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people fail to realize that other therapy interventions exist that don't rely upon the falsehood that addictive tendencies are innate. Those other interventions are more effective for many more individuals. AA may have social or spiritual benefits, but there is very little scientific evidence to support its claims.

Another misconception is that addiction is an epidemic. The widely agreed-upon criteria for an epidemic—very rapid spread among a large number of people in a limited region—do not apply. There simply isn't an epidemic of addiction. However, the use of the term as a metaphor might be useful if it brought attention and resources to drug use and its associated problems. The considerable amount of existing research on addictive behaviors should be guiding policy, but partly due to these myths and misconceptions, the "war on drugs" budget in the U.S. is too heavily skewed toward interdiction, crime, and the judicial system rather than toward treatment and—in particular—prevention.

How does the field of psychology uniquely illuminate this topic?

It illuminates because of the diversity of subfields within the discipline. For example, psychological scientists have not focused exclusively on genetics or allegedly immutable biological processes, but also on a wide spectrum of other possible areas of a person's experiences that may cause and/or contribute to the initiation, development, and maintenance of addictive behaviors. Those include what are now very well-understood changes to the brain and the rest of the nervous system as a result of the experiences of repeated drug use, early childhood and parenting practices, abuse and neglect, social and emotional factors, poverty, and other experiences. There is a growing realization from psychology research and practice that drug addiction problems almost certainly arise from a sometimes complex combination of such factors. This helps explain why even the most successful treatments are difficult to carry out. -RACHEL WAYNE

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Breaking Down Addiction

ASSOCIATE PROFESSOR & CHAIR OF PSYCHOLOGY CODY BROOKS ON WHAT WE GET WRONG ABOUT ADDICTION-AND WHY PSYCHOLOGY CAN HELP



hat is addiction in a nutshell?

Drug-use problems ultimately occur because the nervous system learns to adapt to routine drug use. As a result, the user gradually switches from taking a drug to "get high" to taking it to avoid withdrawal symptoms and craving-that is, to "feel normal." That happens because the nervous system allows the body to reduce and fend off the effects of a drug with increasing power. This process, along with familial, social, cultural, cognitive, and

other processes, combine to create the unfortunate circumstances we call "addiction."

What are some myths and misconceptions

One is the common belief that "hard" genes transmitted from parent to offspring cause drug-use



problems. A very close, careful, and comprehen examination of the research literature provides evidence to support this belief; that paucity o dence will still surprise even some of the most s ingly knowledgeable social scientists.

A related misconception is that Alcoholics ymous is an effective treatment for alcohol problems. Substantial research on AA's effective shows that far fewer attendees benefit from is claimed. It's so ineffective for most attende AA is hardly better than nothing—recovery ra barely higher than rates of spontaneous remis

Since its inception, AA has been based on t ease model." An assumption most everyone about alcoholism as a "disease" is that alcoh heritable. So not only is AA's effectiveness v it has also contributed to a cultural belief the tive behaviors are innate. These beliefs coul nicious if they keep people from seeking h (because they feel they are "just born that w