

Broad thinking: An interview with Harold Kalant

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Citation for this version and the definitive version are shown below.

Citation to Publisher Kalant, Harold. (2017). Broad thinking: An interview with Harold Kalant. *Journal of Studies on Alcohol and Drugs* 78(1), 158-165. <http://dx.doi.org/10.15288/jsad.2017.78.158>.

Citation to this Version: Kalant, Harold. (2017). Broad thinking: An interview with Harold Kalant. *Journal of Studies on Alcohol and Drugs* 78(1), 158-165. Retrieved from [doi:10.7282/T3JH3PJT](https://doi.org/10.7282/T3JH3PJT).



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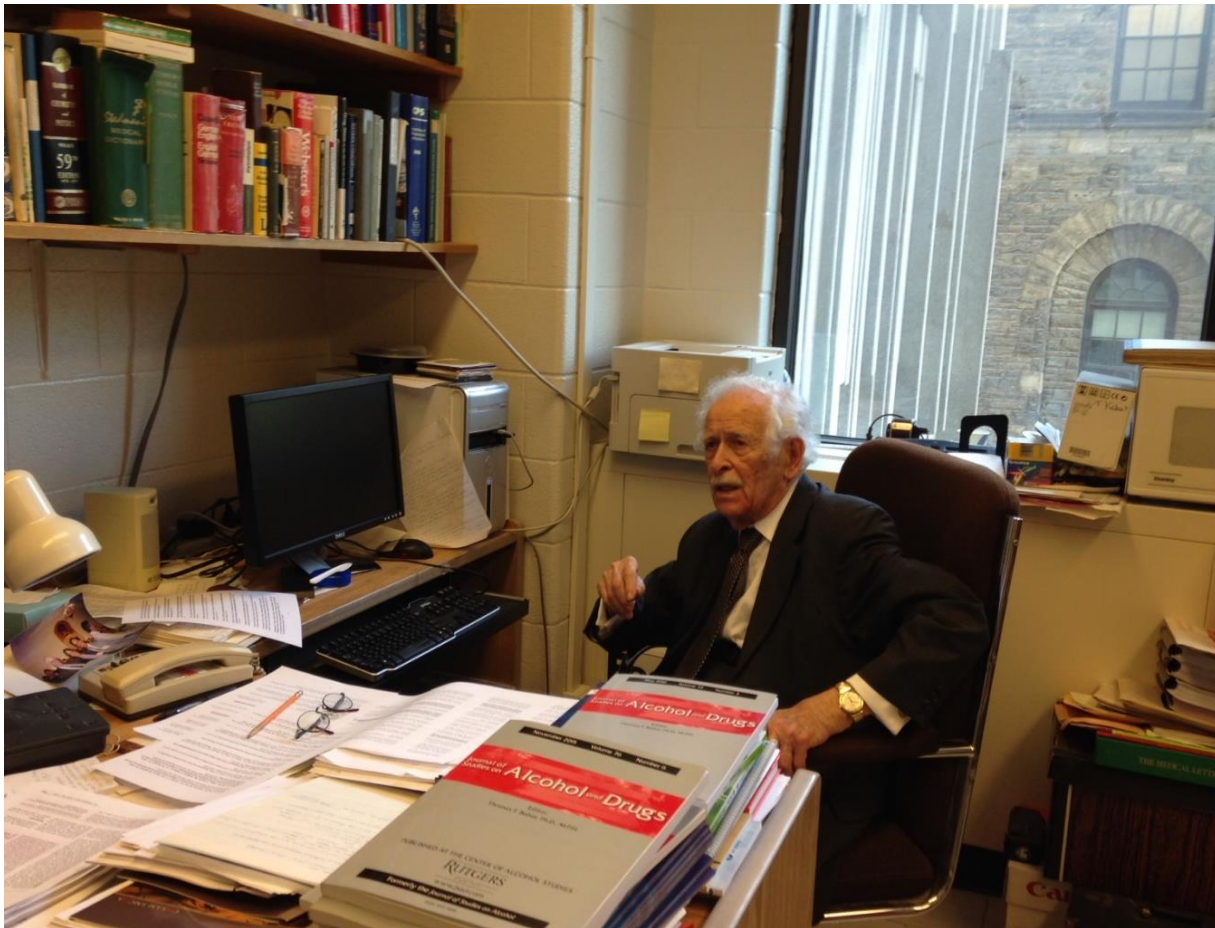
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Broad thinking: a conversation with Harold Kalant

Abstract

In this interview, Dr. Harold Kalant, Professor Emeritus at the University of Toronto, talks about his career in addiction science, his professional associations with E.M. Jellinek, Griffith Edwards and other luminaries, the growth of the addiction field, and the issue of cannabis legalization in Canada, among other things.

