

ADDICTION

SUMMIT



Learning from Paul's Story

Guest: Dr. Paul Thomas

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Dr. Thomas: Dr. Paul here, your host for The Addiction Summit. And today, I'm introducing you to my co-author, Jennifer Margulis, who's going to actually interview me. I thought it will be good for you guys to have—she is an investigative journalist, an amazing author, and she's going to probably probe areas that I might not even want to go. I know how you are. Anyway, it's all yours.

Jennifer: Okay, awesome. This is an amazing summit. I've been really enjoying listening to all the experts talk and I've learned a lot. And I want to ask you some personal questions to start with.

Dr. Thomas: Okay.

Jennifer: So tell me about the first time you took a drink.

Dr. Thomas: So, I grew up in Africa, in Zimbabwe, went to high school in Swaziland. And I had not had a drink of alcohol until I was midway through high school. And a friend of mine, Mark—yeah, Mark if you're watching—says, "We've got to go get some of this Kronenbourg beer." And I was at that stage probably 14, 15—15 probably. And boy, when that beer went down, it was like wow. I hated the taste and I loved the effect.

Jennifer: Why did you hate the taste?

Dr. Thomas: Oh, it was just gross. Fizzy and what-have-you.

Jennifer: What do you remember about the effect?

Dr. Thomas: Well, it felt like warm in my tummy and just that little sort of calmness that I've never felt before.

Jennifer: And that was really the first time you'd ever had alcohol? So like you didn't grow up around alcohol? Your parents didn't have a drink at dinner, nothing like that?

Dr. Thomas: Nope. Never. We were missionaries. My parents were. I was just the kid of the missionaries in Zimbabwe, Rhodesia back then. We grew up in a village. There was absolutely no cigarettes, alcohol. Except for occasional weddings, there was this brew called mahewu, which was made from cornmeal. I did taste that. It was the grossest thing I have ever tasted. So clearly, no opportunity for effect. It tasted like sour, rotten cornmeal.

Jennifer: And so was that first time when you drank that beer, was that the first time you ever gotten drunk or it's just the first time you'd ever tasted alcohol?

Dr. Thomas: I got an effect. I wasn't so drunk that I got busted. Because I'm in boarding school, we had to go back to the dorms. This was on a weekend. So I wasn't tipsy to the point where I was staggering or slurring my speech. But I felt it. It was a nice feeling.

Jennifer: And were you looking for that feeling after that?

Dr. Thomas: Well, prior to that, I don't know why I was doing it except to be naughty, I think, and just to be a kid. And my friend was saying, "We should do this. It's amazing." But after that, I can definitely say I was looking forward to the next opportunity. And those were few and far between. I was on a mountain in Swaziland. The nearest little convenience store was four miles away on a dirt road, just no access at all.

Jennifer: So when did you start having a problem with your drinking?

Dr. Thomas: Well, it certainly wasn't in high school. I drank excessively a couple of times in high school, got really drunk one time. And then right after high school, I graduated in December of 1974, and my parents sent me through Vienna, Austria to some friends of theirs to spend New Year's. And we were at this Austrian inn. And they had this dinner with—it was the most lavish thing I've ever experienced. I ordered pheasant and they got the full

array of pheasant feathers, your own beer stein that they kept filling up if you wanted. Wine was flowing out. I think I was drinking beer then.

But then we got our own champagne bottle, each person there, to move into the dance hall for New Year's. And there was a roasting pig. And by this point, I am smashed drunk. And I've got my own champagne bottle. I don't even remember if I drank any of it, I was so drunk. I threw up on the way home. I have no memory of much of it after that, woke up with the most horrible headache you could imagine. You would've thought I would've learned that was enough.

Jennifer: So what did you learn?

Dr. Thomas: Nothing. Here's the strange thing about—I guess I'm wired to like the effect, okay. I'm an addictionologist as well. So I've learned a little bit of the—and we present through the summit, the chemistry, the biochemistry, the genetics, the epigenetics. There is a little bit of family history that I didn't know about at this time in my family, lots of workaholism. So that might have been a clue.

Jennifer: Can you tell me—can I interrupt you?

Dr. Thomas: Yeah, of course.

Jennifer: So what was the family history that you found out later?

Dr. Thomas: My mom had an uncle who is an alcoholic. I'm always suspicious. My mom denies it. But my grandfather had the serenity prayer on his desk, which makes me wonder. That's a 12-Step thing: "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the will to know the difference," which by the way, has helped me immensely, the wisdom.

Jennifer: The wisdom to know the difference, yeah.

Dr. Thomas: Whatever. I've said this a thousand times. That's funny isn't it?

Jennifer: So wait, your grandpa had that on his desk.

Dr. Thomas: Yeah.

Jennifer: Don't you suspect that maybe your mom's dad—

Dr. Thomas: Well, in retrospect, I just don't know. My mom says absolutely not.

Jennifer: But your mom's uncle, for sure, was an alcoholic. And he died of alcoholism.

Dr. Thomas: I guess. I don't know those details very well.

Jennifer: Okay.

Dr. Thomas: You interviewed my mom. So you know, don't you?

Jennifer: Well, no. I feel like it was something liver related like cirrhosis of the liver or liver cancer.

Dr. Thomas: I don't know the details.

Jennifer: So drinking became a huge problem for you.

Dr. Thomas: Eventually.

Jennifer: Yeah. And we've been talking in our book, we talk about that addiction happens on a spectrum.

Dr. Thomas: Right.

Jennifer: And so what can happen is people can start off with really just mild and that anyone has the potential of being somewhere on the addiction spectrum. But you took a journey from the moderate end of the spectrum all the way to the severe end.

Dr. Thomas: Fairly severe.

Jennifer: Yeah. So can you tell us about that?

Dr. Thomas: So in college, I was premed. I wanted to be a doctor. I knew that. And I got through all of that being relatively successful by only drinking on the weekends. In fact, I only drank one weekend day, Friday nights. I looked forward to Friday nights. And I would go out with friends. We'd go to some local bar. And there were pitchers of beer and my tolerance went high very quickly, so I could drink a couple pitchers as a freshman in college.

Jennifer: Wow. How big were you? Like that's—

Dr. Thomas: I was about 180 pounds, yeah.

Jennifer: And how tall are you?

