

The Scientific Revolution

From Addiction as Disease to Psychobiosocial Process
From Abstinence-only to Integrative Harm Reduction Treatment



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OASAS Harm Reduction Webinar Series
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My Plan

- The case for for harm reduction

 - Some realities of people who struggle with drugs

 - The multiple meanings of substance use

 - The psychobiosocial process model of "addiction"

- What is harm reduction and why it is essential?

 - Core principles

- Integrative Harm Reduction Psychotherapy (IHRP)

 - Seven therapeutic tasks

 - Some techniques to take home

- Harm Reduction Saves Lives-takeaways

My Journey



What challenges do you
face in your work with
people who use drugs?

Valerie

Realities of People Who Struggle with Drugs

Most don't want to stop

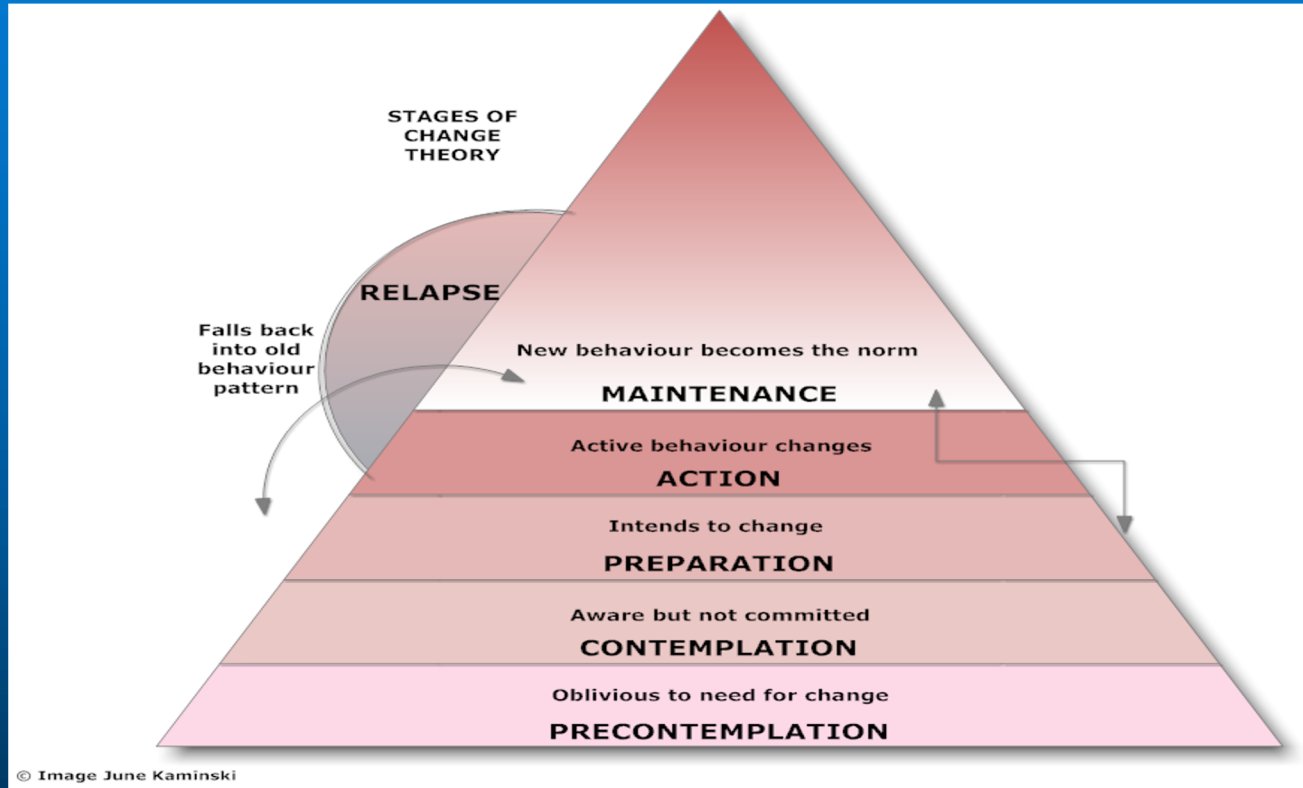
Most are not ready to take action

Different goals for different substances or behaviors

Abstinence not realistic for most addictive behaviors

Stages of Change Matter

Prochaska, Norcross and DiClemente, *Changing for Good*



We need treatments that engage
people in pre-action stages of
change and around non-
abstinence goals

What is Addiction?