The interview was made by Judit H. Ward and William Bejarano on May 16, 2016 in Toronto. The full version is available online at: ADD URL, e.g., jsad.com/interviews



Harold Kalant, MD, PhD, is Professor Emeritus, Department of Pharmacology and Toxicology, University of Toronto, Director Emeritus of Biobehavioural Research, Centre for Addiction and Mental Health, and Former Director of Biological and Behavioural Research, Addiction Research Foundation (ARF). His research areas include alcohol and drug tolerance and dependence, and their relationship to brain mechanisms of learning and memory.

CAS: The journal now is trying to showcase articles on the infrastructure and the history of addiction research. The Jellinek articles are actually the very first ones in this area (Ward et al, 2016, Bunky Bundle, 2016). There are not too many journals publishing on the history of addiction science.

Kalant: No, very few. And that is a mark of the culture that Mark Keller and Jellinek brought to the journal. I admire that. I hope that part of the journal is well received. [...]

CAS: Obviously, knowing Jellinek's past does not mean that one should try to deny him credit for the originality of his work. Jellinek was a genius.

Kalant: Absolutely. He was a very creative thinker.

CAS: Very much so. He essentially created the field.

Kalant: Really. When I think back to the early literature before him, from the 1920s, from the second half of the 19th century. It was very limited. It was strictly medical, or moral. As for behavioral or social aspects, there was very little thinking then. I think Jellinek was the one who made people stop and think "yes, this is an illness that has medical components, but it is much broader than that." I think it's very necessary to keep reminding people of that even now. If you look at the concept NIAAA and NIDA are promoting, addiction as a brain disease, this is a reversion to a strictly medical basis that really ignores all of the work that has been done for a century now in the social field, in the behavioral fields, in the economic field. How do you account for the evidence from many countries that the average amount of consumption is proportional to the disposable income? What about the role of fads and fashions in drinking patterns, or the connection between total use and alcoholism rate in a given population? I think it's a serious mistake, and I'm sure there will come a point when the importance of all these other fields will again be recognized. [...]

CAS: It seems that there was a very small field and highly interconnected. We keep bumping into the same names, over and over and over, but most people were like you said, these "big picture" people, as we call them today.

Kalant: That's right.

CAS: But if they study a little tiny thing, they can still—

Kalant: Try to put it in context.

CAS: Do you think it's because the field has grown so much, that it's almost a consequence of its size, that you have to be specialized at this point?

Kalant: No, I think it's more a question of the grant system.

CAS: Same in Canada?

Kalant: I'm afraid so, yes. That's why it was really such a treat working at the Addiction Research Foundation. Because it was totally different from the system where you would get a grant to look at

something [this big] in great detail. What was the famous quote? “A specialist is someone who knows more and more about less and less, until he knows everything about nothing.” And the grant system encourages that. It generates useful knowledge, but it’s useful only when somebody with a broader perspective puts everything together.

CAS: How about research institutes within a university. How do you find that model?

Kalant: Research institutes within universities, I think, that’s probably an ideal relationship, because the fact that it’s an institute defines its field very carefully, and it doesn’t jump from one area to another according to where the grants are. On the other hand, it keeps the addiction field within the broader fields of social studies, of medical and biological studies, genetics, and so on. I like that arrangement, and I think it does get the best out of the research.

CAS: We meant to ask you about the current challenges of the field, and the future, but you are already answering all those questions.

Kalant: I hope that the future of the field is going to be an integration of the different components, by having social scientists, behavioral scientists, medical scientists, and so on, talking to each other and having meetings that deliberately span the whole field.

CAS: When we look into the history of the field, we see this real interconnectedness for a really long time. All the big names. The interconnectedness does not exist anymore the same way it used to be. You may know the names, you may want to collaborate with them on research or something like that—

Kalant: --But on a highly specific basis. On a particular project, on a particular multi-center study or something like that. But not really on the broad thinking of the whole field. Where should research in this area be going? What sort of questions should it be asking? And that would really be much easier if there were an interdisciplinary society or college of some kind. [...]

CAS: How do you find Griffith Edwards’ impact? Somebody’s impact is huge on the field of publishing, then it spreads. It expands the entire science.

Kalant: Well, I hope his influence will spread to the field in general, because it would be a very good vehicle for bringing the different sciences together. The nice thing that I recall, for example, from reading the *Journal of Studies on Alcohol*, as it was previously called, was that it had papers from all of the different areas of research, and that added to the fact that my colleagues at ARF were also in a variety of different fields. It meant that it was almost inevitable that each one became more or less knowledgeable in the other fields as well as the one that they specialized in. So that’s a move I would welcome.

