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**Intelligence Squared U.S.**

**College students should be allowed to take smart drugs**

For the Motion: Anjan Chatterjee, Nita Farahany

Against the Motion: Eric Racine, Nicole Vincent

Moderator: John Donovan

**AUDIENCE RESULTS**

**Before the debate:**

**27% FOR**

**44% AGAINST**

**29% UNDECIDED**

**After the debate:**

**59% FOR**

**33% AGAINST**

**8% UNDECIDED**

Start Time: (18:02:31)

John Donovan:

So, let's bring our debaters to the stage. Let's first welcome Anjan Chatterjee.

[applause]

Nita Farahany.

[applause]

Eric Racine.

[applause]

Nicole Vincent.

[applause]

When the time comes to vote -- I was just given this tip -- because this technology is a change for us. We're using a new system. When you vote, hold down the key for three or four seconds until you see the number that you've registered lock into place. And then the vote is completed. So, let's begin. We go in three rounds in these debates.

We're going to begin the first round in a second. We're also live streaming. I wanted to point that out. And we would we delighted, for folks who want to Tweet about the debate, to Tweet. Our handle is @IQ2US.

18:03:31

And at some point, our hashtag for the night -- it sometimes changes. So, I'll wait for it to come up on the screen. But you can see our hashtag. Okay. #IQ2USlive is our hashtag. Otherwise, we -- because of all of the microphones and the recording, if you can turn your phones to complete silence, that would also be appreciated. So, let's begin things now with one of those spontaneous rounds of applause.

[applause]

So, we haven't quite made up our minds yet about when it's right and when it's wrong to use the tools of medicine to enhance who we are. Steroids to win sports? Wrong. A nose job to be more beautiful? Apparently not wrong. But what about chemicals that help students be better students? Well, we know now that drugs like Ritalin, and Adderall, and modafinil were -- which were designed as therapy for people who had trouble focusing, or staying awake, are being taken by students now not because they suffer from those actual deficits, but because they believe it gives them a competitive edge in the classroom, that it makes them, quote unquote, "smarter."

18:04:45

And is that right or is it wrong? Well, that sounds like the makings of a debate. So, let's have it. Yes or no to this statement: College Students Should Be Allowed to Take Smart Drugs. A debate from Intelligence Squared U.S. We are here at the George Washington University in partnership with FIRE, the Foundation for Individual Rights in Education, with four superbly qualified debaters, who will argue for and against this motion: College Students Should Be Allowed to Take Smart Drugs. As always, our debate goes in three rounds. And then our live audience here at the Jack Morton Auditorium, at George Washington University, votes to choose the winner. And only one side wins. Our motion again is: College Students Should Be Allowed to Take Smart Drugs. Let's meet the team arguing for the motion. Please first welcome Anjan Chatterjee.

18:05:33

[applause]

Anjan, you are a professor at UPenn's Perelman School of Medicine and Chair of Neurology at Pennsylvania Hospital. You see patients -- mostly patients who have cognitive disorders. But you also do research on the issue before us, questions of neuroethics and neuroaesthetics. And we're wondering, do you think that there's a day

for you, as a clinician, when you will be prescribing drugs routinely -- smart drugs to students, as part of your routine practice?

Anjan Chatterjee:

Well, it certainly could come to that. My students used to think that I was crazy for hassling with insurance companies, and that what I should do is open a repeat cosmetic neurology clinic in a fancy part of town.

John Donovan:

[laughter] Plans for that?

Anjan Chatterjee:

Let's see how it goes.

John Donovan:

All right. Good enough. Ladies and gentlemen, Anjan Chatterjee.

[applause]

And Anjan, please tell us who your partner is.

Anjan Chatterjee:

My partner is much smarter than any drug. Professor Nita Farahany.

18:06:36

John Donovan:

Ladies and gentlemen, Nita Farahany. Nita, you are a professor of law and a professor of philosophy at Duke, where you are also director of the Duke Science and Society Program. You're arguing for the motion, "College Students Should be Allowed to Take Smart Drugs." But it's interesting to note that Duke came up with the ruling that the, quote, "Unauthorized use of prescription medicine to enhance academic performance," unquote, is cheating under its Student Code of Conduct. Do you see other universities following suit now?

Nita Farahany:

I certainly hope not. Without forethought, Duke adopted this really ill-conceived policy, instead of leading the way on being a college that empowers students to make choices about this issue for themselves.

John Donovan:

So maybe they'll be listening tonight?

Nita Farahany:

I hope so.

John Donovan:

We'll see. All right, ladies and gentlemen, the team arguing for the motion that, "College Students Should be Allowed to Take Smart Drugs."

[applause]

And we have two debaters arguing against the motion. Please, ladies and gentlemen, welcome Eric Racine.

18:07:36

[applause]

Eric, welcome. You are director of the Neuroethics Research Unit at IRCM, and you hold academic appointments at the University of Montreal and McGill. Neuroethics, it's a relatively new area of study, and, in fact, it didn't exist at your research group before you arrived there in 2006. Can you tell us in a sentence what neuroethics is?

Eric Racine:

Sure. Very briefly, neuroethics is a new interdisciplinary field which studies ethical questions associated with neuroscience.

John Donovan:

So it's right on topic for tonight?

Eric Racine:

Absolutely.

John Donovan:

And tell us who your partner is.

Eric Racine:

My partner is the amazing philosopher, Nicole Vincent.

[applause]

John Donovan:

Ladies and gentlemen, Nicole Vincent. And, Nicole, you are also arguing against the motion, "College Students Should be Allowed to Take Drugs." You're a professor of philosophy and law and neuroscience at Georgia State. For several years, you led a research project focused on cognitive enhancement and moral and legal responsibility.

18:08:38

In a related TED talk in your native Australia, you started off by asking the audience that if there were a pill that could make everyone there more intelligent and smarter and more focused, would they take it? And the response was complete silence and then laughter. Was that a "yes" from the audience?

Nicole Vincent:

So I asked the question rhetorically, and I think everyone was expecting that there would be this rhetorical silence, including the guy who calls out, "Yes."

[laughter]

John Donovan:

We all need that guy to call out, "Yes." Maybe you'll get some of those, "Yeses," tonight on our vote. Ladies and gentlemen, the team arguing against the motion --

[applause]

John Donovan:

-- that, "College Students Should be Allowed to Take Smart Drugs." Now, this is a debate. It is a contest, a contest of logic and persuasion, ideas, even perhaps a little bit of humor and anecdote. And you, our live audience here at George Washington University, will decide our winners. By the time the debate has ended, you will have been asked to vote twice, once before the debate and once again after you've heard all of the arguments.

18:09:41

And the team whose numbers have changed the most in percentage point terms will be declared our winner. So let's register the first vote. If you go to the keypads at your seat and look again at the motion, "College Students Should be Allowed to Take Smart Drugs." If you agree with the motion, push number one. If you disagree, push number two. And if you are undecided, push number three. The other keys are not live. You can ignore them. And if you feel you've voted in error, just correct yourself. The system will lock in your last vote, and we'll keep the voting open until I stop talking. And so this means you have a little bit of an extension. And, again, just remember you hold that thing down for about three or four seconds until the number registers. It looks to me as though everybody has completed it. Okay, so remember how you voted and, again, you'll vote a second time after the debate. The difference between the two numbers is how we declare our winner.

18:10:37

Let's move on to round one, round one opening statements by each debater in turn. They will be six minutes each. Our motion is this, "College Students Should be Allowed to Take Smart Drugs." Arguing first for the motion, and you can make your way to the lectern, Nita Farahany, a professor of law and philosophy at Duke and member of the Presidential Commission for the Study of Bioethical Issues. Ladies and gentlemen, Nita Farahany.

[applause]

Nita Farahany:

Good evening. Thank you to our host, moderator, and participants in this debate. My name is Nita Farahany. And I am here to convince you that college students should be allowed to take smart drugs. In a little while, you'll hear from my partner, Anjan Chatterjee, who will debunk many of the scientific claims against smart drugs. Before that, I want to convince you of two things. First, colleges should empower students to make their own choices about how they will change their brains.

18:11:35

And, second, the gradual improvement of our brains is a social good that we should pursue in society. Colleges should educate and empower students to make informed choices about smart drugs. There's a common saying in education that we should teach students how to think, not what to think. Teaching a student how to think encourages them to question their own belief and to question the claims that they are presented with. Banning smart drugs disempowers students from making educated choices for themselves. And it denies them their ability to think smarter. Being protective of students and telling them what to do to change their brains leaves students poorly prepared for life after college in a world that will present them with choices and with pressure. A campus culture built on prohibitions and policing students is a campus that is at odds with encouraging freedom of thought and liberty. It fosters fear and ignorance instead of courageous deliberation.