Dr. Thomas: 5'11.

Jennifer: Okay.

Dr. Thomas: So, of course, the next day it was destroyed. Hung over and just feeling horrible. But did I learn from that and not do it again? Of course not. I looked forward to every Friday. Fast forward to medical school, I'm still not drinking during the week when I've got school but I'm still drinking during the weekends. I think I fudged a little on some nights during the week just a couple to sort of take the edge off and maybe to help me go to sleep. I was totally oblivious that I had a problem. I thought this was what everybody did.

Between high school and college, I ran with a group of people who were drinking very heavily, like very heavily. I used to even, at that point, I could drink a six-pack and a half, nine or 10 beers in a two or three-hour session.

Jennifer: Yeah.

Dr. Thomas: I was drunk. But that's the way I drank. Everything was just like fast and furious. It was insanity.

Jennifer: So when you had a drink, you drink to get drunk. Or you just—it's like—

Dr. Thomas: Absolutely. I drank for the effect.

Jennifer: Okay.

Dr. Thomas: Yeah.

Jennifer: And there was no off switch? Is that part of what was going on for you?

Dr. Thomas: Those of you who have addiction, you probably have had this experience where you might swear off that substance or behavior or whatever it is. But then if you break down and have one, you can't seem to stop. That was definitely my experience. I definitely had no off switch. I remember when I was in college, my parents were building a house in New Hampshire and I went for the summer to help them build this house and went to a party with people I didn't know and they had a big plastic garbage can that they had put a bunch of pure alcohol, like vodka and all that stuff. And a ton of Kool-Aid. I didn't know that.

It tasted like Kool-Aid. The cups were this big and I drank about two or three of those as fast as I would drink Kool-Aid, which is 10 minutes or less, just glug-glug-glug. I slept for almost 24 hours and woke up with the most raging headache. My mom says, "Why do you have to drown yourself?" She at least

reflected back to me—thanks Mom, for at least doing that much—what she was seeing. But I didn't seem to learn from those experiences because the effect was so powerfully positive for me, I guess.

Jennifer: So you were telling us about medical school.

Dr. Thomas: Yeah.

Jennifer: And then what happened? I mean, when did you really—

Dr. Thomas: So when did I really get into trouble, I would say, the last 10 years of my drinking. I was already a pediatrician. I had finished residency. I actually probably drank the least during residency. There was no opportunity. I mean, they worked us 36 hours straight. You'd come home and I had a newborn at that point, crash, sleep, go back to work. It was a year of—internship was just a year of work. So very little opportunity then.

But as I got older and my career was more stable, for a long time, I drank every night except when I was on-call. That was my golden rule. You don't drink when you're on-call. Those of you who struggled with an addiction, you have your rules, right? And then we break them. You and I have talked because I have patients in my addiction clinic and they'll tell us those stories about how it's the "yets" and then they just break rule after rule after rule.

Jennifer: Slowly cross your list of nevers.

Dr. Thomas: Cross your list of nevers.

Jennifer: "I'll snort my girlfriend's meth" or whatever.

Dr. Thomas: But I won't shoot it up.

Jennifer: But I won't shoot it up.

Dr. Thomas: And then you shoot it up.

Jennifer: Or I'll take those opioids and I'll take a double dose, but I'm not going to do heroin. And then all of a sudden—

Dr. Thomas: People are crossing their nevers. So my never that I eventually did cross was drinking when I was on-call. Thankfully, I was never called in and have to take care of an emergency under the influence. That's when doctors are dangerous. It's no excuse. I just was lucky.

Jennifer: Yeah.

Dr. Thomas: It was like I never got a DUI. Oh my gosh, I should've had so many DUIs.

Jennifer: You never got a single DUI?

Dr. Thomas: Never got a single one but I deserve to get many. There's a doctor here in Portland, who, when he was in training, went out after only, I think it was two or three drinks, and happened to kill somebody by mistake and spent time in prison. I mean that could've been me, right?

Jennifer: Yeah.

Dr. Thomas: And people, you hear these stories that horrible things can happen.

Jennifer: So I have to be totally honest. It's hard. It's like I don't know—I am not sure I totally believe you. So you're telling me that you had a drinking problem but I see you as this incredibly successful—you went to Dartmouth Medical School that was an Ivy League school. You got a Master's in Biology before you went to medical school. So you did college. You did master's. You did medical school. You were doing your pediatric residency. You had a newborn. You had a wife. Like you were an amazing, successful, incredible person. And we're you really also an alcoholic?

Dr. Thomas: So, absolutely. But that spectrum of addiction, we talk about in our book, I kept it on the mild end for a lot longer than probably most people would. Because I was so motivated for school and for my career and a family man. But I was slipping, very slowly slipping. The people, if you're a drinker and you do morning drinking, which I never did, even at the end, I always detox every day. So if you're doing morning drinking to take the shakes away, you're in deep trouble, because your body never detoxes.

So I think because I detox every day, I stretched it out a lot longer. But the thing that I can definitely say, anybody can relate to, as I got towards the end of this drinking career, the last 10 years were just horrible. Life felt hopeless and empty. There's this emptiness, this loneliness. I could be in a group of people and feel so alone. And people don't get that because on the outside, your 'look good' is going on, right.

Jennifer: Yeah.

Dr. Thomas: I mean, my parents had no idea. And they stayed with us one time and we're in the room right next door. I was like getting totally wasted, drunk before I crashed at night. And they had no clue. But it was that emptiness inside. And I remembered towards the end—one day I was on the

ward doing rounds, seeing babies, newborns, and I had the worst hangover. I felt so terrible. And you're just trying to gut out the day. And I remember seeing the nurse and I did one of those fake smiles and she faked smile back at me. She gave me one of these. And it was like a knife. It just hit me. It's like, oh my God, I have got to do something about this because my head felt swollen and numb. And it's a horrible feeling.

Jennifer: Yeah.

Dr. Thomas: A lot of people describe being at that jumping off place where your substance doesn't even help that much anymore. And you're feeling so hopeless and depressed. A lot of people even contemplate suicide.

Jennifer: Yeah.

Dr. Thomas: Two of my sponsors did actually put a gun in their mouth. They were ready to take their lives.