CAS: Other than the Addiction conversation with you published in 1988 (Kalant, 1988), we didn’t find much about you personally.

Kalant: No, I guess the fashion had changed. The field was growing rapidly, and there were a lot of people working in more specialized areas, and I guess the idea of interviewing researchers and getting

comments about their experience, their reasons for getting into this field, their thoughts about the main questions, and so on, didn't occur to the journals until Griffith Edwards started doing it. [...]

CAS: We noticed that you are very active in mainstream media. They quote you all the time.

Kalant: I think it's important for the public to be well informed by researchers. The main interest in Canada right now is cannabis. The present government, which was elected in October, 2015, ran on a platform that included the plank of legalizing non-medical use of cannabis. But they said this would be strictly controlled, that they would use regulations to prevent access of children and adolescents², people who are most vulnerable to harm from cannabis, to keep them from getting it. And my question is, how? The advocates of legalization say that we can use what we've learned from alcohol and tobacco to set up an effective program. I really don't understand what that hope is based on. CAMH, as the successor of ARF, has continued doing biennial high school student surveys, and the 2013 survey found that by grade 12, 74% of the kids were using alcohol, despite regulations forbidding it. How can they possibly believe that regulations will prevent kids from getting access to cannabis³? What regulation? Enforced how? By whom?

CAS: We just got back from a Substance Abuse Librarians conference in Denver.

We heard a lot of presentations on the subject, on measures that they have in place. The childproof safety devices. But you can't avoid just smelling it everywhere. It's all over the place.

Kalant: It's all over the place, exactly. On top of that, even if it were possible to enforce regulations so that kids wouldn't have access to legalized marijuana, they would continue to buy from black markets. It's what they've been doing all along anyway. So they would have no incentive to stop buying from the black market.

CAS: They want to keep the price high enough to prevent kids from being able to gain access to it, but low enough that people don't go to the black market. We don't know if that line exists.

Kalant: It doesn't exist. If you lower the price, then there will be more used and there will be more people willing to give some to the kids. What I've been trying to persuade various people in Canada. The former Chief of Police of Toronto who was elected to Parliament, was given the job of setting up a committee to review all aspects of the subject so that when legislation is introduced next year, they will have thought of everything. I sent him a letter pointing out that we really do not know how to keep it out of the hands of kids, and in that case, why jump to legalization? Why not decriminalize, but keep it with some moderate penalties, no criminal records, so that the kids don't get the idea that "well, society thinks this is okay now." And wait and see what happens in places like Colorado, Washington state, D.C., Uruguay, Portugal, where it is decriminalized, but they didn't legalize. So you have comparison data. And then see what you can do and what you can't do.

CAS: Do you think it's essentially window dressing, and they want to legalize it for political reasons?

Kalant: I think for political and financial reasons. Unfortunately, the tax revenue is not compatible. I mean, that as a goal is not compatible with public health as a goal. That was another thing about the

CAMH statement. It said the government, in legalizing, should not make either revenue its prime goal or—they recommended giving it to a government monopoly which—in Canada, there are government monopolies in all of the provinces for alcohol. So they said, why not use that as a model, and they will be better able to enforce refusing sale to minors. Well, they haven't refused—well, they have refused to sell to minors, but they haven't kept it out of minors' hands. They can't. But there's no way they can keep it out of the kids' hands. So it puzzles me as to why they of all groups. They are, after all, still a research institution, and they know what their research is. Why would they advocate legalization if they don't know how to achieve those limitations that they say are ideals. Sure they are ideals, but how do you obtain them?

CAS: Why do you think they advocate legalization?

Kalant: I don't know. I really don't know. I mean, to me, the only possible explanation is ideology. They may have an idea that in a democratic country, you don't restrict people's freedom unnecessarily. Well, how do you define what is necessary? There's a confounding in the first place, or there was a confounding of making it available for medical use, therefore saying it should be legalized. What's the connection? In Canada, it's still legal to use heroin, for medical purposes. You can't get it now, because the company that imported it had so little demand that they've stopped bringing it in. But as far as the law is concerned, it's still legal. But nobody says therefore it should be legal for non-medical use.

CAS: Do you seek out some of these places to make your voice known, or do they seek you out? How do they get your quotes?

