

A look at Addiction from a Unified theory perspective

Alexander T Polgar

I am writing this the summer of 2020 in the midst of Covid-19 and the resurgence of Black Lives Matter after the murder of George Floyd. Like all people I have no idea what the future will be and can only hope we do not settle for just change. I am hoping we will finally demand progress. While hopeful I am not optimistic given the realities of history since we began to record events. I am, however, absolutely certain that after the events of 2020 subside the same global maladies will be there. I am equally certain that we will resume where we left off perhaps having made changes but little if any progress.

Sadly this reality will apply to the problem of addiction. I am particularly amazed by how the corona virus literally put the whole world on hold and the Black Lives Matter mobilized people around the world. In contrast we continue to muddle on with the problem of around 300 million people having an alcohol abuse disorder. Additionally, according to the World Health Organization another 31 million people have a drug abuse disorder and every year at least three million people die from the abuse of alcohol and drug overdose. In the USA alone, alcohol and drug addiction cost the economy over \$600 billion annually. Suffice it to say substance abuse is a serious global problem that shows no sign of abating. In fact the evidence is considerable that it is expanding exponentially. At the very least therefore, we should spend as much effort and resources on this global 'pandemic' as we have spent on COVID-19 and eradicating racial and social prejudices. Of course this is highly unlikely to happen for a myriad of reasons not the least of which is that addiction has become big business. We study it mostly in search of a medical cause and cure; we talk about it in conferences and dramatically react to opioid overdose deaths calling it a crisis. The money and resources we allocate to this problem brings about change but no progress.

Introduction: Progress regarding substance abuse (addiction in general) looks like a unified theory (explanation) about what we have and continue to observe. Progress looks like a logically coherent rationale strategy for eventually eradicating the problem from occurring in the first place and knowing what to do when it does occur. Progress looks like replacing the medical model of addiction characterized as an illness and disease with a psychosocial model that characterizes it as a social problem. And last but not least, progress looks like an articulation of the above in the most accessible way possible.

Out of great disdain for muddle I have taken on the challenge of pursuing sustainable progress instead of just settling for change. In a four book trilogy, written in the accessible language of the main protagonist all of the above, plus some, are covered. To accept, to critique or to offer alternative perspectives first the existence of the four book trilogy must be known. This in itself is a challenge because there are formidable gate keepers, the deliberate and inadvertent defenders of the status quo, to sneak by whose purpose is to keep our understanding of this global problem muddled.

Discussion: Since the books are easily available on Amazon I will only touch on their highlights in this essay. To start, I want to say that the psychosocial conceptual unified theory and intervention is based on some fifty years of study and clinical experience. Because the framework has

worked so well for me as a clinician, teacher and consultant I am now compelled to share it as broadly as possible.

The premise of the first book is that addicts are made and the made person is best equipped to decide whether the label addict applies or not. Notwithstanding reliability and validity issues with any system of labeling people, in particular the DSM5, hearing the story, of an addict being made is a necessary but insufficient step in the process of the person accepting the life enduring problem.

In fifty years of practice I have yet to understand what is meant by treating and rehabilitating addicts. Both terms are not relevant to working through the denial of being one. In so far as denial is the creation of pleasing fantasies, at which children and cognitive developmentally stuck adults are particularly exceptional, the only relevant and productive intervention is to get the adults in denial unstuck. This requires exposure to a residential therapeutic community or, albeit protracted, community based therapeutic habitative experiences.

Recovery is another concept not relevant to describing addicts who have their addiction under control. There is no recovery from being an addict. It is a lifelong permanent condition for which there is no cure. What there is, is doing what works for life and the doing is not that easy, at least in the beginning. These are the topics of the second book.

Most dangerous for all recently abstinent addicts are getting involved in the medical system to deal with the emotions from which they were hiding when using. When they do they almost always become involuntarily intoxicated by psychiatrist prescribed drugs. Many suffer permanent physical and neurological damage some to their demise. This is the topic of the third book.

The fourth book gets at an insidious persistent global problem that is at least partially responsible for the conceptual muddle about addiction. The premise is that it is tribalism. The world and 12 step programs are plagued by tribalism. For example, undue importance is given to what substances addicts prefer or have easy access. There is talk of alcoholism which is not a real thing. It is an addict who prefers alcohol. The name Alcoholics Anonymous therefore, would be best replaced by Addicts Anonymous.

Conclusion: Throughout the four books there is a clear distinction made that all addicts become addicted but not all those who are addicted are addicts. The difference is critically important especially for knowing what interventions are required.

Most importantly the four book trilogy is really about preventing the creation of addicts in the first place. Preventing it happens all the time; we just need to do more of it, more often and with more deliberate intent. The work required is more than justified by the end results.

In closing, at the very least I am hoping for exuberant discussion of the ideas presented in the books. If I allow myself to hope for more, it is to unmuddle the waters of our understanding of addiction, once and for all deal with the problem and move on to the next one that obstructs the developmental potential with which we are all born.