**DODES PODCAST SUMMARY :**

 • The way most people think about addiction is wrong: they think it's a physical problem; a spiritual or moral weakness; or a neurological problem

 • None of these things are true

 • Dr. Dodes has been talking to people with addictions for decades, and he's learned from them and tested his hypotheses

 • He's come up with a new way of understanding addiction

 • A case history to illustrate this new paradigm

 • Man stuck waiting for his wife became frustrated - spotted a bar and went in

 • When did you start to feel better? "When I was standing on that corner and I decided to get a drink"

 • Illustrative of what he's heard from many people over the years - wasn't the drink itself when he felt better. Something happened when he made the decision.

 • His problem was that he was helpless, trapped. When people feel overwhelmingly helpless, it precipitates addictive behavior. Once he decided to drink, he wasn't helpless anymore.

 • Addictive acts are ways of undoing or reversing overwhelming helplessness.

 • Addiction is not a "thing in itself" -- it's a symptom. It's an "unlucky solution" to the problem of helplessness.

 • Triggers of helplessness are very personal and not conscious

 • "F\*ck it: I'm going to have a drink." What does the "f\*ck it" mean? It's a fury at being helpless.

 • Analogy to a cave-in. 300 tons of rock trap you in a cave, you're going to freak out. That's a normal reaction.

 • The people who get depressed and inert when helpless don't do well -- rage at helplessness is innate and healthy.

 • It's that power that makes addiction so powerful.

 • This rage has certain properties which give addiction its properties.

 • At the moment of the addictive feeling, nothing else matters. If you break your wrist trying to get out of a cave-in, you're not being self-destructive -- you're just not paying attention to the consequences.

 • Instead of taking a direct action to deal with helplessness, he took an indirect action.

 • All addictive acts are displacements. Helps to explain curious clinical features of addiction - e.g. that you can change focus of an addiction.

 • Drinking alcohol is most common displacement, but people can switch to other drugs or even to gambling, shopping or eating.

 • There is no difference between addictions and compulsions -- this should change the way we think about treatment

 • We know how to treat compulsions! Figure out why they occur, when they occur, etc.

 • Addictions can be treated by a psychologically sophisticated therapy. Conversely, 12 step models don't work well.

 • Giant modern myth about addiction - that it's a chronic brain disease. Comes out of National Institute of Drug Abuse.

 • Physical addiction is VERY different from addiction. Very clear and simple phenomenon.

 • If you take enough of a drug in high enough dose, you become tolerant. To get same effect, you need to increase dose.

 • Pull the drug away, you go into withdrawal -- in opposite direction of the drug.

 • Not important because anybody can become physically addicted.

 • Treat easily - by detoxifying them.

 • You can't turn someone into an alcoholic by physically addicting them

 • Vietnam veterans’ study - dramatic example. In 1960s, heroin epidemic in our country. After detoxing, huge recidivism rate.

 • Soldiers in Vietnam also got addicted to heroin (high quality stuff).

 • When soldiers got back, they detoxed, and over 90% never used heroin again -- the opposite of what happened with the stateside addicts.

 • The difference was in their psychology. Soldiers used it because of stress of war. When they got home, they didn't need it and so didn't use it.

 • What's the retort? There is no response from the conventional thinkers. It's unchallengeable.

 • Millions of people stopped smoking in the 1980s, once the Surgeon General's anti-smoking campaign started up. Similar to what happened with the vets.

 • Scientists addicted rats to heroin and conditioned them, a la Pavlov's dogs, with cues.

 • Rats releasing dopamine - the gas of the pleasure pathway. We see response from cue. Brain will create more dopamine - upregulate. The CW: "Now we know why people can't stop taking drugs. Their brains have been chronically changed.”

Why this is wrong: if that was true, the Vietnam study wouldn't have turned out like that, since the vets' brains would have changed.

 • Also: people aren't like that at all! People wait hours to drive to the casino. They're not hyped up on dopamine.

 • Chronic brain disease idea is a mistake -- even though rats and humans are similar, rats operate a simple system, so paradigm doesn't really apply.

 • Also, doesn't explain non-drug compulsions -- no dopamine released when you arrange things parallel on your desk.

 • 5% success rate of AA because it's approaching the problem without understanding it.

 • The idea that there's a simple neurological basis of addiction misses a key point -- assumes that if we only knew enough about the human brain, we could dispense with psychology.

 • That idea is false because of complexity theory - at increasing levels of complexity, new phenomena occur which are not present at the level of the simpler elements.

 • No matter how much we study water molecules, we cannot predict what happens when we get trillions of them together.

 • Likewise, we cannot predict psychology from biology.

 • How these theories apply to food and carbohydrate addiction

 • Carb/food addiction has parallels with cigarette addiction

 • Conventional treatment centers are dependent on the standard addiction paradigm to be true.

 • You're running into the headwind of what everyone believes or wants to believe, so it can be hard to get a fair hearing.

 • Could changing our paradigm about addiction save our society billions of dollars and save lives?