Kalant: I think they get them probably from writings, and publications. I have appeared before committees of the Canadian parliament, of the House of Representatives and the Senate. These things have come up, and that's probably one source. But my colleagues at CAMH who are in favor of legalization and I are having a debate that'll be published in the *International Journal of Drug Policy* (Kalant, 2016; Fischer, Rehm, & Creapult, 2016). And we agreed that it would be a formal debate. They state their position, I state mine, they have a rebuttal of mine, I have a rebuttal of theirs. All in writing. And I hope once that's published, that I'll then be able to send reprints to the minister of health, and the minister of justice, and so on. And I just hope that they at least listen. The minister of health is a doctor, so that might help. She still talks about legalization, but strictly controlled, so there will be no access to the kids. Slogans are very popular.

CAS: So in that sense, they are following the US model?

Kalant: Well, I'm not sure whether it's the US model or something which has simply now become a subject of discussion almost universally. My friends in Chile tell me they're having the same discussions there. I was invited to go down to Mexico for a debate there. I ended up not going for reasons that have nothing to do with the subject itself. But they also, the government sponsored a series of five debates. What public policy in Canada should be. I think sooner or later, almost every country has to face it. Because the people who want to legalize are very insistent. They are very effective communicators. They are very good at getting their view across, even if they take liberties with facts, they still get their view across.

CAS: Do you think that is sort of a ripe area for research? What attracted you to the alcohol field was that it was virgin territory. Marijuana is I guess a little more advanced than that, but do you think that's a place where the addiction field should be looking? Not only biomedical, but policy, and so on?

Kalant: Oh absolutely. They really need to look at truly all aspects of it, too. If you accept, as I do, that good policy is based on very thorough cost-benefit assessment, then you need all the facts before you can do a good cost-benefit assessment. If you don't have the knowledge, when you're pretending to do a cost-benefit assessment, it's a very lopsided one. It really makes a lot more sense to say "We can't do that now. We don't have the facts. Let's hold off. What are the specific problems we need to deal with? Can we deal with some of them by interim measures? While we hold off on others until we have information that we don't yet have?"

CAS: We are back to the idea of big picture people who are able to ask the right questions.

Kalant: Well, that really is essential for the field of addiction. It's inherently a field that needs to be looked at from all of the different aspects. Because people's use of drugs is not dictated by one aspect alone. The idea that there's a reinforcement or a reward system reigned, and somehow everybody seems to know that if they take this drug, it's going to do great things for them. It isn't that. I mean, they have friends who do, they get kidded if they don't try it, it's smart, just being with it, it's the current fashion, and there are all kinds of things that they read. In the *New York Times Magazine*, cocaine is called the "champagne of drugs" (Crittenden & Ruby, 1974)". Well, if you are a New York Times Sunday Edition reader, and you are a very well-informed and up-to-date person, isn't it going to raise some questions in your mind? "Hey, maybe I should look into this." If it's that great, and it doesn't do any harm. The interesting thing is that marijuana is the only drug where adolescents and young adults who are still in a stage where they are maturing certain important neurological and psychological functions make up nearly half of the total user population. If you just look at teenagers, from 12 years on, up to, say, 22, 23. In Canada, or in Ontario, at least, they're about 43-44% of the users. That's a whopping big figure. To ignore that, and to legalize without taking into account what that's going to do to them is just not good policy.

CAS: That's 44% while it's still illegal. That number would change. Then we haven't talked about the new strains, and the new versions of marijuana being concocted.

Kalant: Yes, well in Canada, the government was forced by the courts. They originally had one producer that produced marijuana with 10% THC in it. All of the medical use had to be approved by Health Canada and supplied by this one producer. The courts ruled that that was a violation of freedom of enterprise, etc. Therefore they had to open it up to other producers. So they did. But unfortunately, they didn't set limits to the permissible THC content. Then there's a company in British Columbia that is in fact a branch of an American company that is marketing stuff with 25-26% THC, and virtually no CBD to medical users. That's not the kind of preparation that is most useful for medical purposes. The 10% kind with at least 1 or 2% CBD in it, better still, 5%, would be far more useful to those who have genuine indications for which there's reasonable evidence that there's a medical role for cannabis. You're stuck with it now. There are some ethical companies that are producing good preparations for medical use. There are

others that are simply trying to stake out their territory for when it becomes legal for non-medical use. Sad, but that's how it is.

CAS: It is inspiring to talk with you and hear that you are passionate about something.

Kalant: I would hope that people who work in the field are interested in more than specific biochemical or neuronal pathways, or whatever. That they keep in mind that it's really research on substance or a group of substances that have important effects on individual users and on society. And vice-versa, society at large has important influences on the way it's used, and how many people use it, and unless you keep your mind open to those aspects, in both directions, then I don't think you really are an addiction researcher. You are a drug researcher.

CAS: That's a fantastic conclusion. We are over using our time.

Kalant: Well, I have enjoyed it very much, thank you.

CAS: Thank you.

3200 words

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