18:12:28

A recent online poll found one in five of the 1,400 respondents had used Ritalin, Provigil, or beta blockers for non-medical purposes. Polls at incoming college freshmen show that at least one in three has used smart drugs. We can pretend that this isn't a choice that large swaths of people are already making. Or we can embrace that smart drugs are just one of the many ways that people exercise free choices in their lives. Colleges are incredibly well-positioned to equip students with the information and the skills necessary to balance the risks and benefits of taking or foregoing these drugs. It's time that we recognize that college students are moral agents, capable of acting freely and making judgments for which they can be praised, blamed, or held responsible. We should respect their dignity and enable them to decide whether caffeine, prep classes,

neural stimulation, exercise, or smart drugs are ways that they want to change their brains.

### 18:13:25

Look what's happening in high schools around the country when bans on so-called "dangerous substances" are being made. One school administrator from Indiana testified before Congress that high school students in his district are trafficking banned foods on school property thanks to a federal law prohibiting what can be served in school lunch rooms. Students have been caught bringing in -- even selling -- salt, pepper, sugar in schools -- add taste to the bland and tasteless cafeteria food. This is a sad reality of what bans do in educational settings. They spur underground markets where the very goods prohibited become more alluring and go unchecked. This puts students at greater danger of taking tampered substances without the benefit of transparency. Instead of banning salt, pepper, sugar, soda, or smart drugs, let's teach students how to weigh the risks and benefits and to make choices for themselves. This says nothing, of course, about the frightening intrusion into private lives of college students to enforce a ban on smart drugs.

### 18:14:26

Can you imagine regular screening and testing of students to try to detect taking these drugs? But I want to convince you of a second thin: that enhancing our brains is a social good that we should be pursuing. The gradual improvement in how our brains function is a social good worth pursuing, and a social good we pursue all the time. We enhance our brains all the time and every day, from coffee we drink first thing in the morning, to SAT prep classes we take to gain college admission, the music classes we enroll in, the basic nutrition we follow, the exercise we undertake, the classes we attend. All of these things change our brains, and that's a great thing. To the extent that smart drugs work to improve focus, motivation, attention, concentration, or memory -- we should celebrate them, not prohibit them. What if taking a smart drug gives us the capacity to study harder, longer, and better such that we cure cancer? Or develop tools for staying in better touch, resolving social ills, or for improving our overall happiness? Shouldn't we encourage, rather than ban, these opportunities?

### 18:15:28

Improving our brain functioning can influence important outcomes for individuals, like making them more successful at work, enhancing their earning potential, alleviating their likelihood of experiencing social and economic difficulties, and improving their overall well-being. Widespread improvement in cognitive function would result in widespread societal benefits, like economic gains or even reducing dangerous errors. Shouldn't we encourage this? We shouldn't think of smart drugs like taking steroids in sports. Life isn't a competitive game, where there are winners and there are losers and

spectators on the sidelines. Improving our brains is inherently valuable in and of itself. And not because it offers some kind of competitive advantage for one person versus another. Improving our memory, our motivation, our concentration, our capacities improves our opportunities in life, which can mean better living conditions and greater flourishing for all of us. Knowledge is a good in and of itself. And using smart drugs to give us access to even more knowledge is truly invaluable.

18:16:36

We should celebrate and not prohibit these opportunities. You'll hear fear-mongering talks about coercion and the vulnerability of students tonight, on being on the slippery slope toward a dystopia and a rat race of enhancements. These fear tactics are just that: fear. Not only are smart drugs not bad, they may offer significant good. But regardless, it's up to college students as moral agents to decide for themselves. I urge you to vote in favor of personal choice and freedom, to vote in favor of educational institutions serving as educators and not nannies. And in favor of collectively improving our insights and our opportunities in life. Thank you.

John Donovan:

Thank you, Nita Farahany.

[applause]

John Donovan:

And our motion is "College Students Should be Allowed to Take Smart Drugs." And here to make his opening statement against this motion, Eric Racine. He is director of the Neuroethics Research Unit and associate professor at the IRCM. Ladies and gentlemen, Eric Racine.

[applause]

18:17:37

Eric Racine:

Good evening, members of the public, fellow debaters, and thank you, organizers for allowing me to come to Washington. It's always a welcome opportunity to warm up a little bit from the cold weather in Montreal. So tonight I hope to convince you that we should reject the motion that we have before us. And this won't be an enigmatic stance on my behalf. I think the facts, the scientific facts and sound reasoning and policy bring us there. I'll make two remarks in my short introductory remarks. First of all, I try to unpack a little bit the proposition before us. What do we mean by smart drugs, for example? Second, I'll try to highlight that there have been two major moral criteria put forward to assess these smart drugs. Moral acceptability and moral praiseworthiness.

And I think if you're committed to the foundations of both these tenses, you will reject the motion before us.

18:18:39

So first, a couple of remarks on the proposition. Smart drugs, do they exist? Well, if we look at scientific reviews that have been published on this, it doesn't seem to be the case. There is no scientific reviews suggesting that these drugs are efficacious, that they actually improve cognition and intelligence in those who use them. Furthermore, we don't even know for whom they would work and what would be the risks entailed by their use on the long run. So I think smart drugs don't exist, so we don't have to allow them because, really, they're not -- we're not there yet. A second important piece of the proposition tonight is the allowing. Who should be doing the allowing? Should it be college students? Obviously, that would be a bit contradictory. Should it be college administrations? I could -- I think it could have destined [spelled phonetically] interests in pressure their students to use drugs to gain advantage.

18:19:43

Physicians, probably not also -- they could have also an interest in caring for the worried well. So I think this is really a question that we should be answering and tackling at the very highest level of moral and political analysis. It concerns all of us, because if once, if ever, these drugs are out of the barn and start getting more traction, all of us will be concerned. It will impact college environments, the workplace and so on. Second set of remarks: Now, what are the moral criteria to assess if this is ethical? Should we be engaging in cognitive enhancement and the use of smart drugs? As I mentioned, two major moral positions have been put on the table. I'll try to explain them very briefly and come back to it in the Q and A.

18:20:34

First of all, moral acceptability is basically capturing a basic set of concerns and trying at liberal democracy. If, for example, tonight you were worried from the ethics standpoint, if ever college students would be free and autonomous in making such decisions, that's a concern reflected in moral acceptability. If you thought that perhaps we didn't have or were concerned that we didn't have the data to suggest that these drugs were safe and efficacious, that's also a fundamental condition of basic moral acceptability. And we don't have these data. We don't pilot studies about the autonomy of students. We don't have convincing data that these drugs work. So I think from the standpoint of moral acceptability, we need to reject the proposition. But furthermore, if you were concerned by other types of issues that we capture under the label of moral praiseworthiness, you could also be rejecting the motion.

18:21:36

If, for example, from the ethics standpoint, you were worried that perhaps this is not a genuine way to achieve oneself, it is not a proper way to seek self-fulfillment. That it's somehow cheating or threatening our moral ideals. That's a concern captured under the label of "moral praiseworthiness." If, from the medical and scientific standpoint you were worried that perhaps physicians would be diverted as a resource from attending to important neurological or psychiatric conditions, for example, that would be a concern captured under the umbrella of moral praiseworthiness, i.e., is this practice morally laudable and praiseworthy? And the answer is no. No, because we haven't really debated this issue. We haven't made up our minds. We haven't been discussing with our neighbors and in public enough to really know if this is something we want to generally pursue.

18:22:36

So I hope to have convinced you that it is premature at this point in time to consider the practice of using smart drugs to be, A, morally acceptable, and B, moreover, morally praiseworthy. And if you're still convinced yet, my colleague and partner, Nicole Vincent, will stretch the arguments further to show that even if you would grant some minimal moral acceptability to the practice, there would be still substantive issues to grasp with. Thank you.

John Donovan:

Thank you, Eric Racine.

[applause]

John Donovan:

And a reminder of what's going on, we are halfway through the opening round of this Intelligence Squared U.S. debate. I'm John Donovan. We have four debaters, two teams of two, arguing it over this motion: "College Students Should be Allowed to Take Smart Drugs." You've heard from the first two debaters, and now on to the third. I'd like to introduce Anjan Chatterjee, professor at the University of Pennsylvania's Perelman School of Medicine, chair of neurology at Pennsylvania Hospital, arguing for the motion: "College Students Should be Allowed to Take Smart Drugs." Ladies and gentlemen, Anjan Chatterjee.

18:23:39

[applause]

Anjan Chatterjee:

Thank you. When people come to see me in the clinic, they have choices. They can choose not to see me, but if they're there, they presumably have already made that

choice. They even have choices not to follow the recommendations I might make. Gone are the days when physicians basically told patients what to do and expected them to obey. And it's a good thing. We're in partnership with our patients to try to provide decent care. People have the right to choose. This is not the motion under consideration, but I would suggest this radical claim that college students are people. People have the right to choose what they would do or have done to their bodies, and college students have the right to choose what is done -- or what they would do to their bodies.

18:24:40

Of course, these choices have to be made with a certain amount of knowledge. We want people to be informed about their choices. And so what is the information? Eric correctly pointed out that the data that we have is woefully inadequate. What we do know is that most of these medications work on the Catecholamine systems, that is that they increase the level of norepinephrine and dopamine within neuronal synapses. And as best we can tell, these have effects on arousal, on attention, and sometimes on parts of our memory and parts of executive function, our ability to be -- to navigate complex arenas. Now, you might be concerned about side effects. And some of the effects themselves are counterintuitive.