Bill Miller, Gabor Mate, William White agree:

The **experience** of:

craving

compulsion

loss of control

inability to stop self-defeating/harming behavior

How we understand it makes all the difference...

Definition of Addiction from NIDA

"... chronic, relapsing disorder... compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain.

Addiction is the most severe form of a full spectrum of substance use disorders, and is a **medical illness caused by repeated misuse of a substance** or substances."

"Although the initial decision to take drugs is voluntary for most people, the brain changes that occur over time challenge a person's self control and ability to resist intense impulses urging them to take drugs."

From: drugabuse.gov/publications/media-guide/science-drug-abuse-addiction

Biological Factors

Genetics

Neuron receptor down- and up-regulation

Neurochemical depletion

Tolerance

Withdrawal

Consider the benefits and costs of a “disease model”.

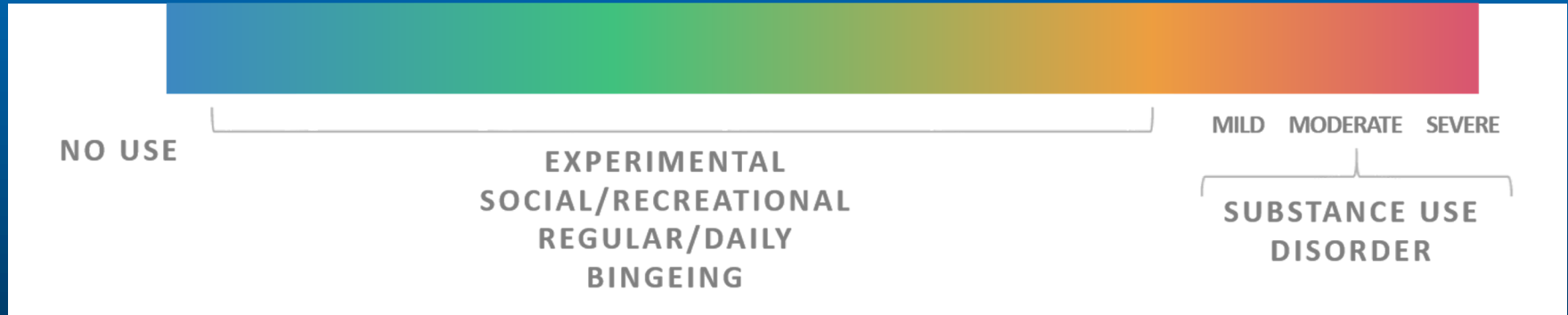
Challenges to the Disease Model

The majority moderate or stop without treatment ~ Stanton Peele

Many with SUD achieve stable moderation

Many neuroscientists challenge disease model ~ eg. Marc Lewis & Carl Hart

Risks reinforcing avoidance of complexity ~ Tatarsky



An Alternative Addiction Paradigm

A Meaningful Relationship to Drugs

Multiple Meanings Model

Biology gets wrapped in meaning

Substance use often expresses multiple meanings

Meanings are on a spectrum of awareness

Problem behavior may be the language people speak

People Use Drugs for Complex Reasons

Fun, pleasure, liberation, self-care

And many more...

Self-medication of suffering

Trauma

Expressing dissociated parts

Self-regulation difficulties

Shame and Guilt

Relational/interpersonal meaning

Group membership/bonding

Multiple Meanings Model

Addictive relationship expresses and disguises dissociated parts of the self

Problematic drug use, risky behavior and urges can be entry points for rediscovering and integrating disowned aspects of self

“What part of you wants this?”

