

# Addictionology with Dr. Erin Parisi

## Ologies Podcast

### April 23, 2019

Oh hey! It's green tea, which is delicious and satisfying as is, and does not want or need to have mint, or jasmine, or tropical, or blueberry pomegranate essence thrown in, thank you very much. Alie Ward. Back with another episode of Ologies.

So, this episode is exciting for a whole hamperful of reasons, one being that it was recorded remotely. Now, I just announced on Patreon, this coming week, I'll be in Kansas City, Nebraska, South Dakota, North Dakota, Minneapolis, and Wisconsin. I'm gathering up, I think, 11 face-to-face interviews with ologists over 6 days. This Ologist was in Florida and I've been wanting to interview her for a while, and I'm not going to make it to Florida so we just tried a remote tactic. So, if the audio is any different than you're used to, it is just me figuring out the nitty gritty of an LDR: Long Distance Recording. It's an amazing interview.

Before we get to it, thank you to all the folks on Patreon. I would not be going on this Midwest road trip were it not for y'all. It's been my goal since the start of the podcast in 2017. I'm interviewing people who have been on my spreadsheet for actual years.

Also, thank you to anyone out there wearing Ologies merch, making new friends in the wild, and of course all of the raters and the subscribers and reviewers. You know I read each one so that I can pick a freshie to highlight.

This week it's evrst18, I think, there's no vowels in that, who says,

*Every time I see an episode, for example, Hagfishology, and think, "Eh, I don't know how interesting this will be," I start playing the episode and it's amazing, super interesting, and one of my favorites. Now I'm like, "Hagfish. Yes. Wow." Make your life and the world better by listening to Ologies and becoming another loyal child of Dad Ward.*

Thank you my tiny being. I pat you on the head.

Okay. Addictionology. Yes, yes, yes. It's a word, it's a thing! The term has existed for years, but it was only in 2016 that the field of addiction medicine was formally recognized by the American Board of Medical Specialties. It's an official subspecialty now. So, there's a little trivia.

This ologist is also an ologite. She's a listener of the podcast, and she had emailed me way, way back and I thought "What? Awesome!"

This past Saturday we rigged a recording, both of us in weekend loungewear, and we talked shop about her life and her work. You'll hear about the ways our brains make us want things, and your grandpa's casserole, and identifying what might be driving the need for a substance, how serious substance use disorders are, thoughts on the show, Intervention, some hope, some media tropes that help, some that don't, the times she's cried on the job, the lure of workahol and other non-substance addictions, and more.

So, pull on something cozy and settle in for the experiences of Licensed Mental Health Counselor and a Master's level Certified Addictions professional, Addictionologist, Erin Parisi.

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**Alie Ward:** You are the first person on planet Earth to inform me that addictionology is a thing.

**Erin Parisi:** It is a thing. Yes.

**Alie:** When did you become aware of addictionology as a field?

**Erin:** I knew that therapists treat people who have addictions, and I knew that there were doctors that treated people who have addictions. I don't know that I ever really knew of the word until I started going to addiction treatment conferences. Probably, somebody there used it the first time.

When I look the term up, it says that it's professionals who study and treat addiction, which is certainly me, but I think it's probably used to reference medical doctors, and I'm a therapist. I come at it from the behavioral perspective.

**Alie:** Do you feel like there's a divide where people think it's just behavioral, as opposed to medical as well? Do we have a lot of different stigmas about it?

**Erin:** Well, absolutely. There's a ton of stigmas about it. I think a lot of people think that addiction is a choice.

That's kind of an old school line of thinking. The more and more research that's done, the more we know that it's not really a choice. There's a lot that goes into it. It's not as simple as somebody choosing to drink a lot or do a lot of drugs. There's a whole background to it.

I think both pieces are equally important. We need to be treating it like it's a disease or a disorder, not as though there's something just wrong with the person, that it's a choice or that it's a spiritual deficiency.

**Alie:** Right. It does seem like in the past, or still presently, that a lot of people just attribute it to a character flaw.

**Erin:** Yes, that's absolutely true, which makes getting people into treatment even harder. Because who wants to admit they have an addiction problem and go to treatment if doing so means you have a character defect? It's pretty painful to look at yourself that way.

The more we look at it like a disorder or a medical disease, the easier it is for people to seek treatment, just like you would for other disorders or other diseases.

**Aside:** Quick aside, there'll be much more on addiction as a disease in a bit. But first, how I came to know her work.

**Alie:** You emailed me a while ago, and ...

**Erin:** I did, I think after I heard the Ologiesology episode.

**Alie:** Yes, I really, really wanted to do this topic for so long and I didn't know if it was an ology. Your subject line in the email was *Addiction. It doesn't have to be a bummer*, I was like, "*Hey, I already love you!*"

**Erin:** I know like you don't always want to cover these super heavy topics, and addiction certainly can be, but there's a lot of non-bummery things to it also. That's what keeps us in the field, I think. So, yeah.

**Alie:** What got you into the field? What made you steer your ole career boat in this direction?

**Erin:** I know a lot of people who work in addiction did not pick addiction on purpose. That is definitely true for me.

**Alie:** Really?

**Erin:** Yes, I fell into it just like so many other people do. I was at the end of my master's degree and I needed an internship and I was having a lot of difficulty getting a placement that would also allow me to keep working while I interned.

One of the programs that was more flexible and could work with me and work with my work schedule was a program that was geared towards treating HIV positive clients, some of which did not have addictions, but some certainly did. That was really when I started working with people who had addiction.

When I finished my internship and I graduated my master's program, I was offered a job at a different part of the same organization, working primarily with addiction. I got into it right away and I ended up really loving it. It's a good fit for my personality. It's a tough population, but tremendously rewarding. I love it so much.

**Alie:** Why do you think it is a good fit for your personality? As a kid, were you always kind of interested in people's mental health or were you interested in behavioral? What clicked for you?

**Erin:** Well, I always knew I wanted to go into psychology and that I wanted to be a therapist. Ever since I was really little, I have absolutely been interested in people. I definitely wanted to help people. I do not have the stomach for medical things. I can't do blood and guts and stuff. Doctoring was never going to be a part of my thing.

**Aside:** Erin got her Bachelor's in Psychology and a Master's in Counseling at University of Central Florida in Orlando. She's been practicing for nearly a decade, working at inpatient and outpatient rehabilitation centers. She conducts individual and group, and family therapy sessions, in everything from substance abuse to sex addictions. She knows her stuff. But when she was just starting out...

**Alie:** Is it weird when you're studying psychology to not diagnose yourself with everything, or to diagnose everyone in your life with everything? How do you not do that?

**Erin:** They tell you in school not to diagnose yourself and not to diagnose the people around you, because as they're teaching you things, you start seeing it in everyone around you. Part of it is just the excitement of starting to learn things; some of it is maybe being a little too overconfident in your abilities.

They also recommend that you go see your own therapist and do some of your own work because it's really, really difficult to work with other people on their stuff if your own stuff isn't taken care of. I think that's really helpful.

**Alie:** Was there anything that you realize like, "Whoa shit, I have to unpack this" when you started going to school?

**Erin:** Uh yeah! Of course.

**Alie:** Do you get discounted sessions with people who are like, "I'm also in school. I need to unpack my stuff." How do you do that?

**Erin:** Yes, I think most therapists want to help other therapists. I think we try and do things like sliding fee scales, especially for students that we know are probably not making a lot of money.

One of the most jarring things that I realized while I was in graduate school still was how much addiction there was in my own family. I had just never seen it. In talking about it with one of my friends, I was like, "Oh shit." I just never really saw it before. They think so many people have the expectation that alcoholics or drug addicts are always homeless under a bridge. That's not the majority of people, so it's not as easy to spot all the time.

**Aside:** I am going to run down some stats because addiction is common, it affects all kinds of folks. I'm just going to lovingly toss some numbers at your beautiful faces, kind of like a tennis ball machine thingy, because this issue needs some context and because all of these numbers represent real people with real lives and real struggles and families and friends who love them. Numberpalooza. Here we go.

The 2017 National Survey on Drug Use and Health revealed that almost 20 million people in America, over the age of 12, battled a substance use disorder. 20 million.

It's estimated that nearly 90,000 people die from alcohol-related causes each year in America. Alcohol is the third-leading cause of preventable deaths in the US.