18:25:34

So to the extent that there is data that some people actually improve with these medications, some studies suggest that people who are at the lower end of the distribution, with some of these abilities like working memory, actually improve more than people at the higher end of the spectrum. There's some people who think that these don't actually improve cognition, but these are really drive drugs, that they increase motivation, and people feel good about themselves and motivated to work harder. Adverse effects, as a physician, the thing I would be most concerned about would be cardiovascular effects. People can have cardiac arrhythmias, can have heart attacks, can even have sudden death. Well, there were two studies published in 2011, one in the Journal of the American Medical Association, and the other in the New England Journal of Medicine.

18:26:30

These are sort of standard top-line medical journals that looked at many, many, many patients as a retrospective study, and basically found that the use of these kinds of stimulant medications did not confer any added risk, cardiovascular risks as compared to nonuser populations. There is a hypothetical risk of addiction, and we just don't know what the rates are of that. In my own practice of treating some people with ADD, not students that decided to come see me for this, that -- one isn't struck by addiction being a very big issue. But, nonetheless, it is something to be aware of. But the point

about all of this is that both the promise and the perils of smart drugs are probably overblown. And students should be made aware of what these promises and these perils are and, as Nita said, that what colleges are in the business of doing is educating students, educating students to navigate complicated situations when -- where there's a certain amount of ambiguity.

18:27:42

And we should not take that educational opportunity away from colleges as students are thinking about this. Now, I'm an empiricist by nature, and so what I would like to do -- it looks like a fairly young crowd -- is that for people in the audience that are either students now or have graduated from college in the last four years, raise your hands up and raise them real high so the people in the podcast can hear you.

[laughter]

Okay. Keep your hands up. Keep them up. Keep them up. Okay, if you --

John Donovan:

Anjan, just for the people in the podcast, tell our listeners how many -- what percentage of the audience is raising their -- its hands.

Anjan Chatterjee:

-- I would say, I don't know, maybe 75, 80 percent, would you agree with that?

John Donovan:

Okay, yeah, maybe even more.

18:28:32

Anjan Chatterjee:

Okay. All right, so keep your hands up. If you or someone you know has taken a smart drug, put down your hand. I think I see one, maybe two. Okay. So the cat is out of the bag.

[laughter]

Let's just be real about this, okay? It is happening, and if you are concerned about this, one might be concerned about the coercive properties that -- the coercive conditions in which students want to take these kinds of drugs. One might be concerned about the fact that we live in intensely competitive times where there are winner-take-all environments where small incremental advantages produce disproportionate rewards. And we might be concerned about that, and I am; however, if one is concerned about that, we should be concerned about the social milieu in which we live. And prohibiting

drugs is not the solution to that. It is as if one were then lopping off a minor head of a hydra when the monster still remains un-phased.

18:29:40

I would say, "Take students seriously. Don't infantilize them. And if you respect their autonomy, vote for the motion that "College Students Should Be Allowed to Take Smart Drugs." Thank you.

John Donovan:

Thank you, Anjan Chatterjee. And that is our motion, "College Students Should be Allowed to Take Smart Drugs." And here, our final debater speaking against the motion in this round, Nicole Vincent, associate professor of philosophy, law and neuroscience at Georgia State University. Ladies and gentlemen, Nicole Vincent.

[applause]

Nicole Vincent:

Thank you. So in March this year, the Presidential Commission for the Study of Bioethical Issues released a report called, "Gray Matters: Volume Two." The report recommended, among other things, that once we develop safe and effective medications, safe and effective smart drugs, we should make sure that they are made available equally to everyone.

18:30:37

I am very much in favor of equality, and I'm really glad that the commission which Nita over there is indeed on recognized and was sensitive to this right. This -- we need more of this in politics. But here is my worry, that in focusing on the medical side effects, on all the medical problems, what they've actually overlooked is they've overlooked all the other ways that our lives can go really bad, not just because we've had various medical problems, worse than this. What I'm going to argue is that actually by providing equal access to these medications to everyone, all the things that we really value are going to be jeopardized. So what are the arguments in favor of smart drugs? So I'm just going to be talking about the safe and effective ones, right? These are the -- this is the science fiction future.

18:31:34

Presume that the arguments would go something like this. Here's one, "Hey, maybe if I can have access to these medications, which don't have any bad side effects, maybe I can get through all the work that I need to get through quickly." "And what then?" "Well, I'll have spare time," right? And why is that good? Because then I can go and do the things that I really want to do -- spend time with my family, maybe stare at

the ceiling, which is my, you know, favorite occupation, while listening to music. Or perhaps being students -- hey, you need to make sure that you can earn an income. Actually have enough time for a part-time job. But would this actually happen? I don't think that would. And here's why. So, when you start taking these medications -- and suppose that they work, like they do for everyone. And you think, "Great, now I want to make sure that I'll get this work done and in half the time, maybe, and then I'll go off home." Do you think everybody else is going to do this as well? Or do you think some people might say, "Huh, I'm going to work as much time as I would have, but I'll now get much better grades."

18:32:37

Some people might say, "Actually, look, guess what, I'm still not tired. I'm going to keep working. I'm going to make sure that I get awesome grades." Think of what this does to your grades -- you've done a sufficiently good job. You've pulled the party line. Unfortunately, their actions are going to force you to not be able to get the very thing that you wanted -- the extra time to make sure that you get those things that you wanted, right? Time with family. Time for you to relax or whatever else it is. They're going to force you to have to also give those things up through competition. Very simple. Here's another way in which I think people think that smart drugs might be helpful. It could get -- maybe you can get better grades. Get that really awesome job, right? But remember, if everyone has access to those awesome medications, the ones that work for everyone -- what if we figured it out -- and in that particular scenario, all of us get exactly the same advantages.

18:33:39

So, all the people who could get into those lovely professions -- it's still them who can only get into those professions. So, unless you get a head start, you're an early adopter, you won't get the advantage. But think of what happens if you do get the early advantage, because you're an early adopter. Well, you initially extend your reach and you get into that position. Great. But then, of course, you've gotten into this new cadre. You've made life more difficult for them. The more people like you get into that particular cadre, the more they're going to feel like, "Man, now I've got to compete harder." Either they work harder or they say -- draw the obvious conclusion -- I also take the smart drugs. The longer you remain committed to this position, all that's going to happen is that more people will enter into this particular field and start using smart drugs for exactly those same reasons.

18:34:31

Eventually, once everybody else is on smart drugs, you will simply lose all that investment and time. And you will lose your job, because we'll simply go back up to the same normal. Everybody's going to equally benefit. It doesn't strike me that either of

those strategies is going to actually get us those things that we want. If anything, they may even lead us to disaster. Now, the real arguments, I think, have to do with the sort of things that Nita over there pointed out -- the possibility of scientific discovery, the possibility of better learning, right? Maybe we can develop better medications, cure cancer. Maybe we can develop better smart drugs. But this does not come without a cost. What -- the cost is that when you insert smart drugs into the equation, into a really competitive society, what you are doing is you are increasing competition. You are making it possible for some people to up the ante even more. They can now say, "I am actually going to try and get a further advantage. And I am going to work harder."

18:35:33

Competition will increase. It's not going to decrease. The amount of time that you're going to have to do all those other things isn't going to be greater. It'll be less. If you care for all the other things in your life, think about what you will be using to purchase that lifestyle. I only came to this country two-and-a-half years ago. And I've lived in six countries. People here work so hard -- harder than any other country I've lived in. Do you really want to smart drugs, that are going to make you into even better-oiled machines that can be like gladiators -- getting rid of all the time in your life and not be able to get all the things that make life worth living? Nita and Anjan would you like you to vote for the proposition. That vote closes the door on the this particular discussion--

John Donovan:

Nicole Vincent. I'm sorry. I have to cut you off. Your time is up.

Nicole Vincent:

Thank you.

John Donovan:

Thank you very much. And that concludes round one of this Intelligence Squared U.S. debate, where our motion is, College Students Should Be Allowed to Take Smart Drugs.

18:36:43

Now, remember how you voted at the beginning of the debate. Reminding you again, we're going to have you vote a second time. And again, it's the numbers -- it's the change in numbers between the two votes that determines our winners. Now we move on to round two. And round two are where the debaters address one another in turn, and they also take questions from me and from you in our live audience here at Washington University. Again, the motion is, "College Students Should be Allowed to Take Smart Drugs." the team arguing for the motion, Nita Farahany and Anjan Chatterjee, are arguing that, first of all, it's a matter of choice. There's a philosophical argument to be made here, that college students are grownups, they can make decisions on their own. That colleges should be encouraging students to make smart

choices. And they're capable of doing so. They also argue that it's a good thing to have smarter students. It's good for the students, and it's good for society overall.

