

“ I’LL JUST HAVE
ONE MORE... ”

MILLIONS OF US HAVE A HABIT THAT’S HARD TO BREAK, WHETHER IT’S ONE MORE GLASS OF PINOT, ONE MORE DOUGHNUT, OR ONE MORE PILL THAT HELPS US RELAX. MAYBE IT’S NO BIG DEAL—OR MAYBE, EXPERTS SAY, IT’S AN “ALMOST ADDICTION” THAT SHOULD BE TAKEN SERIOUSLY. HERE’S HOW TO KNOW IF YOU’RE HEADING INTO A RISKY ZONE.

Uncorking a bottle of wine was a simple pat on the back after yet another day of diapers and tantrums. That’s what Beth Prystowsky, a 38-year-old mom of a toddler and a new baby, told herself years ago. But what started as the occasional pour while chatting with parents during playgroups quickly turned into a nightly ritual of settling down for a generous glass—plus refills—at home on the couch. As the scale started to tick upward and evenings became fuzzier, Prystowsky realized that her liquid escape had become a crutch. “I had just been diagnosed with multiple sclerosis and was scared about what the future held, so I turned to alcohol to numb those feelings. But the truth was, they were still there the next morning—along with a headache.”

What Prystowsky experienced wasn’t true addiction, at least not by a doctor’s definition, but it wasn’t safe or healthy, either. She’s one of a large number of men and women who find themselves in what experts call the almost zone. “Their habits have surpassed what we’d consider no or low risk, but they aren’t what we’d call an addiction,” says Joseph Nowinski, Ph.D., a Connecticut-based psychologist and coauthor of *Almost Alcoholic*. It isn’t just drinking: On-the-verge addictions can take many forms, from popping a painkiller prescribed for a root canal long after the ache is gone to polishing off a pizza by yourself or even compulsively logging on to Facebook.

BY ANDREA BARTZ
PHOTOGRAPHED BY
CHRISTOPHER CHURCHILL

“After a couple of glasses, I felt less anxious. I hadn’t forgotten about my problems, but they seemed less intimidating with a buzz.”

5 P.M. ←

Just a glass while I cook...

7 P.M. ←

...and another to get through cleanup.

8 P.M. ←

Rough day. One more.

9 P.M. ←

Whoa! Where did the bottle go?



The Good Life Report

Most people in this kinda-sorta zone won't veer to the dark side of actual dependency, but even if your bad habit stays short of abuse, it can still do a number on your health and relationships. Nowinski regularly sees patients who complain of difficulty sleeping, a poor sex life and conflicts with their partner, or tension at work because their boss thinks they're slacking. "When we dig down to the bottom of the story, it turns out that they don't have insomnia, a lack of sexual desire, or a productivity issue," he says. "Instead, a potentially troubling behavior is to blame—like drinking too much or staying up too late glued to the computer—but people are often blind to the problem until I point it out."



15%

of women ages 18 to 44 binge drink (four or more drinks on a single occasion).

Beth Prystowsky, 38

"I was in control of my life. I went to work every day and was a good mom, but I was still in a dark place."

WALKING ON THE EDGE

Up until recently, if you flipped through a psychiatrist's diagnostic manual you'd find a black-and-white view of addiction. Take drinking, for example: You were either an alcoholic or you weren't. But therapy sessions on couches across the country were telling a different story. "We had patients who were clearly falling somewhere between these strict labels," says J. Wesley Boyd, M.D., Ph.D., a Harvard Medical School psychiatrist and coauthor of *Almost Addicted*. "There may not have been an official classification for it, but experts have realized for a while that you don't have to be fully dependent on something for it to be damaging."

Today, the clinical definition has caught up to this thinking, and the American Psychiatric Association recognizes that there are mild and severe levels of alcohol and drug use disorders. But because there are no support groups directed specifically toward those with light substance abuse problems, a mom with a weakness for sauvignon blanc may find herself explaining her two drinks a night to a room full of heavy booze abusers. "If you go to Alcoholics Anonymous when you're in this middle zone, you don't always identify with the people around you," explains Nowinski. "It's hard to say 'Hi, I'm Megan and I'm an alcoholic' if you're not one."