“If the urge could speak, what might it say?”

Learning + Behavioral

Coping mechanism

“Overlearned habit”

Stimulus → response → reinforcement = “addictive urge”

“The urge is the axis of change”

Neuroscience

Marc Lewis, *The Biology of Desire: Why Addiction is Not a Disease*

Neuroplasticity

It is "a very bad habit"

Repetition (rather than drugs, booze or gambling) changes the brain's wiring"

"Like other developmental outcomes, it isn't easy to reverse, because it rides on the restructuring of the brain"

Social Context

Legal Context

Criminalization leads to guilt, shame, anxiety, lying, hiding

Decriminalization of drugs in Portugal -> 50% reduction in IDU, less overdose, more people in treatment

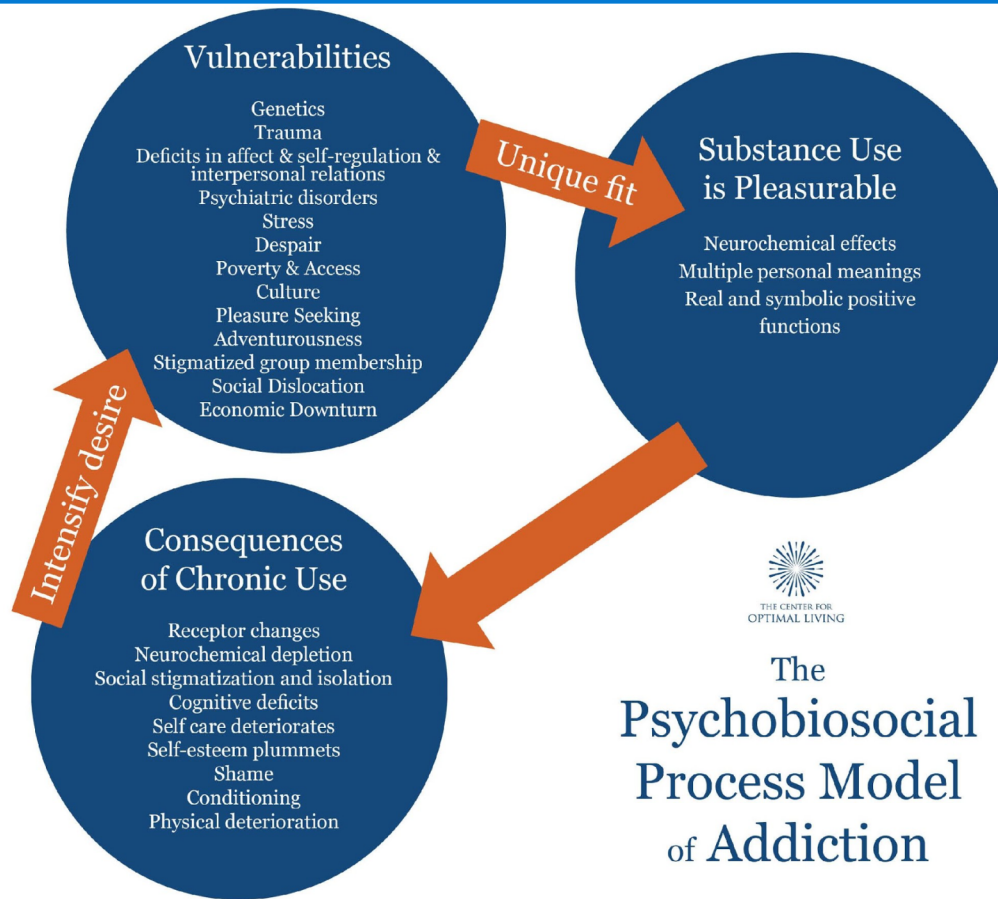
Social Dislocation Theory ~ Bruce Alexander, 2017

Results in lack of attachment, belonging, identity, meaning and purpose
It generates anxiety, depression, hopelessness and suicide

"Addictions" provide relief and compensation

Social Determinants of Health

Economic stability, neighborhood, access to transportation, education and life opportunities, access to food, quality and safety of housing, community/social support, and access to health care.