18:37:31

On the science, they concede that the data is inadequate, but that the tendency of the studies that do exist show that the concern about side effects is greatly exaggerated, that in fact the perils are as overblown as the promise. The team arguing against the motion, Eric Racine and Nicole Vincent, they are also arguing both philosophically and scientifically. On the science side, they are very concerned that the studies do not tell us even that smart drugs really exist. It's not clear that they work. The side effects are not determined, and for that reason alone, the moral acceptability of these -- this use of these drugs is unacceptable. And they also make a philosophical argument about the distorting impacts on society. If we move to a world where everybody's dosing themselves to get smarter, it's not going to be a very pleasant place to live, that there would be, in a sense, an arms race for this kind of medication, and the winners and losers would still be winners and losers based probably on their means and access to these drugs.

18:38:29

I want to go through both the scientific and the philosophical arguments, but starting with the science side since it's a little bit more concrete. And I found it interesting, Anjan Chatterjee, that on the one hand, you conceded, you used the word, data being "inadequate." It's and actually your opponents' argument that that by itself is reason for serious concern about these drugs to the point that they don't think students should be taking something when we actually don't know, number one, that they work; number two, just how harmful they can be. Can you respond to that point?

Anjan Chatterjee:

Sure. We always make decisions under conditions of ambiguity. And to not -- to choose not to do something is a decision as well. I think the data what -- what concerned me the most have to do with side effects, and particularly the cardiovascular side effects. I think what we have is fairly convincing that that is not such a big area to be concerned about. Whether they have benefits, for some people, it seems that they do. I agree the data are not there. But the decision of whether to take a drug or not, for me, is largely predicated on the worry about side effects.

18:39:40

John Donovan:

And -- but your -- I'm confused by, on the one hand you're not saying that there's a whole lot of evidence one way or the other, and your opponents are suggesting they err on the side of caution, and you're saying that level of caution is not necessary?

Anjan Chatterjee:

I'm saying that level of caution, if the caution is driven by concern about side effects, is not warranted.

John Donovan:

All right. Let's take it to your opponents, Eric Racine.

Eric Racine:

Well, I think it's also important to acknowledge that we also lack data on the efficacy of these drugs. The risk would be, you know, fairly moderate to low. But at the same time, we don't have good efficacy data, so why do something which may involve moderate risks, but actually pans out to nothing?

John Donovan:

And Eric, when you say, "efficacy," you -- you are not talking about them as a therapy for people who actually deficit --

Eric Racine:

Absolutely not.

John Donovan:

-- of attention.

Eric Racine:

Exactly.

John Donovan:

You're talking about whether they make people who don't have Attention Deficit Disorder get sort of super focused. You're saying that evidence doesn't exist.

18:40:38

Eric Racine:

Exactly. You know, and one concerning aspect of the data alluded to in the discussion is the fact that these drugs could enhance motivation. You could be more eager to work. Yet those effects could be those also responsible for their addictive properties. So, you know, there are things we don't know about these drugs. And if there's actually nothing panning out in terms of benefits, it's not worth the risk. That's usually how we weigh other kinds of decisions. Moreover, when people are ill and really have serious health conditions, we are willing to take some risks. But when someone's healthy, you know, if it ain't broke, don't fix it.

John Donovan:

Nita Farahany.

Nita Farahany:

I appreciate that Anjan is as responsible as a scientist as he is to be as cautious in his conclusions. But the data are better than I think Anjan gives credit to.

18:41:33

And so a recent meta-analysis that was just established about Modafinil showed in fact it does appear to be efficacious. It does seem to work and help. And I can attest as somebody who has tried Modafinil that it is something that in fact does improve for me, personally, my wakefulness, my ability to concentrate.

John Donovan:

It's just to clarify people. It's a medication that was developed to fight narcolepsy.

Nita Farahany:

It was -- it was --

John Donovan:

The tendency to fall asleep.

Nita Farahany:

It was developed to fight narcolepsy. It has been tested in Air Force pilots. It has been tested in the broader population. There are quite a few studies that show that not only does it improve things like motor coordination but also potentially performance IQ. And it appears to come without the kind of jittery side effects that things like caffeine do. Likewise, depending on how we categorize smart drugs, which I think should be quite broad, there are drugs that improve memory. We know that these work for people who have dementia and Alzheimer's. They also appear to benefit working memory for people who do not have those types of conditions.

18:42:28

And to Anjan's point, rather than oversell the benefits, the benefits clearly seem to be there. We need much bigger studies to fully understand what the benefits are. The risks do not seem to be there in any significant way. And so given that the direction of the studies all seem to support quite a bit of efficacy, from my perspective, this kind of precautionary principle approach, which is wait until there's much more data, undermined the ability of people to look at the data, educate them about it and be able to make their own informed choices about whether or not it's worth it to them.

John Donovan:

And Nicole Vincent, your argument is sort of data neutral. I mean, you're actually imagining a world where they solve all of these problems, and you still think the problem would exist.

Nicole Vincent:

I still think the problem would exist, but I'll just make two comments about the benefits and [unintelligible] motivation and with regards to the risks and what we should do about them. So, notice that when people talk about motivation, that modafinil increases your motivation to do the work, here's basically what it does.

18:43:31

If you've got a very boring task, it'll make it a lot easier for you to do it. That's what that means, right? And that's not cool because there's loads of boring tasks we all have to do. Only problem with that is that's precisely the kind of scenario that troubles me about the future. If I can't note of the fact that the things that I'm doing are extraordinarily boring, maybe even useless, you know, no meaning, that's a good reason for me not to do that, not to become blind to that. But in regards to the risks, it's easy to -- scientists are awesome in that there's always a scientist that says, look, actually, the risks are great. Another scientist says, the risks are not so great. And I am not properly qualified to comment on that. But, prohibition based on risks is not based on the idea that I'm going to tell somebody who wants to take the risk, but you're not allowed to. That's not the idea, right?

18:44:27

The idea is the same as what happened with doping in sports, that I don't want those people to take the medications and then push everybody to have to do that as well, to coerce them and diminish their freedom, because somebody decided to do that.

John Donovan:

Let's take that to your opponent, Anjan Chatterjee, the argument that there would be a sort of arms race of medication, that if -- you may not want to, but if you want to stay in the game, and everybody else is, you have to get into it.

Anjan Chatterjee:

There already is an arms race.

John Donovan:

Is that a good thing?

Anjan Chatterjee:

And it might not be a good thing. But I do want to make one point about what Nicole said because you said what she -- her claims were data neutral. And I think they were

not completely data neutral. I think one claim she made was that these medications actually increase people's competitiveness. And I would suggest that the use of these medications don't increase people's competitiveness. They are an epiphenomenon of the competitive environment in which we find ourselves.

John Donovan:

So --

Anjan Chatterjee:

If the arms race --

John Donovan:

-- you could put that into English, I would understand.

18:45:33

Anjan Chatterjee:

Okay. So what that means is --

[laughter]

John Donovan:

I think I can actually do it. You're saying that people aren't becoming more competitive because they're taking drugs. They're taking drugs because they're more competitive.

Anjan Chatterjee:

Right, exactly.

John Donovan:

Yeah.

Anjan Chatterjee:

And if that's your concern, deal with the competitive nature of our society. Dealing with the drugs is just -- you know --

John Donovan:

But -- but she does make a very good point on this issue of the comparison to sports, that where there are rules that say this is cheating, and people start to cheat because other people are cheating, in order to be able to stay in the game, and -- and that's the compelling argument. What do you make of that? Let's take it to Nita Farahany.

Nita Farahany:

So, I take Nicole's position to basically be an anti-competition argument, and that she would like to have us all be somehow equal. I think that Kurt Vonnegut imagined such a

world in a short story that he wrote as well where we made everybody exactly equal and everybody exactly the same. That wasn't a pretty future. It was a science fiction story for a reason. I think it is true that society continues to progress. That's a wonderful thing. We could call that a bad thing, that it forces us to keep up.

18:46:36

But I bet most of you in this audience, if not all of you, have smartphones, and those smartphones have enabled you to do lots of things, including remember things that you would never remember, like lots of people's phone numbers. And the fact that many people actually took things like an SAT prep course and many people did things like read to their children or were read to as a child. All of these things improve humanity by enabling us to get to the next step in life, to get to the next stage of our evolution as a society and as a people. And you can call that "competition," you can call that "forcing," or you could call that "opportunities that open a world of avenues for each of us."

John Donovan:

All right, let me -- let me take that to Eric Racine. Your opponents are saying that your team is not only anti-competition but you're, in a sense, anti-progress.

[laughter]

Eric Racine:

I feel like I need to say something about that, right?

[laughter]

John Donovan:

Yeah.

Eric Racine:

No, I think we're clearly not. I think we're committed to, what science says and what kind of evidence we have about the impact of the use of these drugs on social environments like college environments.

