**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?