Jennifer: So I think that some of the people who are watching this or listening to this might be at that place. Like they might be where you were and just feeling like they can't get out of it. So how did you get out of it?

Dr. Thomas: So, for me, when I was in medical school, we were required for our Psychiatry rotation to go to three or four or five AA meetings. And I remember sitting on those AA meetings, and there were mostly old men smoking. And I did not relate at all. I should've. I used to smoke.

Jennifer: You kind of thought they were losers. Like you kind of like, Oh thank God, I don't have to be there. What the hell are these people are doing?

Dr. Thomas: Yeah. So I thought I was going there to learn how to take care of these poor old people who couldn't control their drinking.

Jennifer: And even at that point you were already drinking.

Dr. Thomas: I was. But it's just those—

Jennifer: You were in denial about it.

Dr. Thomas: Yeah. It was binge drinking occasionally like on the weekend. And I did not realize I had a problem. But, clearly, I did. I always drink for effect. I always drink to get drunk. But I knew AA was there. I was definitely too ashamed and too scared to go get help from a doctor. I never told the doctor the truth. Do you guys tell the doctors the truth? How much do you drink? Oh, one or two, occasionally, when really it was one or two six-packs.

Jennifer: Yeah, yeah.

Dr. Thomas: And so, yeah, what was the question?

Jennifer: So how did you get to the point where you got help? And what happened that made you...?

Dr. Thomas: Okay. I got scared. So my wife had had multiple surgeries and it's her story to tell. Her story is in the book, our *The Addiction Spectrum* book. But she had so many surgeries for TMJ that froze and they did Proplast joints that failed. And they put ear cartilage in her joints. And they put muscle flaps. And eventually, they put her toe joints, live joints into her jaw. But all these were such massive surgeries. She was on opiates, opiates, opiates. Became tolerant, dependent, and then eventually addicted. And I was watching my addiction escalate to a really problematic level while hers was doing the same thing.

And those of you who might be struggling with an addiction of any kind, if your person is also sort of struggling with something, you've got a partnership. And like if you were my wife, I wouldn't mess with your addiction as long as you don't mess with mine. And unfortunately, I think that kept us sick for a long time.

But I was so scared for her life and frankly scared for mine. I had committed to take somebody up to the mountain to go skiing. And it was going to be late in the day that we were going to be arriving. And at this stage of my drinking, there was—I knew I'd be hung over in the morning. I had no idea what my state would be in the evening because I couldn't stop drinking right after work.

I mean, I've knock off work and I was right to the liquor store. At that point, I was drinking vodka. I'm ashamed to admit this, I put the vodka in Diet Coke. So the clerk behind the counter, one time he says, "Are you putting those two together?" I was so ashamed that I never went back to that liquor store. There, I showed him. It was like I didn't want the calories of regular Coke and it's just the insanity of it all.

Jennifer: So then you'd go around the house like holding up Diet Coke.

Dr. Thomas: With my Coke, my Diet Coke. And my kids couldn't touch that Diet Coke because it was always with me.

Jennifer: And you were drinking in front of your kids but they didn't realize.

Dr. Thomas: It was Diet Coke. But not really.

Jennifer: Right. I've heard a dad who was really just totally entrenched in alcoholism and he would just call it daddy juice. And so he and his little toddler will go to the store and get some daddy juice.

Dr. Thomas: Daddy juice.

Jennifer: And kids could not have daddy juice.

Dr. Thomas: No.

Jennifer: Yeah.

Dr. Thomas: No. Yeah. So for fear for my life, because I'm afraid I'm going to be on the mountain in the snow in the winter, driving drunk, and I could just see it—my life. I was at that point where I was so out of control, I wasn't sure I was going to make it back down that mountain.

Jennifer: What did you do?

Dr. Thomas: So I turned around and went that next morning to the first AA meeting that I could come across, Dawn Patrol in downtown Portland, Oregon at the Alano Club. And I'll tell you, my head felt like a watermelon. I was so desperate. I knew they were there and they seemed to figure out how not to drink so that, well, maybe I can learn how they're doing, because I couldn't stop. I literally swore it off every night or morning, when I came to, and I was drinking the next night. That went on for years. In fact, about 13, 14 years of that just incomprehensible demoralization, I mean, oh my God, you cannot stop.

So I walked into my first AA meeting that I was there for myself not counting medical school. And thank God, a fella named Pat, came up to me, put out his hand, and said, "I'm Pat. I'm going to be your temporary sponsor." I was too full of shame and too fearful and too prideful to ask for help. But I was there. And thankfully he reached out to me.

And, folks, if you do go to a 12-Step meeting, that's generally what you're met with. It's total acceptance. That's the amazing thing about that kind of a program. And he said, "Come back tomorrow, and just don't drink until then." And I was scared enough and desperate enough that I didn't.

And oh my gosh, I had 24 hours, I hadn't done that in a really long time. And it just started going better and better from there. Oh actually, I missed something.

Jennifer: Okay.

Dr. Thomas: The very first time I went to AA was two years before that, in 2000. And I went to a more academic sort of lunchtime meeting. And I was trying to understand it. I hadn't really surrendered that I needed help. But I kind of knew I had a problem. But I wasn't ready to stop completely. I just wanted to know how to control it.

So I was there for them to teach me, just let me learn what I need to learn so I could drink like a gentleman, like other people who seem to enjoy their drinking. I just drank to oblivion so fast there was no enjoyment anymore. I got three months. And I remember my first sponsor that go around, Brandon, telling me—showing me the big book, the AA big book, where it says we cannot safely take another drink.

And I remember going, “Well, that can't be,” and arguing with him, well, that's not possible. How could you go a whole life without a drink? And so I relapsed. Actually, we were at the coast with my wife, and she wasn't ready for me to be sober yet. And I didn't have the tools yet. And we're at a nice restaurant. She says, “Honey, you could just have one. You don't have to have a bunch, just have one.” Well, of course. “Oh, yeah, that sounds good.” So I had one and that was, bam, two more years of extremely heavy drinking.

Jennifer: Wow.

Dr. Thomas: To the point where it took me to that mountain story. Went back in. Pat reaches out his hand. And I was ready. I was scared enough that I was ready. And thankfully, that compulsion, that angst, just was lifted.

Jennifer: So do you still go to AA meetings?