18:47:40

And we actually don't have much data on that. So we're just saying, "Hey, you know, wait a minute. Let's be a bit more careful. Let's be thoughtful about how quickly we want to go down that path." It is true that in some cases we allowed things to mitigate the risks -- their risks, right? We try to curtail a practice which is socially problematic by trying to mitigate the risks and reduce the harms to society. But clearly we're not in such a situation. People who use these drugs to enhance their cognitive performance are very few. So allowing would actually mean promoting --

John Donovan:

But you're -- are you really saying it's very few when we saw the show of hands in our audience that -- now, you did multiply your result by saying, "And if you know somebody who has done that," but, nevertheless, do you really think it's very few at this point?

18:48:27

Eric Racine:

You know, the data that we have on the general population suggests that this is something marginal and something which is actually completed by the fact that when the data are gathered on the nonmedical uses of these drugs, the nonmedical uses include partying, getting high on the drugs, and sometimes also, studying better, so it's all messed up in terms of prevalence data, epidemiological data that would actually inform us on the trends. So I think the point about mitigating the risks actually is a moot point because if we're really concerned about, you know, the extent of the practice and we think that allowing would be a way to inform and mitigate, actually, no, I think we're promoting, because at this point there is so few doing this that we're just basically making it -- we're publicizing it I think.

John Donovan:

Response from Anjan Chatterjee.

Anjan Chatterjee:

I should point out that Canadians are different than Americans.

[laughter]

They're just nicer people.

[laughter]

[applause]

18:49:35

John Donovan:

And now we can vote for our second vote on the Canadian vote.

[laughter]

Anjan Chatterjee:

Well, there are Canadians on the ice rink and outside, right?

[laughter]

John Donovan:

That is true. You would go head-to-head with Putin on that.

[laughter]

Nita Farahany:

Can I take up, John, your --

John Donovan:

Yes, Nita Farahany, please.

Nita Farahany:

-- your -- you brought us back to sports for a moment to say, you know, in sports we say, "It's wrongful." And we have decided that, and I think that's okay. We can decide that. We might also make a different choice. We might decide we'd rather watch baseball where everybody takes steroids and hits homeruns and that that might be more fun for us. But we're spectators, and they're players. And that is a game that we like to watch and that we've decided what we want the rules to be. We're not in a game here. This is real life, and college students are in real life. And after they leave college, they will also be presented with the same choices as to whether or not they want to take cognitive enhancers, if they want to take any other kind of drug, if they want to have a smartphone, if they want to take music classes, whatever they might want to do.

18:50:32

And we can either protect them from having to make those choices and facing what the risks and benefits of it are in college, or we could decide that college is the perfect place to change the way they think by enabling them to have the information to make choices for themselves. Students should be equipped with the information about what the side effects and the benefits are. They should be equipped to decide and evaluate that information, and if colleges are in the business of nannying rather than educating, they're taking a moral position about what they think students should do rather than teaching students to think for themselves. I think that at this point, given the data, we should give students the opportunities to think for themselves. And it would be perfectly fine if not legitimate for people to decide not to. To Eric's point, many already do. These drugs are available. To be voting against the resolution would be voting to change the status quo. The status quo doesn't have that kind of future dystopia that Nicole spells out. Instead, what it has is some people making the choice and some people not.

18:51:34

John Donovan:

I want to let Nicole Vincent respond. You can go ahead and applaud that line if you want to.

[applause]

I want to let Nicole Vincent respond, but after her response I'd like to come to you for questions. And just to remind you again, you raise your hand, and I'll call on you. A mic will be brought to you. Please wait for the mic so that the podcast audience can hear you. And tell us your name. And if you're with a news organization, let us know the name of your news organization. Nicole Vincent's response --

Nicole Vincent:

I almost agree with everything that Nita says, right? And that's what's so interesting -- that I mean, we always agree, but then we disagree. I want to respond to what you said about [unintelligible] competition. Indeed, these medications aren't the problem. The problem is what they enable us to do. The problem is the degree to which they make it possible for me to start sacrificing everything that I would like to have over other things -- the time with my family, the time for myself -- to do silly things like go to the cinema and so on and so forth.

18:52:35

The pressure of competition is indeed what leads people to then encroach on their own values. So, I agree. It's a social problem. It's not a problem with the drugs. But in the -- but in terms of, am I trying to conjure some dystopia -- absolutely not. Am I anti-progress? Again, no. The simple idea is that yes, as Nita says, this is about real life. It's not about setting some arbitrary rule. In real life -- real things matter. It's not just whether you manage to get this kind or that kind of performance in sport, or something else. We have real ways in which our lives can go worse and go better. Now, sure, it's very important to provide people information. But one piece of this important information -- which has been completely kept out of the debate -- has been this point about the social side effects, and what exactly will be lost. It had been framed as a bioethics, as a medical debate, as a neuroethics debate.

18:53:39

And that's what we've been worrying about. But that's not the point that we are making. There are many ways that your life can go bad, even if you don't get a brain tumor. Like, for instance, you become that amazing gladiator. And all you do is you compete, right? That's the point.

John Donovan:

What -- and would that be a bad thing? Nita Farahany.

Nita Farahany:

[laughs] If people became automatons and lost their ability to make choices, yeah, that would be a bad thing. I just have a little bit more faith in college students and a little bit more faith in people than suddenly sacrificing everything they believe in. What -- thank you. Go ahead, clap please.

[applause]

But I think one of the mistakes that Nicole makes is to assume that when a person chooses to excel in an academic environment or in some other way that is competition-driven, that that is somehow not their value, and that when they spend time with their children or their families -- although I hope that not that many college students have children at this stage -- that they are somehow not choosing their values.

18:54:42

But in fact, competition is just a value that they're choosing to maximize. If they're choosing to get ahead because they will create more opportunities for themselves, for their families, for their lives, and the future, they are choosing to prioritize that value over some other value. If they decide they'd rather study or work harder, they're choosing to prioritize that over partying and drinking. And I think that's great. That's the whole idea, is that people should be able to make those choices, evaluate their own values, decide which ones they want to maximize and which ones they don't. I just don't believe that creating competition forces people to give up everything about who they are. It gives them the opportunity to advance, to flourish, and creates more opportunities for society and for individuals.

John Donvan:

All right. Let's go to some questions from the audience.

[applause]

Sorry. Right down by the aisle here. And a mic is coming down the aisle to you. And if you can stand up and tell us your name. No, one more down. I meant one forward. Sorry.

18:55:34

Female Speaker:

Hi, my name is Michelle. And I'm a student at Georgetown University. So, this is just for the whole panel. What do you think are the socioeconomic implications of viable smart drugs and the possible stratification of knowledge between social classes?

John Donovan:

Okay. I wanted to take that to Nicole Vincent --

[applause]

-- because that's -- that's your slow pitch on that one, because that's your topic.

[laughter]

Nicole Vincent:

Thanks --

John Donovan:

But they get to respond.

Nicole Vincent:

Okay. So, I think there are extremely important workplace relations issues here. So, notice that the things I'm drawing attention to have to do with the way in which people will compete, right? And the degree to which people may simply not be able to resist -- the sort of pressure that Nita characterizes as pressure which impinge on freedom -- man. When somebody, you know, points a gun at my head and says, "Nicole, money or your life." And I choose to say, "Okay, money." Did I freely choose that? I guess...

18:56:29

Now, people who are already disadvantaged, people who are already don't have a lot of political power -- they are the ones that are most likely -- factory workers -- to be put in a situation of having their employers trying to squeeze out yet more blood out of them, get more value. They're the ones that won't have the political power to say actually, I would like to make sure that I have a good life. So in terms of social stratification, if you could wipe out existing power structures, those would still be the sort problems that I described. But right now, when I think back to even examples like in Australia, where a cabin crew was saying, hey, guys, don't make us work for 20 hours a day because it's unsafe. This was on a budget carrier. Well, imagine the same employer had said, oh, you're right. Thanks for pointing that out. We don't want to have accidents. Bad for the airline. Here, now as a condition, you take modafinil. You're no longer unsafe. That's not something that I want to see happening. People who are marginalized becoming yet more marginalized.

18:57:38

John Donovan:

All right, let's let your opponents respond to that, Anjan Chatterjee.

[applause]

Anjan Chatterjee:

So on the resources question, it turns out --

John Donovan:

Do you think it's a valid question, by the way? Do you think it's a serious concern?

Anjan Chatterjee:

I think inequity is a serious concern. Absolutely. It is one of the most serious concerns for our society today.

John Donovan:

But, I mean, and in regard to this issue.

Anjan Chatterjee:

In regard to this issue.

John Donovan:

It's a pit fall.

Anjan Chatterjee:

In regard to this issue, it's a little unclear how that plays out. These drugs are not expensive. Students will tell you they can get them fairly cheaply, probably for the price that they might spend at a Starbucks for a latte. So resources in that concrete sense is not, I think, as much of an issue. I think sometimes it is hard to predict how this resource question plays out. And I'll give you an example, which is that when drugs like Ritalin first came on the market, the concern was that these would be used in schools in poor neighborhoods.

