

The recent article in this journal about treatment of addiction based on the commonly-used drug buprenorphine (Suboxone) has both correct and incorrect elements. The article correctly underscores the awful effects of the alcohol rehabilitation industry that insists that 12-step programs are useful and effective. In our 2014 book examining all academic studies on that question over the past 50 years (*The Sober Truth*) we found the effectiveness of AA to be between 5% and 8%, and a great deal of evidence that the 90% of people who are sent to AA, but cannot benefit, are seriously harmed.

However, the article is incorrect to state that addiction is basically a genetically-determined neurological disease that should be treated as a chronic medical issue. The error is twofold. First, it takes as fact the neurobiological notion that addiction is a "chronic brain disease" caused by chronic exposure to drugs which induces a permanent hypersecretion of dopamine in the brain's reward pathway upon further exposure to environmental cues associated with the drugs, in turn then presumably leading to further drug-seeking behavior. This widely-accepted idea, based on findings in rats, has been shown to be false in literally millions of examples. Starting with the famous Robins study (Robins, 1975), we have known that even high and extensive exposure to drugs (heroin in that case) simply cannot create addiction in humans, contrary to the "disease" hypothesis. The ability of millions of people to stop smoking despite exposure to the physically-addictive drug nicotine, the ability of patients treated with high doses of narcotics for medical conditions (cancer, for instance), to stop using these drugs when treatment is over, are further counterexamples. Beyond these, the fact that humans regularly shift the focus of their addictive/compulsive behaviors from drugs to non-drug and often unpleasurable compulsive activities such as compelled searching through the Internet (Myers, 1995) or even compulsively cleaning the house is incompatible with the neurobiological view (Dodes, 2001, 2009), as is the fact that human addictive behavior is precipitated by emotionally meaningful factors, not seeing a physical clue in the environment, as with rats. This all leads to the obvious (to psychoanalysts) fundamental error in the article, that its

view ignores the psychology behind the behavior we call addiction. As a number of psychoanalytic authors have written for many years, addiction is a symptom, not a disease, and in particular, as I have tried to show, it is neither more nor less than a subset of the psychological symptoms we call compulsions (Dodes, 1990, 1996) and can be appropriately treated as such (Dodes, 2011). Yet, there was nothing in the article that suggested the sort of meaningful psychological approach to the problem that would have led the patients mentioned to be adequately treated, creating the need the article describes for chronic, mostly palliative care.

There has recently been some discussion online about applicability of psychoanalysis to social issues. Addiction, as a major public health problem, is one area where our understanding could enormously help, if only the public, drug treatment agencies, and the government took our views seriously.

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