Dr. Thomas: I still do. I still do. Pat used to tell me—so there's something called doing 90 in 90. And some hardcore sponsors will say you got to do 90 meetings in 90 days. When I got to AA that last time, I had five kids in the home. My wife was in treatment for three months.

Jennifer: In an inpatient treatment facility.

Dr. Thomas: Inpatient treatment for three months out of the house. And I'm keeping a full-time job as a pediatrician. I got about 3.7 meetings a week. They would always tease me, “Oh 3.7!” Maybe it was 2.7. So he would always tease me about that. And these days I go about once a week because I spend a lot of time most days in my office working with addicts and alcoholics and folks who are struggling with addiction. In my peds side, I'm working with all the ADD, anxiety, depression. I feel like I'm talking recovery all the time. It's just such a big part of my life.

Jennifer: Yeah.

Dr. Thomas: But I never regret going to a meeting. I always get something.

Jennifer: So I want to talk about Alcoholics Anonymous for a minute. And then I want to go back to ask you another question, I hope I won't forget. But as you say in the book, Alcoholics Anonymous, you say that it pretty much saved your life.

Dr. Thomas: Yeah.

Jennifer: And you also say in the book that Alcoholics Anonymous is not for everyone. And when I was interviewing addicts in your clinic, we heard that Alcoholics Anonymous, Narcotics Anonymous, when it works, it works amazing. And for some people, it's just there's too much talk about God or it's too easy to hook up with people than you can go do drugs afterwards or whatever, which is not to bash Alcoholics Anonymous at all. It's an amazing thing.

But you offer something different in *The Addiction Spectrum*. And you talk about how there isn't really one-size-fits-all like there isn't one program that's going to cure people. So I'm just wondering if you could talk a little bit about like what are some of the ways that people can get free of alcoholism in addition to or maybe instead of going to Alcoholics Anonymous.

Dr. Thomas: Got you. So that's a whole book's worth of information.

Jennifer: Or a whole chapter.

Dr. Thomas: At least a chapter, *The Addiction Spectrum*. So if you're young, the studies show that young folks have the hardest time with big group meetings. And sometimes individual counseling if you go to an addiction counselor is a way that will work for them. If they cannot get themselves to go to a meeting, one can go online although you know we have a chapter on screen addictions and there's nothing that replaces physical contact and being together with people.

The whole journey along the spectrum to an addiction of any kind, whether it's alcohol, opiates, stimulants, marijuana, food, screen time, behaviors, gambling, sex, whatever you might be overdoing to the point where it's interfering with your life...

I just was chuckling recently when I was thinking about the whole conundrum we had with, 'is marijuana a gateway drug', because we were writing that chapter. And I got to thinking as we've been interviewing so many people for

this summit and realizing that the first gateway is food. It's sugar. It's flour. It's gluten. It's casein. It's these things that humans were never designed to be eating in large quantities that are stimulating little opiate receptor stimulus and little dopamine release. And we wonder why we have to have those cookies or that bread or that milk or all those things. But it's just food, and everybody eats, right?

And then today's world, I'm a pediatrician. One of the biggest problems I'm seeing is screen time. And that's another little rapid stimulation of dopamine and another gateway, so to speak. It's moving you along the spectrum. So if, whatever was giving you your dopamine rush that just helped you feel better—now mind you, no matter what you're addicted to, when you stop that, you cease eating that food. You stop the screen stimulation. You stop the behavior. You go through withdrawal. It might be milder than an opioid withdrawal for sure but it's a little withdraw. You don't feel quite right and you feel a little better when you get that stimulus back. So these are all gateways. Same with marijuana, for sure when you get into the stuff that's more potently stimulating, dopamine, alcohol, meth, opiates, huge stimulation, huge withdrawal.

Jennifer: But are you saying that people shouldn't feel good? That we don't need to have the dopamine rush? Or—what are you saying? Because...

Dr. Thomas: Should we feel good?

Jennifer: Don't we need to—I mean, isn't it—it's good to feel good. We are seeking out pleasure that's why human beings make love and that's why we eat delicious food.

Dr. Thomas: Right.

Jennifer: And if we didn't do those two things, there would be no more humans, right?

Dr. Thomas: Yeah. There's a balance to pleasure. And when you seek it to an extreme, you deplete the dopamine that's in your receptors and then you crash. And so when you take anything to an extreme, especially these things that really over stimulate your release of dopamine, just to pick on that one main stimulant—I mean neurotransmitter, you'll be depleted and you're going to feel way worse. So food, when we were hunter-gatherer, we had great joy from eating a vegetable. You could taste it and it was pleasurable.

But once you've had a bunch of sugar, a Coca-Cola or whatever, high fructose corn syrup in everything, it's such an intense stimulation of those receptors

that real food no longer does it for you, right? And this is what happens with almost any addiction. The real natural pleasures of just being together, right? So I can enjoy this interview, believe it or not—even though I'm supposedly on the spot here—I can enjoy this whereas before I would not have been able to. I needed a huge boost of alcohol to really flood my brain with dopamine so I could just even sit here and do this.

Jennifer: So what you're saying, you're saying it's all about excess, I think. Is that what I'm understanding about—so you're saying it's not that—I mean, if we didn't get a rush of pleasure, we wouldn't learn to breastfeed and we wouldn't eat food and we wouldn't do the things that we like to do that make us feel good, right? What you're saying it's when you over stimulate your system and then you're getting so much and then when your brain stops it, it's like getting so depleted that you need even more the next time. So it's a question of excess.

Dr. Thomas: That's part of it. I think the other piece of this and we talk about this in our book is, there are some basics we need to have the foundation of health from the cellular level all the way to the brain and the pleasure level. And that's real food, avoiding toxins. There's vitamin D deficiency is rampant and the VDR receptor is on almost all our cells, that's vitamin D receptors. When you don't have enough vitamin D, your immune system is affected. Your brain cells are affected. The big x-factor is stress.

So that baby who's searching for their mom's breast really doesn't have much stress yet. And so they just find that breast by instinct. They get nutrients and sweetness and stimulation of their cannabinoid system we just learned in an interview earlier today that you're going to watch. The whole system is geared for that to be reinforcing. But it's not so reinforcing that they're going to go look for opiates. They're just content with that basic nutritive need just like most people can have a normal amount of sex. And just be very content with that, whereas somebody else might become a sex addict.