18:58:38

So rather than bringing resources to the schools to manage students, that we would chemically straight jacket them. That was the concern. What has happened? They are rampant in high-end, affluent schools and are not really used in lower socioeconomic schools. So, my point is -- or two points. One is, the drugs are not that expensive for kids to get on campuses. And second, we're not very good at predicting how this plays out over time.

John Donovan:

Eric Racine, do you have a thought on this as well?

Eric Racine:

Well, you know, I think it is an important concern. It's a little bit hard to predict how this could play out. I'd be concerned about its impact on the general well-being and, you know, of work environments, more stress, more ability to perform. Doesn't necessarily trade off to better work necessarily.

18:59:33

So I think we should look at this critically, you know, step back a little bit and think about really the kind of experience we have using these drugs for cognitive performance enhancement. At this point, I think we have very little. And we have little data to guide us. So I think we should be careful.

John Donovan:  
Nita Farahany.

Nita Farahany:

I think it's a great question and an important one. And there's a few kind of interesting things to put into the mix. I agree with Anjan has said, that it's unclear as to how it plays out. There's real interesting studies that show how these drugs affect people are very different. People, for example, at higher levels of performance IQ may not get as much benefit as people at lower levels of performance IQ, which would suggest if there was access, that people -- that the gap would narrow between people. And that's a gap that could in some ways be made up. So students come into college already with significant differences in the advantages that they've already had.

19:00:35

And this has the kind of counter intuitive effect of potentially narrowing rather than widening the gap. But it depends on access. And so making things cheaply available and increasing research and access rather than driving things underground and to a black market that makes them more expensive, from my perspective is a better way of equalizing access and the benefits of the drugs. It's important, I think, to keep in mind, when we hear Eric and Nicole talking about some of their concerns, they're talking about factory workers, they're talking about the workplace environment. They're not talking about our resolution. Our resolution is about whether or not college students should be allowed to take smart drugs. And we aren't going to be banning it in society as a whole. We're talking about taking this small segment of people and saying, you can't have access to it. But once you get out of college, you're going to be presented with exactly the same choices of whether or not you have access to it. There's no reason why we would just take this little bubble and say, you can't have it, but everybody else can. That, to me, seems like a bad choice for us to make.

19:01:37

John Donovan:

And we've got another question down in front here on the aisle. And mic's coming down to your righthand side. If you could stand up for us, please, sir.

Male Speaker:

Thank you. Mark Maturno. I'm a fellow at the Interactivity [spelled phonetically] Foundation. I'm sort of tempted to ask the debaters which among you have taken smart drugs in preparation for this debate, but maybe we don't need to go there. My real concern -- okay, so I came into this with no knowledge about it at all.

John Donovan:

That would have been me asking, and I decided not to.

[laughter]

Male Speaker:

And I was undecided when we began. Now I'm sort of like inclined to say -- in favor of the proposal.

John Donovan:

The winning --

Male Speaker:

On the other hand, a concern I have is with the -- what seems to me to be the easy acceptance on the part of the -- Nita, actually, for example, because you have spoken the most about it -- of the prohibition against athletes using performance enhancement drugs, which I think is perfectly analogous to this.

19:02:38

And your -- and your opposition --

John Donovan:

Sorry. I'm sorry. I need to ask you to focus in on a question.

Male Speaker:

Well, this is the question. I'm asking about her -- you know, the -- what, the tension between your acceptance of the prohibition of athletes using performance enhancement drugs.

John Donovan:

So are you asking sort of like what's the difference between --

Male Speaker:

Yeah.

John Donovan:

-- the rules that say that athletes shouldn't dope, but it's okay for students?

Male Speaker:

That's right. And --

John Donovan:

Okay. Let's take that to Nita --

Male Speaker:

-- in particular this is a real issue for them.

John Donovan:

Okay.

Male Speaker:

The athletes.

John Donovan:

Nita Farahany.

Male Speaker:

-- because it's their livelihood.

John Donovan:

So what's the difference, Nita, between athletes not being allowed to take drugs, and everybody agreeing that that's cheating, and your argument that it's okay for students to do the same thing to enhance their performance.

Nita Farahany:

First of all, I wouldn't prohibit athletes from taking it. So, I mean, to start with, I think --

[applause]

Nita Farahany:

That's the starting place. But if you decide that you are actually opposed to steroids, and you still need to be pushed over the edge as to why college students should be allowed to take smart drugs, it's different in two important ways for me.

19:03:32

One is, the effects of steroids are different than the side effects of smart drugs. Smart drugs appear to be much safer, much more tolerable, and have far fewer implications, long term for life. The second is, I feel like if we want to pick whatever it is we want to buy tickets to and celebrate, we can set whatever rules we want for that game. We can say, this is a game, and we the spectators have decided that what we want is to celebrate honed talent that is natural. It's arbitrary, but we could decide that. We could just as easily decide we only want to watch people who are enhanced. That would be okay. I don't think life and cognitive abilities are the same as improving your performance in sports. I think real life is about continuing to improve what we know, knowledge, grow, and to enhance our abilities. So I think everything --

John Donovan:

All right.

Nita Farahany:

-- we do is about cognitive enhancement.

John Donovan:

Let your opponents respond to the question of the analogy, in which -- essentially in sports, it's called cheating. So let me put it that way. If it's cheating in sports, is it cheating in the classroom? Eric Racine.

19:04:34

Eric Racine:

In terms of the analogy, I think there are interesting similarities, dissimilarities. Some aspects which are different I think is just the sheer amount of people concerned. Professional athletes are, you know, Olympic athletes, it's a very small crowd. Talking about college students is a huge amount of people who would basically go some kind of massive experimentation of trying these drugs without due knowledge about their effects and efficacy. So I think there are interesting parallels. I'm just -- you know, the magnitude of the context is really different. And --

John Donovan:

Does it strike you or Nicole as -- in that visceral way, as somehow it's dirty, and it's cheating?

Nicole Vincent:

No.

John Donovan:

No.

Nicole Vincent:

Not [unintelligible].

John Donovan:

Sure.

Nicole Vincent:

Okay. So Nita is again -- see, I keep agreeing with her. Nita is again completely right that, what we choose to pay our money for, what sort of -- whether it's enhanced sport or whether it's not enhanced sport, au naturel. You know, let them choose.

19:05:42

The -- now, if people then pretend that they're actually, not using enhancers, you know, sport where it's meant to be au naturel, that's cheating. That's -- that doesn't strike me as, whoa, man, wrong. The difference in this sort of debate, right, is that very real things are at stake, not just a matter of, hey, let's set up an enhanced board. Let's set up a different league. We are actually unavoidably competing with one another as students. And the reason why it's cheating is because whatever it is that everyone does, that's the only thing that we can -- that everyone else is going to be bound by. If the rules are for everyone, don't use this, then using it becomes a form of cheating. So very different context.

19:06:31

John Donovan:

Okay. All right. I want to remind you that we are in the question and answer section of this Intelligence Squared U.S. debate. I'm John Donovan, your moderator. We have four debaters, two teams of two, arguing out over this motion: "College Students Should be Allowed to Take Smart Drugs." Anjan, did you want to comment on that? And then I'll go to some more questions.

Anjan Chatterjee:

I just want to make one point about the sports analogy, which is that the analogy itself breaks down in some ways because there are certain kinds of enhancements we are comfortable with in sports. So, for example, beta blockers that reduce tremors, golfers use this because it makes them putt better. We don't have a problem with that. People get -- in baseball, people will get retinal surgeries to improve their vision better than 20/20. We don't seem to have a problem with that. So I would suggest that the analogy breaks down itself, that it's not that we are uncomfortable with certain kinds of enhancements in sports or that we're uncomfortable with enhancements in sports, there are specific kinds, and that needs to be examined.

19:07:28

[applause]

John Donovan:

Down in the front row, here, yeah. Mike's coming from your left hand side. The mike's -  
- no, there's a person bringing it to you now.

[laughter]

Guess it was miraculously at your chair the whole time.

[laughter]

What luck.

Female Speaker:

Hi, I'm Kyla Summers [spelled phonetically], and I'm a Ph.D. student here. So your response to the inequality question is that "It's just the price of a latte." But for when one in five children in the U.S. face hunger, not just poverty, but hunger, I think the expectation that, "Everyone can buy that," is a little pie in the sky. So my question is, "Inequality is a huge issue in the U.S. There is already a -- huge disparities in education where a lot of students can go to college --"

John Donovan:

You're -- you've moved off the question again. Just nail it to the -- go -- zoom it in to the question.

Female Speaker:

-- okay. So my question is, is when one in five children cannot even afford food let alone college, how does this not further create wealth disparities and even racial disparities when some people who can go to college use it, but a lot of people can't afford this? How is that [inaudible] --

John Donovan:

Okay, because you reject that latte comparison that was made. Let's take that to Anjan Chatterjee.

19:08:38

Anjan Chatterjee:

Sure, so --

[applause]

-- we should ban SAT prep courses, right?