Opioid overdose deaths were around 8,000 in 1999, but rose to 47,000 in 2017. That 47,000 is well over the number of people lost in car crashes every year in America.

4.1 million battled a marijuana use disorder in 2017. The majority of those people -- between the ages of 12 and 25.

Of the 2.3 million people in American prisons and jails, more than 65% meet the criteria for addiction. In terms of homeless people who were dependent on alcohol, about 38%.

The good news is that addiction is considered a highly treatable disease. About 10% of people over 18 in the US that you met or know are in recovery from a substance abuse issue. 10%!

The latest stats show that only about one fifth of the folks who need treatment, received treatment. Imagine if only one fifth of the folks who have been diagnosed with cancer actually got treatment of any kind. So, addictionology, pretty damn important. Addiction, pretty damn common. Also, pretty treatable with the right resources and support.

**Alie:** How do you feel when you can see addiction in someone you know, but as someone who's not treating that person, you can't intervene. What really is the protocol there?

**Erin:** It's a tough line to walk, and sometimes I just kind of have to take a step back. It's really hard to have a front row seat to something bad that's happening, and not be able to do anything about it.

Sometimes, just as a friend, I'll throw something out there like, "Hey, have you thought about talking to somebody?" When people find out that I'm a therapist, a lot of times they overshare with me.

**Alie:** Yeah.

**Erin:** That happens a lot.

**Alie:** [*sarcastic*] Can't imagine! [*both laughing*]

**Erin:** The first interview I did with another therapist was a sex therapist, my very first semester in graduate school. He said, "If you're ever on an airplane, never tell the person next to you that you're a therapist." That was probably the best advice. [*"So what do you do?"*]

**Alie:** You mentioned that you realized maybe there was more addiction in your family than previously you were aware of. What is addiction and why do you think that maybe we don't always realize it if it's in front of us? What's the actual definition of addiction?

**Erin:** Well, I did look up the definition of addiction before we got on this because I didn't want to screw that one up. I went by ASAM's definition, which is the American Society of Addiction Medicine. They would be a good place to get that from.

Addiction is a primary chronic disease of brain reward, motivation memory, and related circuitry. It all happens in the brain, not that that's really shocking. [*"Shocker!"*]

Addiction is characterized by an inability to consistently abstain impairment problems with one's behavior and interpersonal relationships and a dysfunctional emotional response.

That's a whole lot of verbiage there.

**Alie:** Yeah.

**Erin:** Lay person definition, I usually say something like something becomes so important to you, that you're willing to sacrifice many other things in your life for it, which usually isn't noticed in people's lives until it progresses pretty far.

I think that's what makes it hard to spot it, that it can happen on a spectrum. At one end you do have the homeless under a bridge, that have their cliché brown paper bag with a bottle in it. But not every alcoholic looks like that, right? It's a whole spectrum it happens a little bit at a time. Even the very worst case of alcoholism or addiction you can think of started with the very first drink or the very first time getting high, when things were not a problem yet.

**Alie:** Addiction can be to what exactly? I know we're talking about drugs, we're talking about alcohol, but addiction can also be addictive behaviors and compulsions, I imagine. What are the more common addictions, and is there a really big gulf between chemical addiction and behavioral?

**Erin:** Different people may have different answers on that one. I think when we talk about addiction, most people picture alcohol or drugs and that is fitting, obviously, but there are behavioral addictions, things like gambling, food, sex, hoarding even is on the addictive spectrum. Right now, the only behavioral addiction that makes it into our diagnostic manual is gambling.

**Alie:** Really? What's happening with the dopamine sprinkler system in the brain when we start getting addicted to something, or what neurotransmitters are involved? What little squirt guns full of brain juices happen. I'll look it up.

**Erin:** I like some really dumbed down version of it because I don't know if you know this, but the brain is super complex.

**Alie:** Yeah, I heard about that! *[both laughing]*

**Erin:** It's like kind of a big deal.

I like to say even though they're both in the same place, my work is more with the mind than with the physical brain.

**Aside:** Let's take a quick chemical detour in the not the magic school bus per se but my cosmic 2007 Prius. Let's tour our own squishy, fun, well-meaning animal brains.

When something is noiiiiice, [“Noice!”] it tends to produce a nice little, kind of a mist of healthy dopamine in the brain. That's a neurotransmitter that makes us happy. Dopamine also helps with things like motor function and just fixing life problems.

Dopamine can make us feel great from a bunch of stimuli. For me, I try to think of things that would make me so happy and seeing a huge flying beetle – oh, I would be so excited! Or getting fresh movie popcorn, or snorgling a puppy. The thing is, substances, though, can make us squirt out up to 10 times as much dopamine as just organic situational every day happies.

With the substance producing so much dopamine, your body's like, “Oh. Fine. I guess you don't need me making you any. Hah.” Kind of like if your grandpa made you a pretty legit casserole that was your favorite, but you were like, “Sorry gramps, I filled up on Del Taco and I liked it more and I'm full now.” Your grandpa stops making you your favorite casserole. Dopamine, we're talking about dopamine here.

What I'm saying is that one way something becomes addictive is that dopamine responses get disturbed. Early childhood neglect or trauma, or just genetics, can predispose us to certain neurobiology that makes our brain come into the game with some maybe less-than-ideal neurotransmitter situations.

It can feel easier for some of us to self-medicate with substances that don't require a doctor or prescription but instead are just available at a party or a happy hour after work. Now, Erin also says that the human brain doesn't stop developing until the mid-20s, and the part of your brain that develops last, handles impulse control and decision making.

You literally don't have the part of your brain that will help you make good decisions, and then you're trying things that could impair the way your brain develops. This is how so-called gateway drugs can set someone up for a tougher road ahead, resisting more dangerous substances, like some of the patients Erin sees.

**Alie:** For the clients that you see, how typically do they come into your care? Are they part of an inpatient or outpatient program, and where do you start with them?

**Erin:** Well, I used to work in a treatment facility that was residential. When I would start seeing clients there, a lot of times they had come in from a detox program, like they went to detox first before coming to our programs. They'd already been in treatment for a little bit.

Not every substance requires a medical detox. Some people would have come in without going to detox first.

**Alie:** What happens in medical detox?

**Erin:** Some drugs are dangerous to come off of. The most dangerous is alcohol.

**Alie:** Really!?

**Erin:** Yeah. If you have a physical dependence on alcohol, then you should not try and wean yourself off of alcohol. That would be something that should be done with a doctor's supervision.

**Aside:** Quick questions: What are some signals that you may have an alcohol dependence problem?

A few clinical signs might be: More than once, gotten into situations while or after consuming alcohol that increased your chances of getting hurt, like swimming drunk, driving drunk, using machinery, walking in dangerous areas, having unsafe sex, continuing to drink alcohol even though it was making you feel depressed or anxious, or having a memory blackout.

Maybe if you felt like you've had to drink much more than you once did to get the same effect, or worrying about where your next drink is coming from, or planning social, family or work events around alcohol. Some withdrawal symptoms from alcohol might be getting the ol' shakes, sweating, nausea, depression, insomnia, irritability.

The latest stats show that 17 million adults in the US have a diagnosable alcohol use disorder. I just googled *17 million Americans* to see what that was comparable to and I guess 17 million Americans a day take ibuprofen, 17 million Americans did the ALS (ice) bucket challenge in 2014, and also 17 million is the number of Americans who call in sick to work the day after the Superbowl, which might be more pertinent to the topic at hand.

So, beyond booze, what else does Erin help people with?

**Erin:** Second most dangerous would be the family of medications, Benzodiazepines, like Xanax or Klonopin. I have a beef with the Benzo family of medications because they're prescribed, and there's so much focus on opiate prescription medications, like painkillers, that I feel like Benzos go under the radar a lot of the time and really, they can be very dangerous as well. As miserable, an experience as detoxing from opiates can be, it's actually not dangerous.

**Alie:** Oh, okay. So, it might be more painful.

**Erin:** You will be miserable, and the joke is that you might *want* to die, but coming off of heroin is probably not going to kill you.

**Alie:** Oh, I didn't know that. Once they're through a medical detox, or if they skip that step, then they might come into your care.