Jennifer: Yeah. So most people—well, maybe not most—but we all need to eat.

Dr. Thomas: Yeah.

Jennifer: We're all trying to figure out our use of screens. A lot of people enjoy drugs recreationally. And that's something that we had to address in several chapters, right?

Dr. Thomas: Right.

Jennifer: I mean, I even—I have relatives, who will go unnamed right now, but who have recreationally done cocaine or even meth. Cannabis is a huge one. Like when I post negative stuff about cannabis on social media, I get so attacked by people who really feel that it's helped them.

Dr. Thomas: Yeah.

Jennifer: So why do some people become—get so severe on the addiction spectrum but other people can actually do cocaine maybe once or twice and enjoy it and have a good time with it and they never need to do it again. Like what the heck?

Dr. Thomas: Yeah. So it's those things. If you're toxic, if you don't have you nutrients, if you're stressed out—and I hadn't quite finished—but if you're not getting restorative sleep, you don't have exercise in your life, and probably the biggest thing is community. So back in the day, when I was in Africa in the village, there was a community. I mean, that's when—when they say it takes a village, my parents didn't have to worry. I mean, the entire village was looking out for every kid in that village. So the stress level for all of us was so low, really. It was so low.

Jennifer: And you were outside.

Dr. Thomas: We were in the sun. We were eating fruit and vegetables from the garden and the trees and the forest. We had our nutrients. We didn't have toxins. We didn't have stress. I mean, there was no TV. There were no screens. Just going to school was a little stressful, that was spare-the-rod days, where you'd get hit if you made mistakes. That was stressful. But we got tons of exercise. I mean, the sun went down, there was no electricity. We went to sleep.

Jennifer: And you also didn't have access.

Dr. Thomas: And there was no access. And we had community. That is how I think the human organism, as an animal, was meant to be in community and society. And now we've taken our isolated family units that are now sometimes broken even and kids are pooled with so many different stresses in different directions and of course they're not eating real food anymore. If it's in a bag or a box or a can, it really isn't real food. It came from a factory. It's been adulterated. It's probably got pesticides and herbicides.

So you got genetic vulnerability that could—you'd be fine. My wife went to treatment with a doctor who—she asked him, she says, “Well, Dr. X, are you an alcoholic?” And he goes, I don't know. She's like, “What do you mean you

don't know?" He says, "I've never drank." What? She asked him, "What do you mean you never drank?" We have alcoholism in my family and I decided I wasn't going to play that card. How brilliant is that, right?

So we can have risk factors for various things, and you don't have to wake that giant up, wake up that monster. Of course, if you're like me or if you're watching, you've probably woken up that monster. So that's what our book is about, right, is how do you now get back and move if you got to the severe end.

So I was at the severe end of the spectrum. I felt like I was going to die. I literally felt like, within five years, I'd be dead. Probably my liver, my liver enzymes were going up. I felt like I was dying. I just felt like my energy level was just bottoming out. And if nothing else, an accident was going to take me out or I was going to at least lose everything: Career, family. You hear these stories, people who lose everything. I was right there.

And so out of fear, I started moving to that other direction. But that's what we want you to do is start working on ways to move from the severe to the mild end of the addiction spectrum from all substances and particularly the ones that are bothering people the most. Yeah.

Jennifer: So community is huge and I think, in some ways, that's what you were just talking about Alcoholics Anonymous fill some people's need for community.

Dr. Thomas: Right.

Jennifer: Are there other ways, do you have people in your clinic or people that you've helped that have found other alternatives to that? Like you said, one thing to do is to work privately with a counselor. There's other group treatment programs of course but not AA. They're not 12-Step.

Dr. Thomas: Yeah. Absolutely. There are a lot of them we listed in the book. There's SMART recovery. There's Women in Recovery. There are lots and lots of—a lot of people will get involved in their church or some other kind of organization. Volunteering is a great thing. So if you stay busy helping others, it's amazing what it does for your own self-esteem. Because when we're in our addiction, boy, was I there for most of my life, it felt like all I cared about was me, right?

If I was nice to you, Jennifer, back then—you didn't know me back then—it was only because I wanted something from you. And you might or might not

know that, you're smart enough, you probably figured it out. But I didn't know. I was selfish, self-centered, and didn't even know it.

Jennifer: Okay. But you're telling people to volunteer and/or that they should be giving in some way. But I can't imagine what they'd say, it's like what a friend of mine said one time was, I'm too messed up. I can't help. How can I possibly help you? I am totally screwed up.

Dr. Thomas: Perfect point. I'd tell my patients who are in the throes of addiction and they're just trying to crawl out is you got to be selfish, for your own recovery. So this might be a time you check in to an inpatient program and have a total separation from that world in which you're trapped. Usually when you're trapped in your addiction, there's a bunch of people who are enabling you. It could be your loved ones. It could be friends. Friends, sometimes they're your dealers. But whoever it is, they're not helping you get free. And you need to be selfish at that point. Yeah, good point, forget about volunteering.

Jennifer: Well, that's not what I want to do.

Dr. Thomas: When you're fighting for your life, you've got to do something drastic if that's what it takes.

Jennifer: Yeah. No, but it's interesting because I think that we sometimes feel that way. Like we feel like, oh my God, there is so much going on for me, how can I give to someone else?

Dr. Thomas: Right.

Jennifer: And then what you realize is once you've actually given something to someone else, that that actually brings you back to you.

Dr. Thomas: Yes. As you're able to give even a little, it starts coming back. It's the law of universe, I guess. It is so true. I mean, my life just gets better and better, I have to pinch myself. And all I'm doing is doing the next right thing and whatever seems to come up in front of me. And if you believe in God, you'll be shocked when you make yourself available what becomes available to you. It's just amazing. And now the AA and the God thing, let me just address that, I grew up a missionary kid, going to church. I went to one of those big Billy Graham things and I was born again. So I was like, whoa, I'm saved. Too bad for the rest of you, you're going to hell. I'm good, right?

