satisfying their needs but by offering them therapies as long as they have legal competence. Heavily depraved addicts who no longer have legal competence can be deprived of drugs against their will. Even after many relapses, a way into freedom can be found.

Addiction therapy without the consciousness of human dignity, basically has its roots in the human ability to be free, is partially subhuman medicine.

*Remember that the human being is not an illness himself that can be cured. The curing of addiction is only possible in the form of assistance for self-help.*