**Erin:** Yes. Medical detox, depending on the person's case, usually lasts five to seven days. I could get on my soap box about what insurance will and will not pay for. That's a big part of the problem.



**Alie:** Where do you start with behavioral modifications? Is there an aspect of 12 step program in your treatment? How do you feel about those programs? Do you start with heavy journaling, reflection, little baby steps?

**Erin:** You want to start working with the person wherever they're at. I try and be really careful not to call something an addiction until my client has used those words.

Some people might be comfortable talking about like, "Okay, I drink too much," but they don't want to use the A word. You know, we're not going to call them an alcoholic, and that's fine by me. It doesn't make that much difference to me.

I am a supporter of the 12 step programs. I think they can be really helpful for a lot of people. They are not right for everyone, but of course with my background, I'm not a fan of doing the 12 steps *instead* of therapy. I think doing 12 steps in addition to therapy can be really helpful. There are so many AA meetings, you can find one almost any time you need one. That's not true for therapy either. The benefits of AA are, there are tons, but obviously I'm partial to the therapy part. [*both laugh*]

**Alie:** Do you start them with looking at the history that got them there, to try to figure out what the reward of the behavior or the chemical was? Do you try to really figure out what brought them back time and again, even despite the consequences?

**Erin:** I do ask because I think it's important to get to know the person's individual history. I think most people put pressure on themselves and treatment to figure out "Why am I doing this? What's the underlying reason?"

That's not necessarily the key to getting better. The treatment doesn't necessarily change depending on what the answer is. Most people who end up using a lot of drugs or alcohol have another underlying mental health thing, whether it's anxiety or depression or bipolar or trauma or whatever else. Even if that didn't come first.

A lot of people think, "If I'm depressed, I'll start using drugs or drinking to manage my depression." That's not true for everybody. Some people start drinking or using drugs first and end up with depression as a result.

**Aside:** Getting started in recovery might first mean addressing some struggles with medications, like anti-craving prescription or anti-depressants for mental health disorders that might be underlying. Also rats.

**Erin:** Usually it's a combination of managing mental health, increasing things like coping skills, and support around them. There was a study done on rats that was talked about at a conference I went to that always stood out to me. They put a rat in a big cage and they had rat park at one end of the cage, with all the rats, little rat friends. [*"Oh, rats. Rats rats rats."*] At the other end of the cage, it had drugs. I think they were using cocaine. They got the rat addicted to cocaine, and then dropped it in this cage where rat park was at one end and cocaine was at the other end. The rat picked rat park!

**Alie:** Oh, that's wonderful. [*snippet of Friends ending theme song*]

**Erin:** That tells me the power of a community. Many people who end up addicted to something, they really lost their community. When they come into treatment, one of the first things that is talked about – and this is true of AA – and of treatment, changing people, places and things.

There's so much that's associated with drug and alcohol use in their life by that point, you look at getting rid of all of that. Can you imagine having to get rid of everyone that you care about? Having a rat park to turn to. We all need a rat park.

**Alie:** That's the sweetest story about rats I've heard today! It's the only story I've heard about rats today, but it's also the sweetest.

**Aside:** The researcher behind rat park, this experiment from the late 1970s, was Bruce K. Alexander, a Canadian. His website has delightful photos of sawdust bedded enclosures with trees painted on the walls, there's some empty tin cans to hide in, some exercise wheels. He writes,

*We ran several experiments comparing the drug consumption of rats in Rat Park with rats in solitary confinement. In virtually every experiment, the rats in solitary confinement consumed more drug solution, by every measure we could devise. Not just a little more. A lot more.*

Now the rat park experiment has been re-done, and not all the of the data can be replicated. I guess the use of opiates declined in both the solitary and the park rats, so they weren't sure if it was due to a different strain of rats.

Another study showed that environmental enrichment, aka a sweet-ass rat pad in which to kick it, reduced cocaine seeking behavior in mice, and that a nice environment can eliminate established addiction-related behaviors.

As I sat here writing this alone in my apartment, I thought – maybe I should be in a coffee shop instead. With other little rats. That sounds fun.

Erin also says that a lot of times with a substance abuse disorder, a person has lost friends or given up hobbies, so one of the reasons she likes programs like AA is that there's a healthier community aspect that may have been lacking during addiction. If any of this is sounding familiar, what does one do? Where does one start?

**Alie:** What do you suggest for people who don't know if they have a problem, or if they don't know if someone in their life has a problem, and they're trying to evaluate if a line has been crossed into something unhealthy?

**Erin:** I think it's fair that if you're wondering if you yourself have a problem with something, it's probably worth talking to someone about.

**Alie:** Yeah.

**Erin:** Talk it out with somebody else, and again, assuming that addiction happens on a spectrum, if you're looking to make a change before things have gone very bad, it would be easier to make a change earlier on.

If you're questioning, "Maybe I should do this differently," well maybe you should do it now. Don't wait until you're checking off "Well, I don't have a job and I'm homeless under a bridge. Maybe I should do something now."

It can be a lot tougher when you're trying to evaluate somebody else in your life because you don't really have control over somebody else's addiction or treatment or whether or not they're motivated to make a difference

**Alie:** How would you suggest people tackle addictions that they can't necessarily just go cold turkey on? If someone has an overeating addiction or a work addiction or something that has to be part of their life?

**Erin:** A lot of things that people get addicted to, you can't just give up cold turkey like drugs or alcohol. You don't need them to live. You're probably going to have to have a job. You're going to need to eat food. Sex is seen as a normal adult behavior, so it's likely you're not going to give that up totally either.

It's important to look at what your problem behaviors are around things like work or sex or food or exercise or video games or whatever. Look at what limitations you can try and put in place for you.

Is eating chicken addictive? It's not usually like chicken and vegetables that are addictive for people, it's bread and sugar. I overeat when I'm bingeing on sugar or bread, so maybe I need to focus on adding in more things like chicken or vegetables or natural fruits, natural sugars.

Around work, I need to be careful about my schedule and make sure I'm prioritizing time outside of work. Not staying up all night on my passion project Alie Ward. [*Erin laughing*]

**Alie:** What? Huh? [*female voice saying, "I feel very attacked!"*] When it comes to addictions, do you feel like you're seeing them change at all in the last like 10 years with the way that we work or the technology that we have at hand to keep our brains going?

**Erin:** Yeah, it does seem like we're almost training ourselves to have shorter attention spans, with all of the stimulation we have on a day-to-day basis between our phones and our laptops and our tablets and our jobs are more demanding.

Our bosses expect to be able to reach us, whether or not it's work hours. I think that makes it harder to tell when a problem is developing. How much of it is the expectation of you and of your behavior and how much is really driven by a problem.

Most people don't start thinking about it as a problem until something goes wrong. Sometimes that's a relationship and sometimes it's your health or you find yourself unhappy and you start looking into why that might be.

**Alie:** Yeah. How do you feel about, *Intervention*, the show or interventions in general? Do you feel like it's exploitative of the people who are going through something or do you feel like it's illuminating for folks who maybe don't recognize they have a problem? How do you feel about how addiction is seen in pop culture?

**Erin:** I have a lot of opinions on that.

**Alie:** Yeah. Bring it on.

**Erin:** I like the show *Intervention*. My favorite part is always the meeting with the family. [*"Your addiction has made me feel miserable, abandoned, confused and depressed."*] because the family has a lot to do with whether or not the person will succeed. Not everything to do with it, but a lot of times the people that are closest to someone with a drug or alcohol problem they keep the problem going whether or not they want to write. No one wants to think that way of themselves, that maybe they're doing something to contribute, but a lot of people do unintentionally.

For the person that's identified as having a drug or alcohol problem to change, their family system needs to change too. Sometimes that means cutting them off from money, or support, or not enabling things anymore.

A lot of families protect their loved ones from the consequences of their actions; bailing them out of jail when they get arrested, paying for fancy rehab after fancy rehab. Not everyone learns that way when their loved ones are protecting them from the consequences. A lot of people do need consequences.

**Alie:** What about the way that we see addicted characters in TV or movies? How do you feel about it?

**Erin:** I don't like when drug use gets really glamorized in TVs and movies because they think it encourages the viewpoint that a lot of things are not a big deal. They're not a big deal for everybody, but they are a big deal for other people.