So I had all that, all that in my background. But it wouldn't help me stop drinking. I went to several different churches. I went to the altar. I laid my drinking to the take-it-from-me. And I would come from Sunday church. And

at that time, there was no liquor stores open in Oregon on Sunday. And I'd be digging through the trash, looking for the leftover bottle that I'd thrown out in disgust, that's the desperation and the insanity of alcoholism as it was at that stage of my life.

Jennifer: For God wasn't enough.

Dr. Thomas: At least for me, the church God—God of course is enough. I hadn't been able to totally surrender. And it was only when I was in AA surrounded by people who totally get it and just following their suggestions slowly...I didn't have a burning bush, God of my understanding experience, some people do. But little by little by little, what we call your higher power and it helped me actually. I resented this guy—sorry, Roger, I'm sure he's still out there. So this old guy named Roger is in my meeting. And he always said, "This God stuff is a bunch of nonsense. I've got 25 years sober and I don't even believe in God." And he would say that a lot.

Anytime that he brought up God. And I used to think because here's this missionary kid, raised in the church, thinking that is so sacrilegious and all that. But the point was you just got to believe in something other than yourself, right. Because what happens is when we're stuck in our addiction, it's our thinking, it's our self-reliance, self, self, self that got us where we were. And when you can just let it go and let something else, let the AA group, let the whatever, right. Some people say, Mother Earth, whatever you want to believe in that's just not you, allow something else to enter into your life, that's God of your own understanding.

And it's such a simpler concept and a freeing concept compared to the God of the church. So a lot of people went to churches as I did some of mine, where God was you're going to hell if you don't follow these rules. Well, I knew for sure I was going to hell. And I'm a preacher kid, missionary kid, doubly blessed. We rebel.

Jennifer: We're doubly damned.

Dr. Thomas: Yeah, right. Preacher kids and missionary kids, if you've ever known any of us, we're trouble with a capital T.

Jennifer: So what does it take to actually—maybe you can tell us the story of the frogs. Because that's a story that you tell in the book that really struck me. And it's like you wanted it so bad for so long, Paul.

Dr. Thomas: I wanted it so bad, yeah.

Jennifer: And it didn't happen.

Dr. Thomas: So I wanted it so bad, I read books on how to quit drinking. I went to conferences. I learned and learned and learned. I knew I was an alcoholic but I couldn't seem to stop. So what it really takes, folks, is first of all, you got to recognize you got a problem. And once you do, you got to be willing to do something. So there's the story of the three frogs and they're sitting on the log. And one of them decides he's going to jump off the log. How many frogs are left on the log?

So there were three. One decides he's going to jump off or she's going to jump off. How many are left? Well, there's still three. The decision was made but there was no action, all right. So I think that was my problem. I kept making this decision but I didn't know how to implement it. I'd go to the church altar and I'd let it go. I kind of gave it up, but what do I do? And this is from me, for this alcoholic going to a 12-Step Program, super helped in showing me what to do. So they have the 12 Steps. It's laid out. And for me, that worked. It really gave me something I could tangibly work on. But it required total surrender. So that first step is that willingness and surrender.

Jennifer: To admit that you have a problem.

Dr. Thomas: You have to admit that you have a problem and become willing to do something about it.

Jennifer: So that goes back to the question I wanted to ask you earlier and it's sort of the last personal question I'm going to ask you. Then I want to ask you some other questions, kind of about other people and other addictions and stuff. But you're admitting to something that a lot of people are really ashamed of. And a lot of people who are struggling with addiction and who haven't maybe gotten sober, who haven't been able to stay sober, they don't really want to tell the world. A lot of the people who we interviewed for the book, we were very careful to maintain their privacy. And it's not something that you really want to tell anyone. And I can imagine that some people are going to really feel judgmental of you.

Dr. Thomas: Yeah.

Jennifer: And feel like, "Oh, come on, you say you're this important doctor and you did this really important work, but you're an alcoholic." Like I think a lot of people look down or are afraid. I think people do look down on people who are having trouble with drug and alcohol abuse. And I think that people who are in the thick of it, feel—I guess it's a question—but feel a lot of shame.

Dr. Thomas: Yeah.

Jennifer: So did you feel ashamed and how do you feel about talking about it in such a public way now.

Dr. Thomas: Right. So the shame was immense. And for the first year, I wouldn't tell anybody except in AA meetings. Nobody. For the first five years, I wouldn't tell any peers, right, maybe even 10.

Jennifer: Wow.

Dr. Thomas: So I've got 15 years. It took a long time for me to be—a couple things had to happen. One is I had to know with certainty—I mean, you're never certain. You only have today. But you don't want to go out—at least I didn't—want to go out and saying, look at me, I'm sober now. And then relapse. And I just was insecure in my sobriety.

Actually after about five years for me, that insecurity about would I relapse kind of left completely. I still do what I need to do so I won't relapse. I still go to meetings. I don't look at commercials. Alcohol was my big problem and I watch ball game sometimes on TV and there's always commercials for these good-looking people having fun while drinking. The moment I see that I'm blah-blah-blah-blah, I won't even look at it.

Jennifer: Yeah.

Dr. Thomas: That's just what I do to keep my brain from possibly going the wrong direction and say, oh wouldn't that be nice? Oh, hell no, that wouldn't be nice. I also remember where I came from and how hard it was to quit. I mean, I quit for three months and then I couldn't quit, almost killed myself, two years later, it took me to get back to just stop. No. I'm living on borrowed time.

So here's the other thing, I was going to be dead in five years and that was 15 years ago. I got 10 years of free living and God knows how much more. So I don't care anymore what people think. That's my own personal thing. And it is important that those of us who have found freedom. I mean, drinking, for me, was bondage. I was in complete bondage. I've lost the option of choice, right.

And so when people are thinking about relapsing, I remember, one of my family members was toying with going back to drinking. I'm thinking, no. You're going to give up your freedom. You're going back into bondage. And thankfully, that family member is back out of bondage for the time being and hopefully it sticks. But when you're in it, you know how horrible that is and how you've lost that option of choice. People who don't understand addiction are judgmental and they think you lack character. You lack...

Jennifer: Willpower.

Dr. Thomas: Willpower. You're just weak. No. I mean, the stories of so many of our patients in my clinic are opiate addicts, and I would say way more than 50% started with pain pills prescribed by their doctors. They had legitimate surgery, usually major surgery or multiple surgeries and they're given enough pain pills, they get physically addicted. And then when they try to get off of these pain pills—now, do they have a choice in having the injury or needing the surgery? Probably not, it was an accident. So did they have a choice about taking those pain pills? Not really. They would have legitimate severe pain. Did they have a choice that they became dependent on those pain pills? Not really.