Fortunately, if you have an "almost addiction," you likely won't need treatment (or to give up the behavior completely, either). The first line of defense is a DIY, self-help approach—and the earlier you start, the better. "You don't need to hit rock bottom to start addressing a problem," says Laura Curtiss Feder, Psy.D., a clinical psychologist and coauthor of *Behavioral Addictions*. The research-backed four-step plan on these pages can help many of us ease away from the edge of addiction and back into a healthy zone.

1 DIAGNOSE IT

Joy DiNaro, 32, grew up in an Italian household where it was the norm to polish off everything on your plate. "I had no concept of what a healthy portion size was," she says. But it was a high-stress job that pushed her to the point of losing count—and control—of how much she was eating. After tense calls with frustrating clients, she would head to the office kitchen, which was stocked with snacks. "I'd have a cup of popcorn and it would temporarily distract me from my work, but eventually one cup wasn't enough. I'd come back for another and another, and then go out for a supersize bowl of pasta after work. When I hit 260 pounds I finally realized, 'Whoa, this is serious.' My asthma had worsened, I was having GI issues, and my energy was at an all-time low."

It can be challenging to determine when, exactly, a bad habit crosses the line, but

38%

of adults who overate or chose unhealthy foods in the past month did so due to stress.

Are You an "Almost Addict"?

Relating to any of these nine statements means that your habit has likely crossed the line from healthy to possibly harmful. If the four-step plan outlined in this story doesn't help, talk to your health care provider or consider making an appointment with a therapist who specializes in addiction.

- A relative, friend, doctor, or another acquaintance has expressed concern about my habit.**
- I've argued with friends or family members about whether or not I have a problem.**
- I've tried to quit or cut back before but have never been successful.**
- I've tried to keep secret how often I engage in the habit or have found myself making excuses for it.**
- Even when I know I've had enough, I find it hard—or impossible—to stop.**
- I have lied to my physician about how often I participate in the behavior.**
- I know I'd feel better physically and emotionally if I could find a way to cut back.**
- When I'm with someone who is engaging in the habit, it can be difficult not to join in.**
- I sometimes feel guilty or regretful after I give in to the behavior.**

Your Brain on Addiction

The biology of addiction is similar whether the fix of choice is chablis, chocolate chip cookies, or pills—and works the same way if you're in the “almost” zone or already truly hooked.

FIRST: Help me!

During a moment of, say, stress, boredom, or sadness, your brain remembers something that made you feel good in the past—like having a drink—prompting you to grab a cold one from the fridge.

THEN: Aah, yes.

Once you start sipping, the dopamine response system—our reward center—of the brain is activated, resulting in a thrill that helps mask the negative feeling.

LATER: Again!

Your brain remembers this high and wants more of it, giving you the urge to repeat the behavior, whether tomorrow or a week from now.

OVER TIME: Uh-oh.

You gradually find that you need more frequent and larger amounts of the stimulus to feel the same (half a six-pack versus a single beer).

The Good Life Report

those like DiNaro who fall into the “almost” zone tend to have two things in common: Their behavior causes identifiable issues—such as weight gain and health concerns—and they depend on their chosen crutch to change their mood, whether to lift up their spirits or suppress negative emotions.

Striking a chord? Track each time you give in to a habit, and jot down who you're with and how you feel at the moment. Patterns may emerge, as well as telling evidence, such as how much money you're spending on alcohol or the number of antianxiety pills you popped this month to take the edge off. This is often a much-needed wake-up call, explains Boyd. “It's harder to deny a cold, hard fact—\$80 a week on cocktails, yikes—than it is to ignore a family member's concerns that you're drinking too much.”

2 SHIFT YOUR SOCIAL SCENE

The people around you have a huge impact on your habits. “Spending time with the playgroup moms made drinking wine at 3 P.M. seem so normal,” says Prystowsky, who got honest about her rocky relationship with vino on her blog, *The Ups and Downs of a Yoga Mom*. “If they were polishing off bottles midafternoon, why couldn't I keep the fun going back at home?”