**Aside:** Erin says that when kids, or even grown-ups, see folks in the media dabbling in drugs and alcohol but being just a-okay by the time they role the credits, it gives a false sense that everything will be fine.

**Erin:** Plus, I also wish there were more good references to people who were in sustained recovery and doing well. I feel like the only time we see addiction in TV or movies is when people are at the worst part of their illness, which I think lends itself to the belief that people don't get better. Once they get better, you don't see the addiction anymore. Really, people do get better. They get into long term recovery and they stay clean and sober and then they're not as visible.

**Aside:** Okay, so addiction as an illness. Let's get into it.

**Erin:** Sometimes people ask why it matters if we consider addiction as a disease and by it being classified as a disease, insurance companies will pay for treatment, or else there'd be no treatment options for people.

**Alie:** Wow.

**Erin:** That means research dollars will go into it, and medication to help is out there and there's less blame on the person who's sick if we look at it as a disease of the person, that there's something wrong with a person. People don't get help. They just walk around thinking that there are pieces of shit and most of them do already.

One of the things I say when people say things like, "Well, you're just letting them off the hook. You're just, you're giving them a free pass." That it's not their fault that they ended up addicted, but it is their responsibility. Just like any other disease would be your responsibility to manage, but not necessarily your fault.

**Alie:** Right, right. Oh, that's so important.

**Erin:** It's important to treat people with compassion.

**Alie:** To also treat them medically in general.

**Erin:** Right. The advances that are coming out are just incredible, and there are things like Methadone and Suboxone and anti-craving medications.

The more we see it as a disease and the more we acknowledge that it needs to be treated like one, the more help there will be.

**Aside:** Historically, alcohol dependence was described as a disease as early as the late 1700's. I don't even know if they had soap back then. AA was founded in the 1930s, and then modern addiction medicine really emerged in the 1950s. From a terminology standpoint, dependence refers to the physical dependence on a substance, and addiction is the combination of the physical dependence and the change in behaviors associated with that. In general, "substance use disorder" is more scientific and sometimes preferred. Also, words like "addict", "abuser", "user" and even saying someone is now "clean" imply a bunch of value judgements and can really stigmatize the medical disease that is dependence and addiction. So, just consider this a little addictionary to help. Get it? Addictionary. [*Price is Right loser horns at the silly pun*]

**Erin:** The other piece of it is, is that when you see it as a choice, the interventions are not treatment like we have now. It's prison and church.

**Alie:** Right.

**Erin:** We need to punish the addiction out of people or use church to make them good people again. While those things can be tools for sure, it shouldn't be in place of appropriate mental health and healthcare.

**Alie:** On that note, do you ever have any guidance for anyone who might be squeamish about a recovering program because of the mention of God and higher powers, if that's ever a deterrent for someone going?

**Erin:** It's really about finding what works for you. If you would like a spiritually based program, those exist. If you would like a program that is not, those also exist.

**Alie:** Yeah.

**Erin:** I also encourage people to be as open minded as they can be because you never know.

**Alie:** Yeah. I've heard people will substitute the higher power, instead of thinking of a higher power thinking of a purpose. When they hear the word higher power, maybe guiding them, think of what is my purpose that's guiding me?

**Erin:** Yeah.

**Alie:** If it's creeping them out to think of a religious puppeteer that's like, "Ah, I'm here." You know what I mean? Which as someone who was raised Catholic, who is very much not Catholic, I don't like the of some white robed old guy looking over me being, like, "Argh ar argh."

**Erin:** Watching your every move.

**Alie:** I'm like, "Nah." I think that recovery programs made me a little bit squeamish, but someone once told me, "Think of that as a purpose not a person."

**Erin:** It really just needs to be something bigger than you that ties into a purpose too. If you believe that you're here for a reason or that everything happens for a reason or what goes around comes around or Karma or whatever, that can help you in your day-to-day decision making.

**Alie:** The term self-care is bandied about, and now it means sheet masks and Netflix. What is true self care to make sure that you're not going off the rails or slipping into a coping mechanism that isn't healthy. What is self-care and versus what is indulgence, and what is necessary?

**Erin:** I think it's important to make sure your basics are covered because it's really hard to do anything extra if your basic needs aren't being met. Doing things like making sure you're eating, that you're eating pretty well, that you're eating enough. Everything within reason, balance, getting enough sleep but not too much. Getting in some activities, some socializing. Making sure that all of your needs are being met – again, within reason – is really important. If you're not doing those things, then anything else you're doing is going to be a struggle. If you look at things in terms of balance, that's really helpful.

One of the things we would say in rehab or in group is,

*We're not always reinventing the wheel, but somewhere along the line, the way we forgot about those things -- even things like making sure you're showering -- it's really hard to feel good about yourself if you're not reasonably clean.*

**Alie:** Oh yeah.

**Erin:** How do you get good self-esteem when you think maybe you're a little funky? Or that your sheets haven't been washed in a month or whatever. Self-care can be things like washing your sheets, doing your laundry, taking an extra-long bath and adding things to your daily routine that you enjoy.

**Alie:** What about people who are struggling financially? Do you ever see that there's a correlation between being just really broke and freaking out and coping with a substance?

**Erin:** Sure. I don't know which came first in that scenario, but like one of the things I usually point out is "*How much do you think you're spending on alcohol?*" It's not cheap if you develop any sort of habit.

I have said to people, "You could afford therapy with the money you're spending on alcohol every month."

**Alie:** Right. Oh my God, a bar tab is not cheap. For sure.

**Erin:** No.

**Aside:** Okay of course I looked it up, and the average bar tab is between \$70-\$90 in metropolitan cities. If that seems steep, please feel free to visit LA and peruse our bespoke hand-crafted cocktails menus. \$16 plus tax and tip. Oh, you want a sparkling water? Great, that'll be \$6.

Erin says to look at a bar tab in terms of how many therapy session copays that would be! Also, is now a good time to mention that a DUI costs around \$15,000? That's so much therapy instead. You could also rescue a poodle for that, and have a lot of money to spare. [*"Dollar, dollar bills y'all"*]

**Alie:** Is there a good resource for people who don't have a lot of money or don't have insurance to seeking some therapy or some help?

**Erin:** When you look for a therapist online, a lot of therapists on their website will say whether or not they offer a sliding fee scale, which just means they're willing to adjust their rates if you're not able to afford the full fee. So, that's a good resource.

A lot of counseling programs in universities will offer either free or low-cost therapy to the community because their students need people to practice on, and they are heavily supervised. You're not just getting one therapist, you're getting a couple.

**Aside:** There's also a non-profit called [openpathcollective.org](http://openpathcollective.org), which is a database of therapists nationwide who say they are dedicated to ending economic disparity in the mental health field, which is awesome.

It's \$50 to join, and then they offer low-cost sliding-scale fees. If you drive a Tesla and are looking to save a couple bucks on therapy, they do say, in effect, "Can you not?" If you can, use your health insurance or pay full price, you can check out their sister site, which is Being Seen, to find a therapist.

OpenPathCollective.org, for folks who can afford it, it's such a nice site. You can put in your zip code, and a bunch of therapists nearby pop up, with little pictures, and a statement from each of them, and their specialties. Instead of just choosing someone randomly, you can like, pick the nice lady with a cat on her lap, or the man with the kind eyes.

Again, that's OpenPathCollective.org and if you have insurance and just need to find a good therapist, you can try Being Seen.

**Erin:** I don't want people to feel like they're the only one because it's so, so, so common.

**Alie:** Does it ever annoy you when people throw around the term addiction willy nilly, or is it just a common parlance? If someone just can't stop eating these tortilla chips, are they really addicted or are you like, "Come on?" [*Erin laughing*]

**Erin:** No, it doesn't bother me ... too much. Sometimes I'll follow it up with a joke that like only I think is funny, like, "Time to get you into a tortilla chip recovery program," [*ba-dum-TSHH!!*], and then I just realized what a dork I am. [*both laughing*]

**Alie:** Does it ever bother you when people say addicting versus addictive grammatically?

**Erin:** No, that one doesn't, but it does bother me when people say they just have an addictive personality.

**Alie:** Oh!

**Erin:** I'm like, "No, you don't!"

**Alie:** Is there such a thing?

**Erin:** Not clinically, but there are people who are predisposed to addiction and it's true that once you're addicted to one thing, you're more likely to have a problem with addiction to other things. So, if you are an alcoholic, can you just switch to another substance and be fine? Probably not.