Implications

- Helps explain the “addictive dilemma”
- Positive change in any relevant factor changes one’s motivation and relationship to the drug
- The issues one is motivated to address becomes point of contact to develop initial alliance

Harm Reduction Principles as Frame

"Compassionate Pragmatism" ~ Alan Marlatt

How is it working?

"Any Positive Change" (Dan Bigg) Support any reduction in harm without requiring abstinence or imposing ones values or agendas, Radical Acceptance

"Meet people where they are"

- Safer use, reduced use, moderation, and abstinence all under harm reduction

- Lower threshold for engaging in care

- Services tailored to each unique individual

- Non-judgment and empathy are critical

Gradual vs. quantum change, incremental change in a positive direction, reduced harm

Guided by principles of empowerment, collaboration (Alain Morel)

Harm Reduction Strategies

Honest drug education

Overdose prevention-Naloxone

Drug Purity Testing

Needle and syringe programs

Supervised consumption sites

Medication assisted treatment

Methadone

Buprenorphine

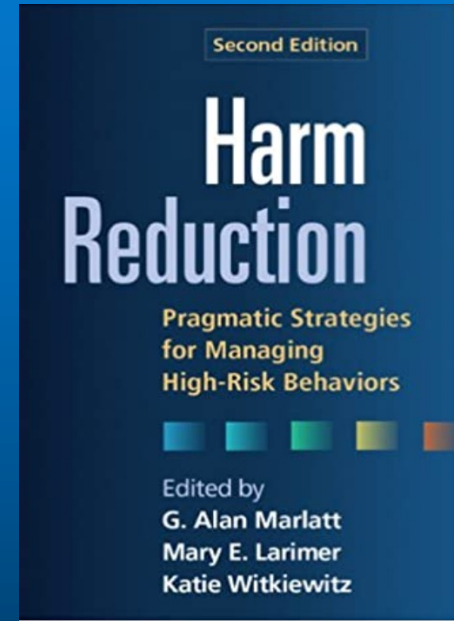
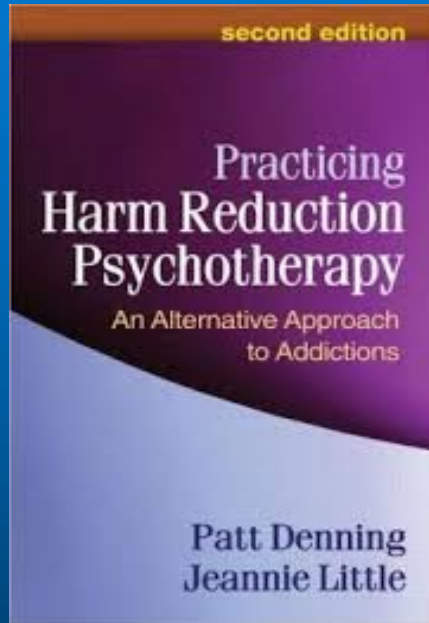
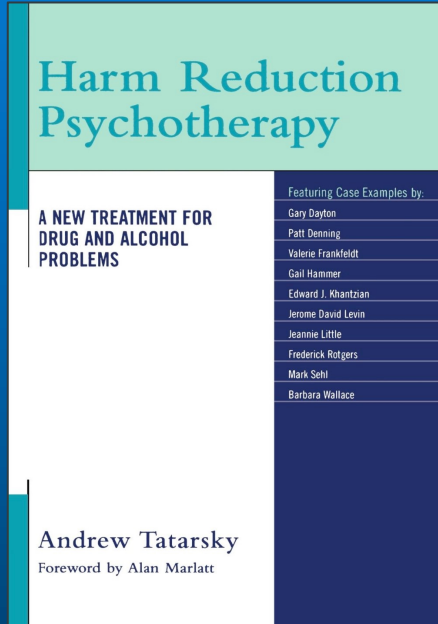
Heroin

Morphine

Good Samaritan Law

Therapy/Substance Use Treatment

Harm Reduction Psychotherapy Texts



Integrative Harm Reduction Psychotherapy (IHRP)

Integrates...