[applause]

This is a huge issue of disparities. And I think if you're concerned about disparities, then you can have clinics at your college provide these kinds of medications. If the issue is disparity, deal with the disparity. And to me the kind of disparities that we're talking about of the socioeconomic conditions in which people are raised, the resources that are brought to bear in their lives before they get to college, SAT prep courses as an example, those are the things that make a huge, huge, huge difference. And I think, again, if you're concerned about the price of these medications, subsidize those in colleges.

19:09:30

John Donovan:

Okay. I'd like to --

[applause]

-- I'd like to go to someone who has a question for this side. I -- actually -- and I'm always favoring the front, so I'm going to move to the gentleman in the red shirt at the back. And then I'll come this way if there's more time.

Male Speaker:

Hi. My name's Darren [spelled phonetically]. I'm also a Ph.D. student here at George Washington University. My question goes to the side opposing the motion. What is the principal reason that says something is an okay enhancement and something is not an okay enhancement? As a student, I drink many cups of coffee in the morning to get me going so I can get my coding done. How is that different than me taking a pill?

John Donovan:

Thank you. We were hoping we would get to the coffee question.

[laughter]

It's a great question, and I'd like to see where you draw the line on it. Who would like to take it? Nicole? Nicole Vincent.

Nicole Vincent:

Notice I don't actually think that there is a -- there is ever going to be a principal difference between different kinds of enhancement, you know. So is there a difference between, for instance, spending late nights studying or perhaps not having to spend those nights studying by taking Ritalin or modafinil or whatever else? That's not where you're going to find the principal difference.

19:10:41

The cup of coffee is another example. Here's the difference. The difference that we're trying to draw attention to is the way in which certain kinds of medications can make, indeed, competition much, much tougher, so tough that we'll be placed in certain situations that none of us actually want to be ever placed in, to have to make choices because other people decided that they're prepared to sacrifice loads of important things. Now, I am not the paragon of a good life. Whatever things I like, you don't have to [spelled phonetically] like those. That's not the point. The point is that any medication that makes it possible for people to extend their ability to stay awake, to be productive for an extremely long period of time, when you give people capacities, capacities to extend themselves, what they do is they say, "Wow, I can now start being more competitive. I can make myself -- put myself in a better position."

19:11:44

The difference here is exactly that, that it enables people to make choices to set a fertile ground for, A.) others to make choices which will be coercive, coercive because they know -- produce pressures on us to sacrifice important things.

John Donovan:

And I'm not saying this facetiously -- to get back to the coffee analogy. You're just saying coffee just doesn't have that power?

Nicole Vincent:

A.), coffee doesn't have the power. But, B.) notice that we all seem to be assuming that the world is better with coffee. And I'm a big coffee drinker. I --

[laughter]

-- seriously. I'm a huge coffee drinker. Now, do I think the world would be better without coffee? I really honestly don't know. It might be. But imagine if the world were --

John Donovan:

But the point of -- but the real point of the question is if coffee does a little of this --

Nicole Vincent:

Yes.

John Donovan:

-- what's wrong with taking Ritalin, that does a little more of this? I mean, it seems very straightforward.

19:12:38

Nicole Vincent:

Exactly. That would -- what coffee does, it does a little bit of this. Well, then, it doesn't provide yet the sufficient amount of ability to encroach upon the things that are valuable in our lives.

John Donovan:

Okay. And --

Nicole Vincent:

That's the whole point.

John Donovan:

Other side on the coffee question?

Nita Farahany:

I think it's an utterly arbitrary --

John Donovan:

Nita Farahany.

Nita Farahany:

-- distinction. And I think it privileges drugs and assumes that drugs other than caffeine are far more powerful than they actually are. These are yet another way in which we can change our abilities, and that -- yet another way in which we can change our brains. They may not even be more effective. In fact, neural feedback has been shown, in many instances, using EEG and a game on your iPhone, to be more effective than taking these drugs for ADD. And I think giving students the data, enabling them to see what's effective, what isn't, what are the side effects, what aren't they -- having an open, transparent dialogue on college campuses, where you equip students to make choices in light of those distinctions is valuable -- including letting them decide whether or not it's arbitrary, whether or not they want to take coffee and whether or not it gives them an unfair advantage.

19:13:45

They can make all of those choices if we equip them with the knowledge, not if we ban the knowledge from them and ban them from having the choice to begin with.

John Donovan:

Okay. I want to take one more question. And -- in the white shirt here. Yeah. And a mike is coming from your right-hand side. When you're looking at your phone, it makes me think you wrote down your question.

[laughter]

You don't have to do that. Just let it flow.

[laughter]

Female Speaker:

Okay. Well, I won't read it, then.

John Donovan:

Okay. Good for you.

Female Speaker:

So, generally, the discussion -- and specifically the for team -- has talked about this as though drugs -- these drugs are already legal nationally, and they're not controlled substances nationally. But Adderall specifically is illegal to take without a prescription.

19:14:32

So, given that -- approving this resolution means changing a lot of practical realities. So, who is actually doing the approving of these drugs? And who is providing them?

[applause]

John Donovan:

Well done. Let's take it to Eric Racine first.

Eric Racine:

Well, I think your question there is right on, in terms of who's really evaluating and assessing these drugs for their ability to enhance cognition in healthy individuals. No one is really. No one has approved those drugs for cognitive enhancement purposes. So -- and how to do that, I think, needs attention. That's why I think we're saying, "Let's be cautious. Let's figure out how we could actually do that." Because no one has expertise in doing that. Second of all, where are the drugs coming from? I think it's an open question. Black market, reselling. So, I think that speaks to the really fuzzy practices that are going on.

19:15:35

And you know, it speaks to the value of the claims that these drugs have enhancement effects. They could have huge placebo effects. That's something we can probably bet on. There are enhancement effects. What kind of drugs people are using, from whom, and so on, I think, are clearly important question --

John Donovan:

Anjan, I mean, part of what I'd like to respond -- you to respond to is Eric's point, that this sort of underground market, by itself, comes with all sorts of built-in dangers, and as yet one more reason to oppose the motion.

Anjan Chatterjee:

Well, the underground market is certainly of concern, which is why it needs to be brought to the surface.

[applause]

So, I would argue that we need to be open about this and that there is discussion about this. And so, students are educated on how to use this as safely as we know how to use them, so that you don't -- as I'm told, some students will grind up Adderall and snort it. This causes knee palpitations.

19:16:35

[laughter]

So, my argument is that the fact of this going underground is the reason that we need to be able to talk about this openly.

John Donovan:

Okay. And we have done talking about it openly in this round of this Intelligence Squared debate. That concludes round two, where our motion is "College Students Should Be Allowed to Take Smart Drugs."

[applause]

Now we move on to round three. Round three, each debater will make brief closing statements. They will be two minutes each. Speaking first to support the motion in his closing statement, "College Students Should Be Allowed to Take Smart Drugs," Anjan Chatterjee, professor of neurology at the University of Pennsylvania's Perelman School of Medicine.

Anjan Chatterjee:

So I'm a morning person. I typically wake up at 5:00 and am at my desk by 6:00. Late in the afternoon, early evening, like now, my mind is a mess.

[laughter]

If you think my comments had any semblance of coherence, you should be thankful for coffee. We've talked about coffee.

[laughter]

19:17:39

Now, if we were in 16th century Mecca or 17th century Istanbul or 18th century Sweden or Prussia, my act of drinking coffee would have been illegal. I am very glad to be here and now.

[laughter]

I went to college in the 1970s. As the joke goes, back then people did drugs to check out. Now kids do drugs to check in. So the college experience for me was an important time in which I got to find out who I was and what the contours of my personality was. Importantly it was a time to make choices and even a time to make mistakes. And I'm glad for that opportunity to have done that.

19:18:26

If you think that college is a special time, it's a precious time, one in which students discover who they are, and importantly they discover what their values are by acting and making choices, then you should vote for the motion that "College Students Should Be Allowed to Take Smart Drugs." Thank you.

John Donvan:

Thank you, Anjan Chatterjee.

[applause]

And that's the motion, "College Students Should Be Allowed to Take Smart Drugs." And here making his closing statement against the motion, Eric Racine, director of the Neuroscience Research Institute at the IRCM.

Eric Racine:

Enhancement in principle -- in principle could be a laudable goal. The problem is smart drugs are just the wrong end to get to it. Actually it's a dead end or no means to get there. But I would hate to be arguing only against tonight. And fortunately I think there are genuine ways for individuals and societies to improve themselves. It's not rocket science. It's not smart drugs. It's basic -- and, plain and boring, it's education.

19:19:30

We know from societies that invest the most in their education systems that that pans out in terms of preexisting socioeconomic status, and also we also interestingly know that investing in education and childhood literacy is one of the best ways to improve the health status of individuals and populations. So I think -- and this is something that has been alluded to throughout the debate -- if we're really genuinely committed to enhancement and improvement of individual lives and collectivities-- the only thing we lack is really political will to make this a priority and use the means that we know that are efficacious, and not controversial, it's not rocket science, but it works.

John Donovan:

Thank you, Eric Racine.

[applause]

The motion, "College Students Should Be Allowed to Take Smart Drugs," and here summarizing her position supporting the motion, Nita Farahany, professor of law and philosophy at Duke University and director of Duke Science and Society.