Same is true with the behavioral stuff we were talking about. A lot of people get into recovery for drugs or alcohol, but then find out that they become addicted to other behaviors like sex or video games or whatever. Workahol.



**Alie:** Workahol, which is great substance. When you trade in one for the other, what's beneath that is whatever maybe underlying, anxiety or depression or coping mechanism that isn't being satisfied. It's really whatever you're ignoring is getting filled with the addiction?

**Erin:** Well, it's also that reward circuitry of the brain, because if a little bit makes me feel good, then I want a lot. Some of our brains are just kind of built that way.

**Aside:** Studies – including some with twins – have shown that heritability for a substance use disorder is about 50%, and in adolescence the social pressure and peer group has a greater effect than the genetic predisposition. The peer pressure factor, kind of like butts and memories, declines with age.

Erin says that substance of choice tends to run in families, and that may be due to the heritability of underlying mental disorders that go undiagnosed and untreated and then they are left to self-medication. Think undiagnosed ADHD in family members who choose stimulants or heritable anxiety and the inclination to use downers.

Contributing factors might be peer groups, genetics, early childhood trauma and neglect, as I mentioned earlier, can also play a role. One study showed that in rhesus monkeys, if they were deprived of soothing contact as babies they had higher stress responses, less behavioral control and, turned out, an increased appetite for alcohol.

This is not just limited to little lab monkeys, of course. Erin told me that on Sunday mornings, she volunteers at a local hospital, cuddling human babies. This is, indeed, a thing. In the neonatal intensive care unit, the parents can't always be there to soothe and cradle their little teeny tiny ones, so volunteers are on board to just come and hold the bebehs and rock them to sleep and just be a big warm thing hugging them.

If you think you just found your new volunteer cause or maybe you think I'm lying, just google "baby cuddlers" and your local hospital. They may need you desperately, or there may be a wait list to volunteer. Depends on the city.

Some of the kiddos may have neonatal abstinence syndrome (NAS) — which is opioid withdrawal that is inherited from their mothers. In one article I read, an Army veteran named Doug, and he explained that,

*You can tell when kids cry because they're mad, or they're hungry, but babies with NAS, it's a very sad cry," he said. "It's just sad, because they don't understand what's happening, and they don't understand why things hurt. They just don't understand.*

Doctors and nurses report that the more cuddling these babes get, the less medication they tend to require in the NICU. So, if you would like to help prevent some future substance-use disorders, it might start by rocking a teeny little human who needs you. Also: those teeny toes! Huh!

Volunteering: it can be so wonderfully selfish.

**Alie:** Do you have any patients that have had a recovery that's really made you feel very inspired or made you ugly cry at work or anything?

**Erin:** Oh my God, yes. I ugly cry.

**Alie:** Really?

**Erin:** I try not to ugly cry at work [*girl's voice "It's not funny, get out of here!"*]. I cry a lot of happy tears.

That's one of the flim flam things I had written down because I knew that was going to come, that people don't recover. Oh my gosh. People absolutely do recover, and it is a deadly disease and it affects so many people, but people do also get better.

I see them at the worst point in their life. They'll come back later on just to say hi and show me how well they're doing. They'd be like, "Look, this is how far I have in my recovery!" It just gets me crying that they were potentially near death and miserable and they thought things couldn't get any better, and they'll have changed their whole life.

Sometimes they'll come back and they'll have kids or be married and they would be like, "I'm so happy." It just like makes me so happy. That's why I get into it. It makes all the difference.

This disease kills people, it progresses. To see someone come back from death's breach, it's incredible.

**Alie:** You're making me cry now! [*both laughing*]

**Erin:** I think it's so wonderful. It's so amazing. To look back and see the progress somebody made over a span of time, they may not always realize like, and they'll be really hard on themselves. Like, "I should have this, I should have that. I've been clean or sober for this amount of time and I should be further along." But looking back, you can see how much progress. People who are so down, they don't smile anymore, and then their face lights up over something ridiculous and you're like, "Oh my God, you're really laughing." [*both laughing*] It's a beautiful thing.

**Alie:** Does that ever inspire you in your own life to do things or tackle things that you otherwise would put off?

**Erin:** Yeah, a lot of my clients inspire me. They are facing tough things, and really all people are facing tough things. Nobody has it easy. A lot of times I can think, so many people are tackling so many hard things. I can go do a thing.

**Alie:** Yeah!

**Erin:** Why not? Why not go do the thing? [*both laughing*]

**Alie:** Right.

**Erin:** Fuck it.

**Alie:** You can clean out your pantry. People quit heroin. No, you can do a couch to 5k. There's someone out there going to change their whole life.

**Aside:** Before your Patreon questions, a few quick words about things I like from sponsors who make the show possible and who make it possible for us to make a donation to a cause of the ologists's choosing. This week, Erin wanted to support more research on the health aspects of substance use disorders, so a donation is going to NIDA; the National Institute on Drug Abuse. They have a gift fund.

Also, Erin mentioned that a lot of folks struggling with addiction may have been victims of trauma, so at her behest, the donation is split between NIDA and End the Backlog, which helps to shine a light on the backlog of untested rape kits nationwide. These donations made possible by a few sponsors.

**Alie:** Jon Tillman wants to know: Why is addiction sometimes referred to as a disease, or oftentimes maybe?

**Erin:** Because it is.

**Alie:** Boom. [*"Nailed it"*]

**Erin:** Because that's the best example we can use to teach people about it. Cause we're trying to get away from the choice model, that something is just wrong with the person as a human being. When really, nobody wants to become a drug addict or an alcoholic. Nobody's like, "Hmm, gee, how would I like to spend my life?" Right?

I think thinking about things like a choice lends itself to that kind of mentality. "Well you should just choose to stop". But if it was that easy, then rehabs wouldn't exist. There would be no need because people would just stop when things started to get really shitty. They don't. Logically that doesn't make a lot of sense.

Because we know it's a brain disease and there are MRI studies they've done with what happens in the brain when a person is shown cues for their drug of choice. There's a flurry of activity in the brain. So, we know the brain is affected.

**Aside:** In one study conducted by NIDA on laboratory rats who had become dependent on cocaine, they found that the neurons that are usually firing to inhibit behavior to say, "No, Uh-uh. Don't do that." They were like, crickets. Oddly inactive. Researchers activated those quiet, inhibiting parts and their interest in cocaine went away.

Some Italian researchers are now attempting to replicate that using something called Transcranial Magnetic Stimulation, which in some small trials has shown promising effects on folks who have relapsed multiple times with cocaine addiction. So, who knows? Zip zap your brain back awake and those neurons are like, "Huh? What? Nose candy? Ew. No."

**Alie:** Marisa Brewer wants to know: Advice for people with addiction in their family?

**Erin:** See your own therapist. A term that is used is, loving detachment. You can't be too involved in another person's addiction because you don't really have control over it. You can run yourself into the ground trying to save someone else, who really has to be the one to do the work for themselves.

Seeing a therapist, talking to somebody about what's best for you, instead of the focus always being on, "How do we help this other person" helps set healthy boundaries. So you can make choices that protect yourself but also might create an opportunity for change for your loved one as well.

**Aside:** Of course, changing yourself and taking better care of yourself and maybe establishing some healthy boundaries may bring a whole change to your whole family system, for the better, Erin says.

**Alie:** Mike Monikowski asked: Are non-drug behaviors like sex or video games addictive the way drugs are?

**Erin:** I have treated a number of clients who have had behavioral addictions really take over their lives. Like in the example I use is a poop bucket. Somebody who is so focused on their video games that they won't leave the video game to go to the toilet.

**Alie:** Does that happen?

**Erin:** It does happen. I wouldn't say commonly, but that's the kind of example that I would think of. If you find yourself pooping into a bucket so you don't have to put your video game controller down, that might be a sign.

