

# Autonomy, Addiction and the Drive to Pleasure: Designing Drugs and Our Biology

We argued that the desire for heroin or other drugs of addiction is a normal appetitive desire, albeit a strong one<sup>1</sup>. We argued that heroin addicts are: (1) competent, acting freely and that their desires are not compulsive; (2) sufficiently autonomous to consent to take part in heroin trials. We employed a thin concept of autonomy: a competent person, in possession of the relevant facts making a free decision about what to do with his or her life.

Levy claims that addicts have impaired autonomy. This is no doubt true on a richer conception of autonomy. We did not claim that all addicts have unimpaired autonomy. We all have impaired autonomy, to some degree, on such a conception of autonomy.

Levy seems to be operating a hierarchical account of autonomy after Harry Frankfurt. Frankfurt argued that we have first order desires, such as the desire to take heroin. But as persons, we have second order desires – desires about our first order desires – which should be our will. The addict is unfree because he desires not to desire to take heroin, but the desire to take heroin is so strong that it determines his actions.<sup>2</sup> Although the desire to take heroin may be the addict's strongest desire, he also desires to not desire to take heroin. One of us has argued for a related rational desire account of autonomy.<sup>3</sup> What distinguishes us as persons is not having second order desires, but our rationality and capacity to act on the basis of normative reasons. We are autonomous when we act according to relevant normative considerations.

On the thick conception of autonomy Levy uses, there will be two kinds of addict: the willing and the unwilling. The unwilling addict is the addict who believes he has most reason to not take heroin, but finds himself acting on the strong desire to take it nonetheless. The willing addict believes he has most reason to take heroin and acts on it. Levy seems to saddle us with the claim that that all addicts are willing. That is not true.

## The Willing Addict

Let us first consider the willing addict. There may be some addicts who enjoy the pleasure of their drug and really value little else. There are two reasons why everyone finds this contention difficult to accept. One reason is that addicts almost invariably claim to be unwilling. But because of the negative way in which drugs are viewed in society, it may be the only acceptable claim that an addict could make.

Perhaps the willing addict tells the truth when she claims that she wishes to abstain. It is to be expected that the appetitive desire for drugs waxes and wanes over time. Appetites do not need to be stable to be authentic – they are cyclic by nature. We do not consider a dieter's decision to eat involuntary or inauthentic, just because he always wants to lose weight but does not always want to eat. Appetitive desires become stronger when the appetite has been starved, or when their satisfaction is near at hand. This is true *regardless of whether we have abstained deliberately or not*. If an appetitive desire gets strong enough, a desire to abstain will eventually fall beneath a desire to indulge. And during such moments, it is possible that what we most want to do and what we rationally endorse is to satisfy our appetite. The 'paradox' of addiction is not paradoxical, once you accept that a desire for drugs is an appetite, just like a desire to eat when hungry, or to breathe when holding one's breath.

The second reason why we struggle to accept that some addicts might most want drugs is this: when a person has drug use as their strongest desire and overriding value, it means that other desires which you and I value are devalued, in a way which can seem impossible to understand.<sup>4</sup> Levy writes:

“... addicts slowly destroy their lives and the lives of those close to them. They engage in illegal, dangerous or degrading activities in order to procure their drug, they

lose their jobs, their partners and their homes. If it was *purely* a matter of autonomous choice, we should not expect their lives to spiral out of control so dramatically.”

If you have a very dear value, why isn't it plausible that you would let your jobs, partners and homes become endangered? Rebels fighting oppressive regimes have often allowed this to happen for the sake of their strongest desire. The willing addict may not be letting her life spiral out of control. Rather, she may be controlling her life to include drugs. If we wish to respect autonomy, we must admit the possibility of socially unaccepted desires and values such as this one. And we must admit the possibility that the pleasure that drugs afford is reason for action.

## The Ordinary Unwilling Addict

There may be pure unwilling addicts. And there could be drugs which are irresistible once taken, which compel a person to act. Our claim was not that such things could not exist. Rather, we were claiming that the usual drugs of addiction – heroin, cocaine, alcohol – do not create thoroughly unwilling addicts and do not compel a person to act.

It is certainly true that heroin addiction may be extremely intense at times, but much of the time it is not. The drive to have intercourse may be very difficult to resist as the object of one's passion is about to be realized. This does not show that drive for sex is irresistible. All appetitive behaviours operate through the pleasure and reward centres of the brain. As much as any appetitive behaviour is likely to be our own, addictive behaviour is likely to be our own.

Our will power is limited. Often, it fatigues. We cannot resist doing what we most want to do. We finally have that chocolate we believe we should not have. And we are more likely to indulge after a rotten day at the office. Psychologists give this everyday phenomenon the fancy and obscure title of “ego-depletion.” Our capacity to act on our normative beliefs (values or rational desires) is limited. Our biological drives push us to act against our better judgement.