Clarifying personal and relational meaning and function

Active strategies to promote positive behavioral change

Mindfulness facilitates both

Within a harm reduction frame



Task 1: Managing the Therapeutic Alliance

Over 60 years of research show it is the best predictor of therapeutic success

- A key contributor to positive outcomes in substance abuse research
- Strength of alliance is based in agreement about **goals, tasks and quality of bond**
(Safran & Moran, 2001)
- Supported by goal choice research
- Need harm reduction to meet people where they are!



Creating Safety

Consider challenges of creating safety with stigmatized, trauma survivors

Engagement skills (“start where the client is”):

- Invitation – How can I be helpful to you?

- Empathic “harm reduction” listening

- Collaborative inquiry

- Empathic reflection

- Checking in

Managing internalized stigma/disease model: social countertransference

Transparency about harm reduction non-presumptive stance

Task 2: Therapeutic Relationship Heals

Consider the relational meaning of addiction

Turning to a drug rather than a person

Unwrapping the meaning, putting it into words,
reworks the dynamics

Relationship allows reworking of interpersonal issues
that have been expressed through problem behavior

One of the keys to changing addictive behavior

Task 3: Enhancing Self- Regulation/Management

“Self-regulation difficulties are often at the heart of substance misuse” (Khantzian and Henry Krystal)

Support for affect/self regulation

Curiosity

Empathic Attunement

Teach Mindfulness

Slow Breathing “the relaxation response”

What is Mindfulness?



The Urge is the Axis of Change

Urge Surfing ~ Alan Marlatt

Task 4: Assessment as Treatment

Bringing mindfulness to typical use pattern

Observing, charting, journaling

Microanalysis of use pattern

How it fits in with other aspects of their life

What did you want from the substance(s) and how did it work out?

Problem severity: negative consequences

What might you like to change about use?

Unwrapping the Urge

Exploration and discovery of what lives in the urge

What does it want?

What does it want to get away from or change?

If it could speak, what might it say?

Is there a story it has to tell?

What part of you is speaking through the urge?

Task 5: Embracing Ambivalence

Ambivalence vs. denial

Invite ambivalence into the room

Constructive dialogue with both sides

Allows consideration of new goals

Integration in the presence of an other



Task 6: Harm Reduction Goal Setting

Any Positive Change - We don't need to know the destination to begin the journey!

Reduce harm to greatest extent possible-abstinence or non-problematic use

Develop positive change goals for both sides of ambivalence

18 Alternatives

Task 7: Personalized Plan for Positive Change

Optimal Use Plan

“If you were to create a plan for using your substances of choice that would provide the greatest amount of benefit with the lowest level of risk, what might it look like?”

How much? How often? Under what circumstances?

What else would you have to change in your life?

Exercise

Mindfulness – Present Moment Awareness with Acceptance

Urge Surfing

Microanalysis

Embracing Ambivalence/Decisional Balance

Goal Setting for Both Sides

Ideal Use Plan

Training Opportunities

Three day IHRP Essentials, Fall, 2022

15 Week IHRP Certificate Program, September, 2022

Monthly Consultation Group

One Day Special Topic Workshops

Harm Reduction Saves Lives

Embrace a re-humanized view of people who use drugs

Harm reduction is an essential part of effective helping

A harm reduction continuum of care engages the entire spectrum

Integrative harm reduction helping addresses unique people in unique life circumstances

Become an integrative harm reductionist and be part of the solution!

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