**Alie:** Perhaps.

**Erin:** If you're making decisions that hurt you or somebody else for any sort of behavior, that's worth taking a look at. Again, nobody's dream is to be pooping into a bucket [*song with lyrics: Poop, poop, poop, poop in a bucket, yeah! Let's all poop in a bucket.*]

**Alie:** Sure, someone out there, but not under those conditions, I'm sure. [*Erin laughing*]

**Erin:** That's something different.

**Alie:** Yeah.

**Aside:** So ask yourself: Is this behavior or addiction or habit causing problems in your life? Maybe just get real, have a chitty-chatty with your mirror reflection.

A few different patrons also asked about skin picking disorders, AKA excoriation disorder or dermatillomania. Are they an addiction?

**Erin:** I mean, almost anything could be seen on the addiction spectrum. That might also be under the anxieties spectrum. There are some things that are helpful, like making sure

you're taking care of your skin. If you have dry chapped lips, that might lend itself to more picking than not dry chapped lips. The same is true about skin or hair pulling. Managing anxiety, looking at things like the way you cope with stress or anxiety, making sure you're taking care of yourself all around, even some of the basics, making sure you're getting enough sleep.

For things that will work for the individual person, it's usually most helpful to talk to a therapist.

**Aside:** I have a few dear friends who suffer from this and though there are practical tips like using vitamin E oil on your skin to help heal it and make it harder to futz with and wearing gloves and cutting fingernails super short -- all awesome advice -- my pals seem to have good results when addressing the underlying anxiety, either through changing medications, finding one that works better, or having a meditation program I have seen work really well with some of my friends. Just know, you're not alone. You're just an anxious cute little monkey, and that's okay.

**Alie:** Kayli Stead says: Why are some people more prone to addiction than others? Is there an easy answer for that?

**Erin:** There is a genetic component to addiction. I think a lot of our cultures, our individual backgrounds, play a role in it. People who come from families where drinking a lot is normalized and drinking goes with everything. The same is true about certain drug use or opinions about going to the doctor or taking pills or whether or not seeking out mental health treatment is acceptable. There's a lot of things that play into it.

**Aside:** How does addiction vary among different populations? Tragically, Indigenous populations in America have the highest rate of substance abuse and those who identify as a sexual minority, have higher percentage than any other group. Remember that traumas or lack of access to adequate mental health resources can often result in self-medicating. The factors could be social, socio-economic, and genetic. Erin reminds us though that no group is spared because the factors leading to a substance-use disorder are so varied.

It's not that addiction strikes any one community, any one group of people or anyone type of person. It affects everybody or it could affect anyone. It tends to be that how it came about is what's different.

It might be that in lower income neighborhoods, a different substance is more common. Then in more affluent populations, there may be more designer drugs or pharmaceuticals.

**Alie:** Joe Porfido wants to know: What do you think the most addictive substance on earth is?

**Erin:** I really think it depends on the person. They call it a drug of choice for a reason. When I worked in a rehab, we didn't separate the clients by their drug of choice because they had more things in common than they had different, regardless of what the drug of

choice was. Somebody could be there for an addiction to marijuana versus heroine versus cocaine. Everybody's in the same place.

**Alie:** Tina Rautio wants to know: How can we reduce the stigma surrounding addiction recovery? Signed, "A five-year sober recovering alcoholic."

**Erin:** Oh, congratulations to her! What was her name?

**Alie:** Tina Rautio.

**Erin:** Congratulations, Tina Rautio on your five years. That's amazing.

I would love to see more people in recovery visible. I had mentioned previously that the media tends to show people only in the throes of addiction. The TV show *Mom*, I really like that show. It's really funny and I think it's pretty relatable.

Yes, certainly, there are relapses and hard things about addiction covered in the show, but they are also in recovery. Pretty successfully give or take, and I would love to see more people in recovery be visible and not have it be the focus of their story because it's not who they are as a person, but it is part of them. I think only seeing people who are very ill and their addiction contributes to the thought that people don't get better.

**Alie:** Stephanie Broertjes wants to know: What is the industry doing to improve patient outcomes and reduce relapse rates? Emily Nill had a similar question: Is there a way to transition from total abstinence recovery to smart recovery without turning it into a relapse? A little bit about relapses. What can we do to improve outcomes and reduce relapses?

**Erin:** Step down care is one of the things that we're doing to improve outcomes. It's not necessarily that you need to be in a residential treatment center for months and months and months in order to get better. One of the focuses has been on doing some sort of residential treatment or detox just to get a solid base, but then continuing in treatment in a stepdown way.

Going from residential to partial hospitalization where you go for several hours a day, five days a week, three days a week before starting to see a therapist weekly for an hour. So that you're really supported through the whole process. So if something starts to go wrong it gets caught pretty quickly.

Going from a 30-day rehab back home without any middle steps is not a good plan. You need the step down.

**Alie:** What about relapses if you've been recovered for a while? How do people recognize that they might be in danger of a relapse? How do you kind of right the car?

**Erin:** Taking care of yourself as a whole person is really important. Have you ever heard the term dry drunk?

**Alie:** Yes, I have. What does it mean?

**Erin:** A dry drunk is somebody who stops drinking but doesn't really change anything else. They're not working on recovery. They're probably not working on themselves as a person, not looking to change any of the other behaviors except the drinking by itself. That's not a good plan for long term.

Not only are you looking at stopping either drinking or doing drugs or whatever the problem behavior was, but adding other things to your life, taking better care of yourself, developing stronger relationships, healthier across the board, decreases the likelihood of a relapse.

Somebody who's not making any changes except "I'm just going to stop doing this one thing", that's not a good plan.

**Aside:** Some signs that a period of sobriety might be a little threatened: someone starts voicing destructive thoughts or ideas, forgets their usual healthy habits, stops bringing salads to work, who knows? Has mood swings, maybe neglects some coping skills or isolates from friends or family.

If a relapse does occur, some doctors say it's better to call these just slips, so that once someone stumbles in sobriety it's not a, "Well screw the whole thing then. I relapsed." So, a relapse by any other name would be a slip. You slipped, it sucked, it was not worth it, but get on back up, keep trucking, kiddo.

**Alie:** Chris Brewer asked: Do you feel that those who are incarcerated and suffer from addiction can receive proper treatment in a correctional setting, or are most released back into society without receiving the treatment that they needed?

**Erin:** Good question. There are programs offered in prison. They're not usually offered to people who are in jail for a short term. Somebody who might go for a few weeks to a few months probably doesn't have much access to any sort of real treatment, but for some people the fact that they were arrested is a wakeup call and they may be forced to obtain some level of sobriety there, depending on what's available and the specific jail.

Anybody who's incarcerated for a longer period of time might have access to a treatment program. Though I wouldn't say it's the ideal treatment program, it is something. And for people who want to make a change, they can take advantage of programs like that. Oftentimes there are things like AA offered in prisons as well. Somebody who wants to get better and wants to make a change there, they can, but again, not ideal.

**Alie:** Nathan-Andrew Leaflight wants to know: Are OCD and addiction functionally similar, either mentally or physically?

**Erin:** There's some debate in the field about that. Some people see addiction more as an OCD type of behavior, an obsession that and then a compulsive behavior, but not everyone. I can definitely see where there's overlap.

**Aside:** One study showed that, on average, 10% of folks will have a substance use disorder but for people who are already seeking treatment for OCD, that jumps up to one-quarter. Suggesting that yes, the risk is higher if you have underlying OCD. Now, as someone who is very curious about workahol, this question was close to my heart and to my brain.

**Alie:** Kim Edgar wants to know: I have heard something about addiction to stress being a thing. Is this a thing?

**Erin:** I wouldn't put it addiction to stress per se, but some people thrive on chaos. It's a thrilling, it's interesting. That's true for a lot of people who are addicted to other things. The, "I never know what's going to happen. Anything could happen." It's exciting. Then they get into recovery.

I use this example about dating a whole lot. When you are used to those really exciting relationships that are hot and cold and they move fast. We jumped right in, we just met, but now we're living together.

Then you meet someone, there's date number one and they call when they say they're going to call and they take you to the movies and you hold hands and then they drop you off at 10 o'clock. That's not that exciting, even if it's maybe healthier than what you're used to and not abusive and respectful.

There are people who are maybe addicted to the thrill or the excitement. That's a type of stress.

**Aside:** This next question was also asked by Mike Monikowski.

**Alie:** Amber Woodpark [phonetic] and a few other people asked: Cannabis, is it really non-addictive or is there something else going on there? Is pot addictive?