The limitations of our self-control and our weakness of will operate in all areas of our lives, not just in relation to addictive behaviours. And the results can be equally devastating. A lover of fatty foods might succumb to temptation of fried doughnuts each day with lethal consequences. The drive to succeed pushes many beyond the law. The highs of a successful trading on the stock market are as seductive as the highs of winning at roulette at the casino.

Our claim was that the desire for drugs is similar to the desire to have sex or eat strawberries. It may be that exogenous drugs like heroin alter the body's neurochemistry in a persisting way, resulting in withdrawal, in a way that the satisfaction of some appetitive desires does not. But the mechanism by which they act is similar. Withdrawal syndrome resulting from a drop in sugar intake has been demonstrated.<sup>5</sup> And some drugs, such as cocaine, as Levy notes, do not cause withdrawal.

## Implications of the No Difference View of Drug Addiction: Designer Drugs and Biological Modification

We have argued that there is no qualitative difference between drugs as a source of pleasure and the pleasure that we derive from the satisfaction of other appetitive desires. We do not intend to suggest that using drugs like heroin and cocaine is *exactly like* eating strawberries. Plainly heroin destroys lives in a way that strawberries or sex do not. Our claim was merely that there is nothing different in kind in what these bring to our lives: pleasure.

Holding the “no difference” view of drug addiction can lead to striking implications. Firstly, the appropriate goal of dealing with drug addiction is to find ways to help addicts limit drugs to the appropriate place in their lives, rather than trying to eliminate them. We do not talk of

eliminating work because people are addicted to it. No longer do we try to prohibit alcohol and prostitution.

Dealing with the drug problem is decriminalising it and recognising that it is legitimate source of pleasure. The key is not to stop it but to enable people to control it.

Levy is right in this respect – our self-control is incomplete. We can make our lives easier and better by developing behavioural strategies (like controlling cues to consumption), social institutions and biological interventions which allow us experience pleasure and control it within our own conception of a good life.

More radically, we should take control of recreational drug design. What is pernicious about illegal recreational drugs is the difficulty in controlling their place in our lives. Alcohol and tobacco addiction wreak havoc on hundreds of millions of lives world wide. We are now in a technological position to develop safer substances which provide the same pleasurable effects with fewer other side effects. We should develop such pleasure pills and substances.

For example, a more desirable pleasure drug would be one which does not create a strong future drive to take it. Imagine we could create drugs which induce pleasurable effects but which create a delayed amnesic or antagonist effect which splits the pleasure from the drive to take it. Repeated users would be like repeated first time users who take the drug on the knowledge but not the firm experience and “biological memory” of the drug. It is true that one can only be a virgin once. But for all practical purposes, a person with amnesia for their only previous sexual experience is like a virgin. And the pleasure he would derive from the second sexual experience is likely to be similar to the first. Such designer drugs – virgin drugs - could give relaxation and pleasure, as alcohol does, without creating a biological drive to take it.

More broadly, the regulation of our pleasure drives would be something a fully autonomous individual would consider. A drug which removed sex drive might be very useful. Related drugs are already offered to some paedophiles. Just think how much less complicated life would be and how much more work you could get done – or whatever else you value. It would be especially useful if coupled with an antagonist that one could take voluntarily when the time was right which would reinstitute or heighten sex drive.<sup>6</sup> A life of regulated biological drives would be less spontaneous, but it would also be less harmful and probably more pleasurable. The damage caused by addiction should be prevented not merely by social and behavioural change, but also be rationally considering drug development and even biological modification of ourselves.

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<sup>1</sup> Foddy B, Savulescu J. Can Addicted People Consent To The Prescription Of Their Drug? *Bioethics*. This issue.

<sup>2</sup> Frankfurt H. Freedom of the Will and the Concept of a Person. *J Phil* 1971; 68(1): 5-20

<sup>3</sup> Savulescu J. Desire-based and Value-based Normative Reasons. *Bioethics* 1999; 13(5): 405-413

<sup>4</sup> Further, we may envy the addict, the person who gives up his or her life for pleasure. Such a life challenges our own values – in order to justify our own values, we condemn the other.

<sup>5</sup> C. Colantuoni, P. V. Rada, et al. Evidence that Intermittent, Excessive Sugar Intake Causes Endogenous Opioid Dependence. *Obesity Research* 2002; 10(6): 478-488.

<sup>6</sup> Such a pill could also be used to promote monogamy and fidelity. You could decide to only take the sex driver pill when you are with your spouse. You would be spared temptation by the desexer pill at other times. If you were really trusting, you would give your own genetically tailored sex driver pill to your spouse to administer to you to ensure fidelity.