It's human nature to compare yourself—and your behaviors—to others: “OK, she's pouring another glass too, so I'm in the clear.” But judging your habits by those around you can get you into trouble. “One physician I work with jokes, ‘An alcoholic is someone who drinks more than I do,’” says Nowinski. “But that doesn't mean there isn't a problem, especially if the people you're hanging around with make it difficult for you to give up the behavior.” In fact, one of the biggest predictors of relapse after an addiction is socializing with those who engage in the behavior you just managed to kick.

Keeping the journal should help make the weak links in your clique clear. (“Wow, I always eat a ton with my girls' night crew.”) Once you pinpoint who's helping to keep you in the “almost” zone, think about distancing yourself or at least shaking up what you do when you get together.

3 CHANGE YOUR ROUTINE

Like full-blown dependencies, our “almost addictions” tend to be linked to rituals we look forward to, explains Boyd. Consider someone who logs on to social media as soon as the alarm clock rings in the morning. It's not just common Instagram curiosity that's making them swipe to the app as if on auto-pilot; the routine represents something special, in this case a few minutes of calm in bed before the day starts. In order to successfully nix the bad habit, you have to either disrupt the routine completely (getting up as soon as the alarm buzzes, for example) or find a healthy substitute activity that you're also excited about (spending the first 10 minutes of the morning nestled under the covers with a book instead of your phone).

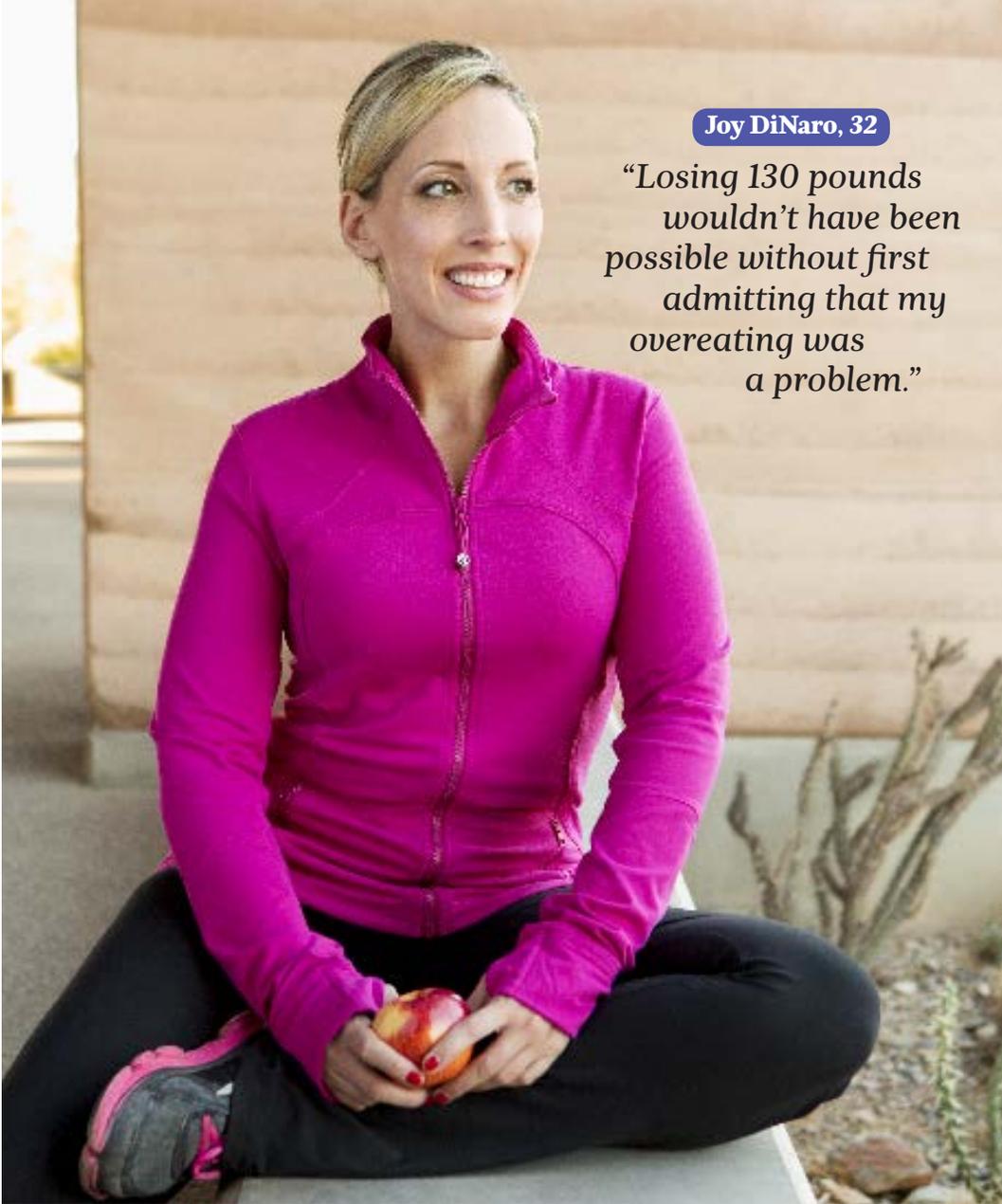
“I used to leave the office and make a bee-line to the nearest restaurant or pizza joint,” says DiNaro. “But even after snacking all day, I'd never order a healthy entrée. Instead, it would be a three-portions-in-one cheesy dish, and I'd eat every last bite.” Her solution to breaking the cycle was to schedule activities immediately after work—and plug them into her calendar so she'd be less likely to bow out. “Now I'll swing by the gym or meet up with friends. Sweating through a tough workout or chilling with girlfriends squashes stress. By the time I'm done, I'm in a better state of mind and don't feel the need to overeat.” This new strategy (combined with religiously tracking her food and planning meals in advance) has helped DiNaro drop an incredible 130 pounds so far.