**Erin:** Yes.

**Alie:** Okay.

**Erin:** It's in the DSM. You can be addicted to pot. Yup.

**Alie:** Okay.

**Erin:** Again, like it's not a fair comparison to things like heroin, but there are withdrawal symptoms. People who become addicted to pot, if they try and stop, they usually have symptoms like trouble sleeping, more anxiety.



One of the jokes is, you may not know you're in withdrawal from pot, but everyone around you does. You might be irritable. You're a pain in the ass. [*male voice: "The name is not Grumpy McGrumperson."*] So yes, it's addictive.

People might spend money they don't have on pot. They take risks with their jobs or with their kids that they probably shouldn't.

**Aside:** This next one was also wondered about by Ariel Levitt and Shannon Patterson.

**Alie:** Chris Brewer and Bonnie Joyce both asked: Is sugar more addictive than cocaine? They've heard that. True or false? What do you think?

**Erin:** I would say false.

**Alie:** Yeah, I'll look it up.

**Aside:** Looked it up. That paper is widely loudly scoffed upon by most addiction experts. So, flim-flam!

**Alie:** Of course, this is a question that probably so many people have, Radha Vakhria asked: Smoking. What's the deal? Why are cancer sticks so hard to quit?

**Erin:** It's also a good question.

The support to quit cigarettes is not the same as the support to quit other things. Somebody mentioned that there is a Nicotine Anonymous, but that's one of those things that isn't brought up very often. I don't know that it's well attended or that there are many meetings, but if it was, maybe that would make a difference to people.

A lot of people, there's a big thing in the rehab community. Should your rehab allow smoking or not? Should you kick all of your addictions, or does it mean you lose people who are willing to give up "harder drugs". You lose them if you also force them to give up cigarettes cause a lot of them won't come to rehabs where they have to give up smoking too.

**Alie:** Right.

**Erin:** So, different opinions on that.

**Aside:** One opinion on e-cigarettes is that they've shown to help curb smoking, but typically more in the short term, according to one University of Toronto study. Some folks worry that the prevalence of vaping is just going to normalize smoking. Which remains, by the way, the leading preventable cause of death. 480,000 Americans dying each year from smoking related causes.

What are some top tips to quit? Making a financial incentive was the most effective, so save the money you'd spend on smokes for another indulgence like a vacation or a

purchase you've been eyeing. Or, make a bet with someone. Someone who's a jerk, and won't let you off the hook.

Other tips from QuitSmokingCommunity.org are to drink water when cravings start. You can have something to distract yourself. Breathe deeply. Call a friend. Go for a walk. You can sign up for my Patreon at the level you'd spend each month on cigarettes, and then every time you go to light up, just think of my face crying and saying, "But I love you and want you to live. Also, cancer is so expensive." Just kidding. You can give the money to a charity if you want, but please do picture me crying.

**Alie:** Beatrice Rumfoord wants to know: The opioid crisis. How can public institutions adjust their practices and facilities to provide trauma-informed service for those affected by addictions, those with a disorder and their friends and families? Your take on what we can do to help support people who might be dealing with an opioid addiction.

**Erin:** Several pronged answers. In Florida where I am, that has been a huge issue, and there's been crackdowns on the pill mills and the prescribers of opiates and we also use the centralized prescription monitoring system, which is not required for prescribing physicians to take part in, but a lot of them do. That's been really helpful to cut down on things like doctor shopping, just going from doctor to doctor to get more and more scripts.

Things like that, but also recognizing, that's one of the scenarios where an addiction is easily missed. "It comes from the doctor. I do with the doctor tells me, I'm sick, I have pain, I need this." It's easy to come up with a lot of excuses until things have progressed to a pretty dangerous place.

I think having an awareness, asking questions and also learning about Narcan. I don't know if you're familiar with Narcan.

**Alie:** Yeah, yeah.

**Erin:** At the opioid overdose reversal medication, which the FDA just approved a generic that you can get over-the-counter, I think without a prescription. That's what over-the-counter means. It's a nasal spray, so it's really easy to administer and it is amazing the way it works and saves lives.

Encouraging the loved ones of people who are addicted to opiates, or even are just prescribed opiates, it's an easy thing to have on hand. It should be fairly inexpensive if the generic's approved, and you could save somebody's life that way. Just a couple squirts up the nose.

**Aside:** In October 2018 the podcast *Hidden Brain* did a whole episode on Narcan entitled *The Lazarus Drug* and it's a really, really chilling look at the opioid epidemic. Okay, moving this train along.

**Alie:** My last question before the two last questions. Nobody on this thread so far, 75 questions on Patreon, I don't know if anyone has asked about coffee addiction, but what's your take on it?

**Erin:** Caffeine. Yeah.

**Alie:** You can walk into a Coffee Bean & Tea Leaf and be like, "I will take seven shots of espresso in a cup. Goodbye and thank you," and have an absolute panic attack later [*Futurama* episode, *Bender: "You been up all night? Fry: Of course, I have been up all night. Not because of caffeine, it was insomnia. I couldn't stop thinking about coffee. I need a nap."*] [*Both Erin and Alie laughing*] and it's fine. Why is it so acceptable? Do you drink coffee? What's the deal?

**Erin:** I do drink coffee.

**Alie:** Okay.

**Erin:** Good question. [*quiet DJ airhorn*] It is definitely socially acceptable and the best answer I can come up with is that it doesn't get you high the same way.

**Alie:** Okay.

**Erin:** We definitely develop a dependence and withdrawal when we stop drinking it. But would you say that you're under the influence after a cup? How many cups would it take to really alter your mental state?

**Alie:** Yeah. For me, as someone with a diagnosed generalized anxiety disorder, it doesn't take much for me to be like ...

I had a Yerba Matte addiction, we'll use that term loosely, years ago. It would throw me into panic attacks and it didn't occur to me that they were related for a couple of years, and I would be, "Why am I having a panic? Like absolute, cannot handle my shit right now." Finally, I linked the two.

I dunno. I think, of course, drug of choice really depends on what you're-- for me, I might have been using caffeine in a way to get me to work more because of an underlying anxiety that I wasn't working enough. You know what I mean. I guess it all is ...

**Erin:** Everything kind of circles back together. Right.

**Alie:** Yeah.

**Erin:** If somebody was a generalized anxiety disorder and panic attacks were to go see a therapist, the therapist might ask, "How much caffeine are you having? Are you willing to take a look at cutting down on that?" Because it does make anxiety worse. We don't need to ramp you up anymore.

**Alie:** Yeah, I know.

**Aside:** P.S. Someone did. One Norman P. Schmidt PhD is a researcher in Tallahassee, Florida studying the effects of caffeine on anxiety.

Okay, here are some facts. The average consumption of caffeine in 1999: 120 mg per day 2017: 190. That's a pretty big jump! Ha! However, that's nothing compared to 1946, when the average American drank almost double what we do know with a very jittery, sloshy 48 gallons of coffee a year. Did they even drink water? I don't know. I don't know what to tell you. But Norman P. Schmidt does.

One treatment he supervises in patients is getting them to work up to a cup of coffee spiked with No Doz so they can just chase that dragon, just ride that sweaty train to Panicville and learn, "Oh, ok. This is just chemical. This is chemical anxiety. The world is not garbage. I'm just having a panic attack. I mean the world is garbage, but this is just a panic attack."

I'm just teeing this up for a shitty question.

**Alie:** I wonder if they look at that and they see a rise in people's anxiety disorders at all because we just don't realize. "I'll have a triple macchiato with oat milk and also, I'll see my doctor for Xanax." It's interesting.

**Erin:** To calm down so I can go to sleep later.

**Alie:** Yeah. Hey, someone get a PHD in that. So shittiest thing about your job, I can't even imagine talking to someone who treats patients with some of the most gut-wrenching addictions. What is the hardest part about your job?

**Erin:** This is the part that's a bummer, right?

**Alie:** Yeah. Yeah.

**Erin:** That some of them do die.

**Alie:** Yeah.

**Erin:** I have had clients pass away, and sometimes it's as a direct result of their addiction. Sometimes it's not as a direct result. That makes me cry too.