I mean, maybe if they could've really forced the issue and gotten off of them quickly, they might have escaped that. But then if you have the predisposition on top of that and you don't eat well, you've got stress, you've got poor sleep, you've got nutritional deficiencies, and you don't have a nice nurturing, safe environment and all your friends drink and use drugs, anyway, and then you throw that on top of that, they don't have a choice. They lost the ability of choice.

So we need to become passionate and kind to the people who are struggling with addictions like they have an actual chronic disease. And we deal with the disease topic in our book. We don't really like to call it that, more of a condition, because it's tricky. It's just a tricky topic. But absolutely, what you need to do is find your way moving towards the safer end of the spectrum.

Jennifer: So I think what I heard you say, which is a good segue, is that, in part, doctors are responsible for the opioid crisis. So tell us about the opioid crisis and tell us how doctors have been partly responsible for it.

Dr. Thomas: Well, the opioid crisis that we have today, I mean, we have—there are more deaths from opiates than there are from car accidents. There's like a death every eight minutes. It's a 170-some people a day dying in America from opiates. And until just this, the article just came out a couple days ago, it was doctor-prescribed opioid pills was the leading cause of those deaths. It's just a new article out that street opioids have surpassed that now. And that's the whole fentanyl challenge.

Fentanyl is hitting the streets so hard it's unbelievable. There's over a thousand opioid deaths in Oregon every year. I mean, Oregon is a small state. That's incredible. And it's getting worse. They now have carfentanil, which is over like 10,000 times the strength of morphine. I mean, a gram of salt will kill you. And they're finding fentanyl in heroin, in meth, in cocaine, any powder thing, and even in pills. They are mixing it in because I guess it's super cheap

because they can manufacture this synthetically in China or wherever else they're manufacturing it. And such a tiny bit is so powerful.

And when you're addicted, I'm just thinking that alcohol was my thing. But imagine if I could've gotten some alcohol that was even stronger. I wouldn't have to take as much. I wouldn't have to spend as much money and I could get, "Aah," the effect. Well, if you're having something that potent, being introduced to opiates or your cocaine or whatever you're taking, if you're buying something from the street these days, folks, you've got to stop. It is too dangerous. The time to get help was yesterday. Draw a line in the sand. Make a change right now.

Jennifer: Because if not, you're going to overdose.

Dr. Thomas: You're going to overdose. Yup. Because you don't know what you're actually getting.

Jennifer: But here is my question, a close family member had a huge stomach pain. Doctors immediately wanted to put her on a morphine drip. And when I got my wisdom teeth removed, they gave me huge number of Percocets, which I couldn't take. I got a really bad reaction to them. But I heard from a mom the other day that her 11-year-old, the doctor said, "You've just got to take these," didn't even ask about the pain, didn't ask about their history.

Dr. Thomas: Yeah.

Jennifer: Didn't ask—you were talking earlier—about genetic predisposition. And the addicts in your clinic who we've been talking to, a lot of them have had trauma. They've had things that have been really tough from their past.

Dr. Thomas: Right.

Jennifer: But by and large, one of the factors that seems to really factor into it is that they all started at a really young age. And it often was so often in their teens and often with prescriptions. So are doctors doing young people a disservice by prescribing them addictive pain killers when they're 11 or 12 years old.

Dr. Thomas: Absolutely. We are overprescribing. Doctors, if you're watching this, you remember we were taught pain as a vital sign. "You have to treat pain or you're a bad doctor." The pendulum has swung way too far. We have got to stop writing huge prescriptions, multiple pills in a bottle for pain that is either minimal, mild, even moderate, of short duration. So if you're just using a few for a few days after a major procedure, yeah, nobody's going to get

addicted. When I had my sinus surgery a few years ago, I've been in so much pain for so long, that I'd gotten used to it. I really didn't realize I was in pain. I mean, somebody had asked me. I said, "Yeah, it's one or a two out of 10." It was like, no big deal. Right after my surgery, the surgeon comes in and says, "Well, how's your pain?" And I'm just waking up from surgery. "I don't know. It's a three or four." And he goes, "Oh, nonsense. Nurse, give him some morphine."

And I had an IV and she does a push of morphine and I was like, ohhh, it must have been a 10. I mean, I felt so amazing. So I was in recovery already for some years so I was not tempted. I've never been tempted to use opiates. But that euphoria, that lack of pain was so amazing. If you overdo opiates, you're triggering that sensation, which is so powerful for somebody who's predisposed, that might be it, right? "I've got to feel that again," sort of like I did with alcohol. I had it that one time, I didn't even like the side effects, but I had to have it again. So this is where doctors who are prescribing these large numbers of pain pills are a big part of the problem.

Jennifer: So how do we fight that? How do we make sure, as a parent or as a consumer, like how do we make sure that we don't end up inadvertently getting addicted to opioids because it seems like even people who don't necessarily have the genetics or some of the risk factors because they're so prevalent, they're so easy to get and we're being prescribed them so often that we're at risk of getting to the severe end of the addiction spectrum.

Dr. Thomas: Sure.

Jennifer: So like as consumers, what do we do?

Dr. Thomas: Yeah. So many of the kids who end up on opioids, they're taking them from other people's medicine cabinets. So you don't want to have any opiates around in the house. You want to ask your doctor for the smallest prescription necessary. I would ask the question, "How long does a typical person recover from this surgery? What's the usual time?" And if it's a week, don't get more than a week's worth of pain pills. And when you don't need them anymore, get rid of them. You can take them to a pharmacy. They can dump them. You can crush them and put them in coffee grounds. Bury them.

Jennifer: You're not saying put them in coffee grounds and drink the coffee.

Dr. Thomas: No, no, no, just old coffee grounds.

Jennifer: Oh, I see. Compost them.

Dr. Thomas: Yeah, compost them basically.

Jennifer: Okay.

Dr. Thomas: We're not supposed to put them down the toilet because then it gets into the waterways and then we're feeding the fish and the other organisms all our opiates and pharma products. But basically, we've got to take small doses for a small amount of time and be done and get it out of your house.