Nita Farahany:

I have a confession to make. I take smart drugs.

19:20:34

[applause]

When I'm tired, I drink coffee. When I'm anxious or I can't sleep, I take tranquilizers or sleeping medications. I've tried beta blockers, modafinil, memory enhancers. And I've been lucky enough to have a legitimate prescription for all of these things. But that's a matter of luck and privileged access, not anything else. For me the drugs can take the edge off. They can enable me to concentrate. They can enable me to spend all day long concentrating on Facebook or all day long concentrating on a piece of scholarship that I want to write. They might motivate you and give you abilities, but they don't [unintelligible] for you whether or not you choose to spend your time on something like work or somewhere else. I've had more confidence at times. I've been more relaxed at others. I've been more awake when arriving in international destinations. I think these are all great things.

19:21:38

I've done so fully informed of risks and benefits of taking drugs that alter my brain and my bodily chemistry. I've done so without fear of reprisal, and I've done so as a choice,

a decidedly personal one, an individual one, and one that has improved my life. Not everyone should take smart drugs. They don't benefit everyone the same. There are risks and benefits to each and every one of them. But that's true of every choice we make in life. And college students should be empowered to choose whether or not to take smart drugs. And colleges are in the best position to empower them to do so. I urge you to vote for the resolution. Vote for liberty. Vote for choice. Vote to allow college students to take smart drugs. Thank you.

19:22:33

[applause]

John Donovan:

Thank you, Nita Farahany. And that is the motion: College Students Should Be Allowed to Take Smart Drugs. And here summarizing her position against the motion, Nicole Vincent, a professor of philosophy, law, and neuroscience at Georgia State University.

Nicole Vincent:

Okay. So, I never actually thought that I would be a professor, seriously. When I was 17, I dropped out of -- well, I left home. I dropped out of high school. I spent two years taking drugs and going to warehouse parties.

[laughter]

Seriously. I was very lucky in that I met somebody who set me on the right track. And over literally 20 years of education -- at the age of 39, which is right about the end of 2010 -- I was awarded two research grants, huge research grants. One in the Netherlands, to research the social effects and legal effects of smart drugs. And another one in Australia, to do with law and neuroscience. I said, "Yeah, give it to me." And I took both of them, right? And I really bit off a lot more than I could chew.

19:23:38

I had to travel between two countries, and I had no time. My relationship was going down, gurgler. When modafinil was offered to me, I did take modafinil. And guess what? It indeed increased my abilities. It increased my capacities. I was extremely productive. Look at my publication record right around 2011. It's great.

[laughter]

The problem is that I -- the problem wasn't that this had any bad effects. The problem was that I felt like an undersaturated sponge. And everyone was expecting that Nicole Vincent, right? And they kept throwing me opportunities, and I kept taking them up. A year-and-a-half after I started this project, my relationship broke up. Seven years down

the gurgler. Now, I -- this is not a story about "Take modafinil and your relationships will break up." The problem was that I hadn't reassessed what I actually valued. I created a fantastic opportunity for myself to make choices, which would then lead me to sacrifice the very things that I claimed were valuable.

19:24:39

We are not against smart drugs. We are pro choice. We are just trying to get you to figure out, what are the things that are really important?

John Donovan:

Thank you, Nicole Vincent.

[applause]

And that concludes closing statements and round three of this Intelligence Squared U.S. Debate. And now it's time to see which side you feel has argued the best. We're going to ask you again to go to the keypads at your seats and vote a second time the same way. The motion being: College Students Should Be Allowed to Take Smart Drugs. If you agree with this motion after hearing the arguments, push number one. If you disagree after hearing the arguments, push number two. If you became or remain undecided, push number three. I've been asked by my producers to -- you probably noticed that in the beginning, I mangled the word "modafinil." And the dirty little secret is that when you control the program, you get to fix your mistakes.

19:25:38

You know, they don't get to, but I do. So I'm going to just read my opening statement again so that it can be recorded. And you're not going to tell anybody --

[laughter]

-- that this happened. Okay?

Male Speaker:

[inaudible] --

John Donovan:

Yeah.

[laughter]

How do you know I haven't? But what about chemicals that help students be better students? Well, we know that drugs like Ritalin, and Adderall, and modafinil which were

designed as therapy for people who had trouble focusing or staying awake, are being taken by students now not because they suffer from those actual deficits, but because they believe it gives them a competitive edge. Thank you.

[applause]

19:26:26

All right. The final results are being tabulated. And while that happens, I want to welcome two gentlemen to the stage for a very brief chat about what's gone on here tonight. And you're right down in front. So, we'll all sit down and I'll introduce everybody.

[applause]

All right. So I'm introducing Greg Lukianoff and Nick Rosenkranz. And Greg Lukianoff is the president and CEO of the Foundation for Individual Rights in Education and cosponsor, and I'm guessing that when you came up with the name, let's see, "Foundation for Individual Rights and Education," and it suddenly hit you that it also spelled, "fire," that must have been amazing.

Greg Lukianoff:

I wish I could take credit for it, but it was named a year and a half before I joined.

John Donovan:

So tell us about FIRE's participation in this debate as a cosponsor.

Greg Lukianoff:

Absolutely. The Foundation for Individual Rights and Education defends free speech and due process and academic freedom on campus. But just because we're purists on freedom of speech doesn't mean that we think that all arguments are equally good and that people debate equally well.

19:27:30

And so -- but by joining and debating -- by joining with IQ Squared, we're trying to model good behavior when it comes to debate and discussion, that we can show that people can disagree passionately about things but still come away thinking that, "The people I disagreed with was neither -- was neither evil nor stupid." And my overall goal here is I think right now as a society, particularly on campuses, we waste a lot of cognitive energy to get to the theme of the event on outrage and in thickening the walls of our echo chambers. And I hope that we can teach people the habits of breaking out of those through debate and discussion.

John Donovan:

Terrific point, and thank you for having it.

[applause]

And, Nicholas Quinn Rosenkranz, Nicholas Quinn Rosenkranz is the director of the Rosenkranz Foundation which brings these debates to New York and around the country. He's also a professor of law at Georgetown and serves on the board of directors for FIRE. And, Nicholas, this is because of you that we got here tonight. So tell us how IQ2 and FIRE got together for this.

19:28:26

Nick Rosenkranz:

So it seemed like there was a natural synergy here. IQ2 has a premise, which is also the premise of American law. And the premise is that this is a good way to get to truth, to listen to zealous advocates, the smartest people you can find, on both sides of an issue and then reach your conclusion. That's the premise of the American legal systems, that -- which I study and teach at Georgetown, and it's the premise of Intelligence Squared. Now, my work at FIRE unfortunately -- Greg's work at FIRE, I'm on the board of FIRE -- Greg has pointed out that actually on college campuses these days, lots of these debates aren't quite happening because, you know, one side of the debate will be underrepresented or perhaps will be self-censoring for a variety of reasons. And this struck us as troubling, that these -- this model for getting to truth is actually not as -- not as present, not as vigorous on college campus as perhaps it should be. So it seemed like a natural fit, and when Greg suggested this I thought it was a perfect fit for us.

19:29:32

John Donovan:

And tonight we gave everybody an example. All right, thank you, gentlemen, for coming up and making this possible.

[applause]

And to that point I just want to say this about our debate tonight and our debaters on the stage, they obviously have very, very clear philosophical, more than anything else philosophical differences, and yet they were able to address these with one another with great intelligence and insight and respect for one another and civility that we appreciate, and it's what we try to do here, so thank you to all of you for what you brought to the stage tonight.

[applause]

Dana, am I still waiting for the results? I'm not missing a piece of paper up here. Oh, here they come. Okay. Thank you. No, we are not all listening to your heels.

[laughter]

We have a -- we have in New York -- we have that [unintelligible] with the little quiet pad so that whoever comes out, it's like little cat's feet.

[laughter]

And so I'm sorry for that, Amy. I'm sorry for that remark.

19:30:40

All right. So now the results are all in. Again, the motion is this, "College Students Should Be Allowed to Take Smart Drugs." Remember, we have you vote twice, and it's the team whose numbers move the most in percentage point terms between the first and the second votes who will be declared our winner. So let's look at the first vote on the motion, "College Students Should be Allowed to Take Smart Drugs." Before the arguments were made, 27 percent of our audience here in Washington agreed, 44 percent were against the motion, and 29 percent were undecided. Those are the first results. In the second result, the second vote, let's look at the first team. Their first vote was 27 percent. Their second vote was 59 percent. They picked up 32 percentage points.

[applause]

That is the number to beat. Let's see the team against the motion. Their first vote was 44 percent. Their second vote, 33 percent. They lost 11 percentage points. That means the team arguing for the motion, "College Students Should Be Allowed to Take Smart Drugs," has won this debate. Our congratulations to them.

19:31:36

[applause]

Thank you from me, John Donovan, and Intelligence Squared U.S. We'll see you next time.

19:31:53

[end of transcript]