**Alie:** Yeah.

**Erin:** That's when I cry sad tears, but it is the nature of the beast. It's a deadly disease and I have to take the treatment of it seriously because it does kill people, and everyone's life matters.

**Alie:** Do you ever have an inkling for who won't make it?

**Erin:** Yeah, I won't say that I'm right all the time. I would say there's lots of times I'm not right. Sometimes I just have a feeling and you just never know though.

**Alie:** Yeah.

**Erin:** There are some clients I've had that being arrested and going to prison saved their life. They just could not, or would not I guess, outside of that kind of setting.

It's amazing to hear from someone a few years down the line like, "Hey, I got sober in jail and I'm still doing it." But you have to assume that everybody's at risk and everybody's worth fighting for.

I saw this tee shirt once that said, "I became a counselor because your life is worth my time." That just really got me in my therapist's heart. Yeah.

**Aside:** She says, "Obviously, that's much worse than administering pee tests." Which she's done a lot of.

**Erin:** I've handled a lot of urine. [*Erin laughing*]

**Alie:** Did you ever get an inkling if maybe some, maybe it wasn't someone's own pee?

**Erin:** Definitely. [*Erin Laughing*]

**Alie:** It's like refrigerated?

**Erin:** Sometimes it wasn't the right temperature. Sometimes the devices they had prepared would fall and become evidence.

**Alie:** Oh no. Like a little thermos? Some kind of hot pee thermos?

**Erin:** Yeah. Or like the Whizzinator. Are you familiar with the Whizzinator?

**Alie:** Not familiar!

**Erin:** You're going to have to look that up.

**Alie:** Oh, no!

**Aside:** Oh boy howdy oh boy. Ah, wow. Did I just tumble down a rabbit hole of people strapping hollow dongs on themselves and using handwarmers tucked into belts and also desiccated internet urine? Boy wowzers. Just, so much work. I got tired just watching the tutorials. If you get caught using one, what do you do? I guess just say, "Ya whizzed me!" Anyway.

**Erin:** There's like a lot of funny stories around drug testing. In detox, guys who would test positive for pregnancy, things like that.

**Aside:** What is the best thing about Erin's job?

**Erin:** Helping people, of course, seeing people succeed. It's so rewarding and so special. It's something that's not public because of all the privacy laws around it. There're so many

things that I get to see and be a part of that I keep to myself, and I'm thinking most of my clients probably keep to their selves as well.

It ends up being so special, very intimate thing that I get to be a part of. It has really helped to me be kind to people who are maybe not having a good day, and maybe are not as kind. It's given me a lot of patience and a lot of appreciation for the difficulties that other people are going through that I might not know.

What's that saying? "Be kind, for everyone you know is fighting a hard battle." I feel like that because there's a lot of people I've seen, addicted or not, they don't look like they're having problems from the outside. If you saw them in the grocery store, you'd never know. Then I know about these deep things they're battling, and you just never know what somebody else is going through.

**Alie:** Any resources or books that you would point to, to people who might be struggling?

**Erin:** One of my favorite books is called *Healing the Addicted Brain* by Harold Urschel. It goes through a lot about the addictive brain stuff, and it's sciencey but not so sciencey that it would necessarily be too much for someone who's not sciencey. Like me. There's a chapter in there for families as well, that's really helpful.

I also like *Codependent No More* because a lot of the people that end up in relationships with people who are addicted to drugs or alcohol. They say like being codependent is like being addicted to a person. So the loved one is addicted to drugs or alcohol and then the partner's addicted to them.

**Aside:** *The Language of Letting Go* and *Codependent No More* are by Melanie Beatty. Wonderful books. If you're like, "Why am I always putting others' needs above my own or trying to clean up others messes or doing too much or thinking I have to earn love? Huh? Hmmm? Huh?" Good books. Just saying.

**Erin:** HBO did an addiction series a while ago that Nora Volkow was a part of, and they do short vignettes on different topics in addiction. They are filming in an emergency room and there's different related stuff that comes in. Then there's brain scans. There's a lot of good stuff out there.

**Alie:** Oh good. Where can people find you?

**Erin:** I do have a website called Erin Can Help. [www.ErinCanHelp.com](http://www.ErinCanHelp.com).

**Alie:** Oooh!

**Erin:** Adorable, right?

**Alie:** That's so sweet, yes! [*Erin laughing*]

**Erin:** I also have a Facebook page for my business, that I include all kinds of things that are related to mental health and addiction. I don't only treat addiction, I'm out there.

**Alie:** Ah, yay. Thanks for making me cry, dude.

**Erin:** Yeah. Thanks for making me cry. [*Both laughing*] Happy tears, though. I mean, there's so much good out there.

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For more on Erin, see [ErinCanHelp.com](http://ErinCanHelp.com). To find publicly funded addiction treatment centers in your state, call 1-800-622-HELP. You can also go to [findtreatment.samhsa.gov](http://findtreatment.samhsa.gov). That's the site for the Substance Abuse and Mental Health Administration. They have lists of 12 step groups, including AL-Anon, if someone you love is struggling with a substance use disorder.

If you need help with this, you are not alone. Addiction is treatable, there are people who want you to succeed. Including old Pop here. If you're in recovery, good on ya. Everyone, just give yourself a big hug.

Also, if I worded anything in a way that needs updating, please know I was doing by best and I welcome any upgrades to my linguistic operating system. So thank you for keeping me updated and giving me all your perspectives. I'm at Alie Ward on [Twitter](#) and [Instagram](#), @ologies on [both too](#). More links will be up at [alieward.com/ologies/addictionology](http://alieward.com/ologies/addictionology). You can check the show notes for more links. That will have links for resources, studies, Erin's site, charities, and everything.

Thank you to Boni Duchth and Shannon Feltus for managing the [merch](#), and to Erin Talbert and Hannah Lipow for adminning the [Ologies Podcast Facebook group](#), thank you to interns Haeri Kim and Caleb Patton and to Assistant editor and researcher helper this week, Jarrett Sleeper of MindJam Media, he also hosts the mental health podcast *My Big Bad Brain*. I'm dragging him on a Midwest road trip this week so check the Ologies Instagram for some live updates from the road. In which state will we eat a corn dog? I'm not sure yet.

Thank you to lead editor Steven Ray Morris who also hosts *The Purrrcast* and *See Jurassic Right*. The theme song was written by Nick Thorburn of the band Islands. Very good band.

At the end of the episode you know I tell you a secret and this week's is that even though I work too much, I do love the work that I get to do. My goal going forward is to take one day a week off. One little day. If anyone has any thoughts on how to do it, you can email me at [helloalieward@gmail.com](mailto:helloalieward@gmail.com) If I don't write you back, that just means maybe I took that extra few minutes to chill out, but I love you all the same.

Okay, be good to yourselves you little monkeys. Berbye.

*Transcribed by Azalia Worden, your friendly neighborhood introvert that gets hyperfocused on a stray thought and forgets to hit the send button until hours later and then wants to crawl into a hole somewhere. I love you, and I am working on that.*

*Final touches by Kaydee Coast the ambivert accountant who collects rubber ducks*

***Some links which you may find of use:***

[\*Addictionary: Addiction vs. Dependence\*](#)

[\*History of substance use disorder as a disease\*](#)

[\*Stats on substances and addiction\*](#)

[\*Overdose statistics\*](#)

[\*Homelessness and substance abuse\*](#)

[\*A very catchy "Poop in a Bucket" song\*](#)

[\*Monkeys who were not cuddled enough\*](#)

[\*Info on E-cigarettes and smoking cessation\*](#)

[\*Quitting smoking: 6 top tips\*](#)

[\*Some pics of "Rat Park"\*](#)

[\*Welcome to Rat Park!\*](#)

[\*How to cuddle babies as a volunteer\*](#)

[\*Transcranial magnetic stimulation therapy\*](#)

[\*Info on dermatillomania aka skin picking\*](#)

[\*Historical coffee consumption in the U.S.\*](#)

[\*Biology of addiction\*](#)

[\*Alcohol abuse criteria\*](#)

[\*Alcohol use and mental health\*](#)

[\*Dopamine and addiction\*](#)

[\*Developing Brain and drug use\*](#)

[\*The Adolescent Brain and Behavior\*](#)

[\*NIDA Gift Fund\*](#)

[\*End the Backlog\*](#)

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