

## **DOPAMINE NATION**

### **Addictive Behaviors and Unhealthy Coping Strategies are Now the Norm**

Dr. Richard Juman

President, New York State Psychological Association

Member, Executive Committee, Division on Addictions

We're an addicted nation. Would you care to dispute it?

Recent numbers confirm an alarming reality. Our national mindset relies on the external fix when it comes to addressing our problems. Whether we're speaking of the routine disruptions we face in our work lives, the crises that hit every family at one time or another, or our children who absorb conflicting messages – Americans no longer turn to internal or interpersonal resources to establish personal equilibrium. Our first thought is to seek a quick and external source – as both the cause, and the solution.

### **The Dopamine Spike**

Most Americans have perfected reliable techniques for feeling better, or, as I like to say, for giving themselves a little “dopamine spike.” Dopamine, as you probably know, is the brain neurotransmitter that is triggered by “rewarding events.” These pleasurable moments may occur naturally, but they are also the direct result of specific drugs such as cocaine.

While we may admire the American archetype that is based on hard work, innovation, and daring, we're well aware that reaping the rewards that result doesn't happen quickly. We're impatient. We seek more immediate gratification. We've come to accept an approach of “why wait?” – so we grab whatever it takes to feel better, to keep feeling better, to make it through the day.

In our addicted culture, we go for the artificially induced dopamine spike – and not just one - one right after the next.

### **Sizing America's Addiction Problem**

Consider the following:

- Roughly one in ten Americans is currently an illicit drug user.
- Nearly one quarter of American adults engage in binge drinking, many on a regular basis.
- The majority of those with problem drug or alcohol use do not seek treatment for their problems.

Now, if we broaden the criteria that we use in thinking about addiction to include unhealthy coping mechanisms and other “ways-to-get-through-the-day” - we face a staggering set of statistics:

- Most Americans have lost their ability not to eat pathologically, with two-thirds of the nation’s adults meeting the definition of obese.
- Approximately one out of every five American women is on an anti-depressant.

I recently signed up with a new primary care physician. When she found out that I’m a mental health professional, she asked me “why is every kid in New York on Ritalin, and every adult taking Ambien?”

It’s an excellent question.

## **Addictive Substances, Addictive Behaviors**

How is it that we’ve wrapped ourselves in the fuzzy dopamine blanket of substance misuse, prescription medication, compulsive eating, celebrity worship, compulsive shopping, internet addiction, video gaming, and so on? Why is this happening? Have you ever asked yourself the question?

Here’s one reason – these external fixes are readily available. There are billion dollar industries dependent on our continuing – alcohol, tobacco, gambling, online shopping, pornography, prostitution, and even compulsive texting. Each of these fuels the American economy.

Another reason is that it’s easier to move your on-screen avatar through the world than to actually navigate it on your own. What about the tragic case of the Korean couple who found it easier to raise a “virtual” baby in a popular internet café than to take care of their child who died while they were busy online?

The couple’s three-month old starved to death. She was only fed between sessions of the game. According to police, these parents “indulged themselves in the online game raising a virtual character so as to escape from reality, which led to the death of their real baby.”

## **The Quick Fix Isn’t a Fix**

Those of us who work in the addiction treatment community find our tasks more challenging than ever. In part, this is due to a culture that seems engineered to foster dependence on artificially induced means to “feel OK.”

Turn on the TV, and the prevailing wisdom says there’s no reason to suffer discomfort. Moreover, we’re being instructed that continuous synthetic biopsychosocial regulation is the norm - in other words, there’s a pill for whatever ails you – ADHD, shyness, erectile dysfunction, fibromyalgia – you name it. Of course, abuse of these drugs is soaring, from anxiety medications to pain pills.

But the problem is more insidious.

We’re so addicted to food that we literally have to seek surgical intervention to staple our stomachs in order to control our weight. Technologies allow us to seemingly be everywhere at once, but we’re never quite “right here now.”

These same devices create a state of continuous partial attention. We’re so busy attending to our screens and keys, so dependent on the next little dopamine surge that comes in the form of a text, that we turn our eyes from the road and accidents are increasing in record numbers.

## **Real Problems Require Real Solutions**

Speaking of cars, picture this. Your vehicle is acting up, so you take it to the service station. You know there’s something wrong because it just doesn’t run the way it used to. You explain the problems to the mechanic, and he lays out your options.

“OK,” he says. “You have a choice. You can put some goop in the engine every day. It’s expensive, you’ll have to do it forever, and it may make the problem worse. Plus, we’ll never know what’s wrong. Or, I can lift the hood and see what’s going on.”

Which option would you choose?

We’re all human, and we like to feel good. Dopamine is naturally generated from any number of physical and emotional sources. But the accumulation of externally generated dopamine creates a vicious cycle of relief-seeking that ultimately spirals out of control. For those who are lucky – or smart – it lands patients in our offices where we can finally begin to “lift up the hood” - and actively address the real problems.

End with something like this? This post inaugurates a regular new feature on The Fix. Each week I will invite a well-known clinician, theorist or researcher working in the field of addiction to author a post of interest to the treatment community. Comments from other professionals are

welcome, and both the author and I will participate in the dialog. I look forward to what promises to be a fascinating, ongoing conversation about the challenging work the we are engaged in.