

Preying on our youth: addiction as a “disorder of consumption”

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The history of developing science during the European renaissance is replete with tragic examples of a conflict between scientific progress and the zealous political and religious ideology of the church that led to destruction of scientific writings, punishment and even death to those who dared to stand by their ideas and findings. Giordano Bruno who was burned in 1600 CE was named “the martyr of the new science”; Copernicus and Galileo also served as prominent examples. The French philosopher and scientist Rene Descartes (1596-1650), who coined the phrase “I think therefore I am” was forced to develop the Cartesian Approach of Dualism, defined as a separation between mind (i.e., brain) and matter (i.e., body) to keep his theory in line with the Catholic Church teaching.

Today, American partisan politics, ideology and populism have filled the vacuum of religion. Alas, parties on both sides of the isle do not shy away from denial, manipulation or twisting of scientific findings “faked news.” Prominent representative examples apply on the right to Global Warming (although 97% of the scientific literature supports the phenomenon) and on the left it is about Abortion (not necessarily if it is right or wrong but on when does life begins as a scientific finding that may support a non-binary sensible public health policy along a continuum).

Addressing the multifaceted etiology, pathogenesis, and negative consequences of addictive disorders continue to challenge addictionologists. Regardless of continuously improved knowledge and understanding resulting from developments in the neurobehavioral approach to addiction there are barriers for progress. One of those barriers is the result of shifting socioenvironmental paradigms. These paradigms that have been motivated by ideological and political zeal have created a conflict similar to those described regarding to the development of science during the renaissance. Those protagonists have been trying to tilt the balance away from scientific neurobehavioral evidence because the findings do not always fit an egalitarian racial, gender and class universal utopia. Such an approach of “scientific convenience”, that is, adopting scientific findings only when they suit the agenda and ideology of the protagonist is problematic and negates the Utilitarian approach.

So what does all of this have to do with the title of this commentary?

The two cardinal questions about addictive disorders have been: First, why do adolescents seek drugs and other potentially dangerous rewarding behaviors in the first place? Second, why do some youth who use drugs become unable to resist continued use and become addicted regardless of potential harmful consequences? [1].

I would like to present an additional aspect of addictive behaviors as a disorder of consumptive behavior that has not gained its due attention

in the literature. This perspective should be studied regardless of the presently ruling politically correct scientific ideology of ‘brain disease’. To cite George Bernard Shaw “for every complex problem there is a simple solution and it is always wrong”. Consumption of psychotropic substance of abuse, food and/or behaviors such as gambling, internet use, compulsive shopping and sexual activity separate addictive behaviors from other psycho-behavioral disorders such schizophrenia, depression, ADHD or even suicidal behavior. The vast majority of consumerism, however, is habitual and based on individual choice. Therefore, should not we also be studying the problematic choice that is clearly embedded in the initiation of an addictive disorder before it becomes what some researcher in the field rush to define as a “brain disease”? This term send a message of helplessness and hopelessness which leaves no room for choice and decision making? Yet, there is an internal conflict in adopting this term while the cardinal emphasis of behavioral interventions and the research of mechanisms of behavioral change for addictive disorders separate their treatment from other neuropsychiatric disorders such as schizophrenia or epilepsy where “choice” is not an antecedent for pathology.

This perspective carries heavier weight for children and adolescents (i.e., youth) whose brain regions governing reward, impulsivity and sensation-seeking are relatively more developed during mid-adolescence than higher order cognitive regions regulating behavioral inhibition, decision-making and planning, which continue to mature into the early-mid 20’s. We need to direct and allow children and adolescents to identify and enact internally motivated goals, reinforcing healthy developmental processes, and potentially improving self-efficacy for abstaining from poor and harmful choices.

We need to direct resources to the study of initiation of consumptive behaviors already during early childhood in order to better understand the development of physiological and psychological dependence on specific products and/or services. This kind of research has enormous implications for effective prevention and treatment for old, recent and “in the pipeline” products. Failing to do so leaves the field to the merci of experts in human behavior who have been preying on the young. Similarly to “designer drugs” chemistry experts legal (e.g., vaping) and illegal (e.g., fentanyl) have been working tirelessly to invent

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more addictive consumption products and patterns (particularly on the internet) to enrich their respective industries. This is sadly not a delusional conspiracy theory, but a highly likely sad reality.

Reference

1. Kaminer Y, Winters KC (2020) Clinical Manual of Youth Addictive Disorders. American Psychiatric Association Publishing, Washington, D.C., USA.

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