Jennifer: And if a doctor says you have to have morphine or you have to have Percocet?

Dr. Thomas: There's an alternative.

Jennifer: So how do you know what to ask for?

Dr. Thomas: I would tell—certainly, if you have an addiction, you need to tell your doctor, right. We don't want to tell them because, oh we might want to have those pain pills, what if I need them. No, be honest. Like tell them, I'm an alcoholic or I'm an opiate addict. I cannot have opiates.

Jennifer: Or maybe we don't want to tell them because we don't want them to judge us. We don't want them to look down on us or our struggles.

Dr. Thomas: Yeah. What I'm learning—I am a doctor, so I'm part of the problem in that sense. I'm part of this whole medical complex industry. But big food, big pharma, doctors, we're all in this industry of promoting what we promote. And it's not really what you need to be healthy. What you need to be healthy is real food, maybe a little extra sunshine, maybe a little extra vitamin D. You've got to reduce stress. Turn off the tube. Turn off the news. Turn off the alerts on your phones. Get off social media. Reduce it as close to zero as you can. I know that sounds extreme but I'm starting to see patients, younger and younger, who are incapacitated with depression and anxiety from screen time. Incapacitated. They're dropping out of school. It's scary.

So I don't think the human organism was designed to put up with all the toxins we're throwing into ourselves, the lack of nutrients, the stress levels. And stress, we tend to think of stress as sort of big things. But social media, even video gaming, that constant stimulation, is a stressor to our hormones. Our biochemistry is not intended. We were never intended to have that kind of input. So it just wipes it out. And then you've got to get restorative sleep, get some exercise, get outdoors, and then have that nurturing environment, that safe, good people around you. And that's what's going to save us, not a pill from the doctor.

Jennifer: Okay. Last question, because we're running out of time so I think we're going to have to wrap things up. You have a 13-point plan in your book. So everybody has heard of 12-Step Program or most people have, but you have something that's really different. So what is—can anyone follow Dr. Paul's 13-Point Plan? And how is it different from—why should I read your book about the addiction spectrum instead of just going to an AA meeting?

Dr. Thomas: So I wouldn't discourage you from going to an AA meeting or any 12-Step meeting. You should go. And that might save your life. What *The Addiction Spectrum* book adds to that is the healing you need to be vibrantly healthy so that you're not so vulnerable to all these stresses. I mean, stress is unavoidable. If you're young and you have to go to school, I mean, you either drop out or you go to school. And we kind of need the schooling to move forward. If you're working, you need to go to work. If you have family—stress, there are certain amounts of stress that's inevitable.

And in order to be able to handle that with ease, you need some other tools besides just the 12-Steps, which are important, very important for helping you heal emotionally and spiritually. But we need—the 13-point plan also gives you the healing from the cellular level. So it's just healing your biology. It's talking about the food. It's talking about the nutrients. It's talking about what to avoid, what stresses and toxins to avoid, and how to get restorative sleep and exercise and fixing your biome, which is your gut microorganisms that are big part of your immune system and your immune health along with several other points.

Jennifer: Okay. The very first step of the 13-Point Plan is to start with a laser-focused why?

Dr. Thomas: Perfect.

Jennifer: Can you tell us what your why was and how figuring that out helped you get to where you are today?

Dr. Thomas: Gotcha. So my why was wanting more for myself and for my family. And as I've already said at the beginning of this, fear, it's a big motivator. And that's not really a why. But I was afraid I was going to lose everything. And I didn't want to lose everything. And so I had a real—I knew I needed to change something. And I knew that as long as I had this monkey of drinking on my back, my life was going to be this constant spiral with little blips of things happening and then just spiraling down the drain. And I knew it didn't need to be that way.

But as long as I was drinking the way I was drinking and I couldn't seem to stop that cycle, the outcome was inevitable. I think that's the hopelessness that people feel sometimes when they can't break free of an addiction. It just feels so hopeless. And you can get better. You can break this cycle. But having a really big why, I mean, put it up on your mirror. Put it up on your dashboard of your car so you see it every day. For some people, maybe it's your wife or your kid or your grandkid or it's that job or it's that house you want to buy or that little tiny apartment that's going to be perfect.

Whatever it is that's going to mean something so valuable to you, you focus on that so you don't forget. Because there's work involved, right. Getting sober, letting go of addictions that had a benefit, so this is the funny thing—not funny—but it's the truth, I think, about addictions is that they served a purpose. You diagnosed me. We were getting ready to give a couple talks to a group of doctors and this was from our previous book. And as we were getting ready, I'm getting more and more nervous. And what did you tell me?

Jennifer: I just said, “I think you have social anxiety.”

Dr. Thomas: I've never heard that. Me? Social anxiety? Dude. I was like, oh my God. So here I am in my 50s or close to 60 at that point and you diagnose social anxiety. And I thought back, and yeah, even as a kid, when I was off to boarding school, off to med school, a lot of anxiety. And for me, the alcohol helped. So whatever your addiction is, it was helping for a time some symptom that was unaddressed. And so that's another thing we delve into a little bit is addressing some of those unresolved issues.

Jennifer: But if you're looking for a place to start, you can start with the why.

Dr. Thomas: Absolutely.

Jennifer: And then go from there.

Dr. Thomas: Yeah.

Jennifer: Okay. Any parting words of wisdom for our viewers and listeners?

Dr. Thomas: Parting words of wisdom. I want you to know that it is not hopeless and you're not alone. There is a huge army of people, 23 million of us who are in recovery in this country, and a growing list of resources available to you.

One of the keys is just being willing to be honest about where you're at. And that's what I'm hoping with this summit as we're bringing a lot of people to you who are just giving you the truth and giving you their stories. Some of our

stories are pretty harsh that we're going to be sharing. But you're not alone. It is not hopeless. And you can start over any time, even right now.

And so I want to wish you a successful journey as you make your way back to a safe place in recovery and back to the safe end of the spectrum of addiction.

Jennifer: Thank you, Dr. Paul.

Dr. Thomas: Thank you, Jennifer, for this amazing interview. And thanks for watching, we're going to have a lot more coming this week. I'm Dr. Paul.

Jennifer: And I'm Jennifer Margulis.