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 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
Self-medication of suffering
Trauma
Expressing dissociated parts
Self-regulation difficulties
Shame and Guilt
Relational/interpersonal meaning
Group membership/bonding

And many more…
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”
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.
The Psychobiosocial Process Model of Addiction

Vulnerabilities
- Genetics
- Trauma
- Deficits in affect & self-regulation & interpersonal relations
- Psychiatric disorders
- Stress
- Despair
- Poverty & Access
- Culture
- Pleasure Seeking
- Adventurousness
- Stigmatized group membership
- Social Dislocation
- Economic Downturn

Substance Use is Pleasurable
- Neurochemical effects
- Multiple personal meanings
- Real and symbolic positive functions

Consequences of Chronic Use
- Receptor changes
- Neurochemical depletion
- Social stigmatization and isolation
- Cognitive deficits
- Self care deteriorates
- Self-esteem plummets
- Shame
- Conditioning
- Physical deterioration

Unique fit

Intensify desire
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

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Harm Reduction Psychotherapy Texts

Harm Reduction Psychotherapy
A NEW TREATMENT FOR DRUG AND ALCOHOL PROBLEMS
Andrew Tatarsky
Foreword by Alan Marlatt

Practicing Harm Reduction Psychotherapy
An Alternative Approach to Addictions
Second Edition
Patt Denning
Jeannie Little

Harm Reduction
Pragmatic Strategies for Managing High-Risk Behaviors
Second Edition
Edited by
G. Alan Marlatt
Mary E. Larimer
Katie Witkiewitz
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
SEVEN THERAPEUTIC TASKS OF IHRP

Managing the Therapeutic Alliance

Personalized Plan for Positive Change

The Therapeutic Relationship Heals

Goal Setting

Enhancing Self-management Skills

Embracing Ambivalence

Assessment as Treatment

Tatarsky (2010)
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 or 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!
Visit centerforoptimalliving.com and join our mailing list

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