4 LOOK AT THE BIGGER PICTURE

Once you've checked the three previous to-dos off your list, you may notice that you're already naturally scaling back your habit. Maybe your 25 daily Facebook check-ins are down to five. Or you're taking an occasional Valium for insomnia as your doctor ordered, instead of whenever your social anxiety strikes. (Know that when it comes to meds, it's best to use exactly as prescribed, if at all; see the note from Dr. Oz, opposite.) But not everyone is able to live with a toned-down

Joy DiNaro, 32

“Losing 130 pounds wouldn’t have been possible without first admitting that my overeating was a problem.”



BRANDON SULLIVAN. HAIR AND MAKEUP BY LAURA FLAGLER.COM. DR. OZ ILLUSTRATION BY LUKE WILSON

version of a once over-the-top behavior. This is a red flag that cutting back isn’t enough and you need to swear off the vice completely, either on your own or with an expert’s help.

The goal, Boyd stresses, isn’t just to turn away from an unwanted behavior; it’s to head in the direction of health. Along with easing back on a bad habit, think about how you can prioritize your overall well-being. Simple things like getting enough sleep and exercising improve mood while also boosting dopamine—the same chemical that fuels addiction. The healthy high from a kickboxing class can actually lessen the need for that snack/pill/drink/whatever.

Prystowsky’s outlet was a passion project she started while still drinking. “I had the idea of creating an online community to unite those living with MS, but realized I couldn’t do my best work if I was tipsy. I already knew I had to make a change, and this gave me an extra push,” she says. Yet cutting back on wine didn’t happen overnight. “I’d stop for a week or so and it felt great, but then I’d have a hard day and by 5 P.M. would be reaching for a bottle.” To resist temptation, Prystowsky tossed the booze she had at home and started unwinding with yoga or a cup of hot tea instead. That was two years ago. Today, she enjoys the occasional glass when out with her husband or friends but has given up the evening habit completely.

The urge to return to old ways still lurks. “It’s a constant process of reminding myself *why* I made this change: for the website, for my health, to be happier,” says Prystowsky, whose site now connects thousands of people who have MS. “We give each other the strength to battle this disease—and my own outlook about the diagnosis is infinitely more positive. That wouldn’t be the case if I still had a glass of chardonnay glued to my hand.” ■



DR. OZ SAYS...

More and more women being treated for opioid addiction (drugs like Vicodin or Percocet) became hooked on painkillers prescribed by doctors. Push back. If you’re given a painkiller Rx, ask if there’s another way to manage the discomfort.