

THE LIFE PROCESS PROGRAM

**ONLINE ADDICTION COACHING:
THE APOTHEOSIS OF A NONDISEASE APPROACH**

**APA DIVISION 50 (SOCIETY OF ADDICTION
PSYCHOLOGY) WEBINAR**

JULY 10, 2020

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HERE'S THE BOTTOM LINE



Drug use follows all the normal rules of human behavior



Addiction is an extension of ordinary behavior with which we are all familiar



Addiction can't be solved without addressing individual lives and society

HOW ARE WE DOING?

What are we doing?

GLOBAL BURDEN OF DISEASE

- 196 countries
- U.S. ranking (years lost disability/death)
- 1st cocaine
- 2nd amphetamines
- 3rd opioids

WORLD HAPPINESS REPORT

(2019: ADDICTION AND UNHAPPINESS)

- The U.S. has epidemics of several substance and behavioral addictions and suicide
- “Most of the people who died by their own hands had alcohol or other drug in their blood, including tranquilizers and opioids.”
- *Deaths of Despair and the Future of Capitalism*(Angus Deaton & Anne Case, 2020)

COMMONWEALTH FUND HEALTH CARE REPORT

- U.S. compared with 10 wealthy nations
- Highest per capita cost (by far)
- Lowest life expectancy
- Highest suicide rate
- Puzzle: suicides rise with antidepressants

AMERICANS LOVE TREATMENT

- Addiction Tx: AA, brain disease, trauma, MAT
- AA → alcoholism chronic relapsing disease

+ Volkow

= chronic relapsing BRAIN disease

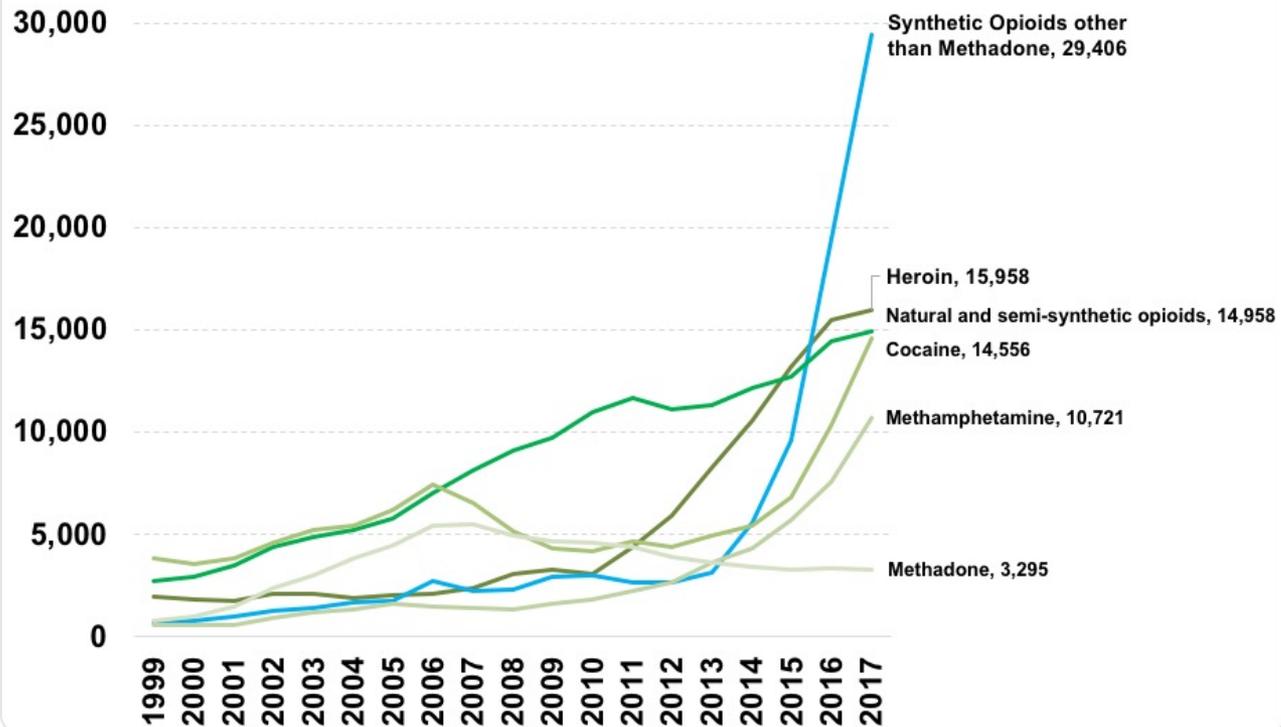
- Trauma theory: early childhood trauma → permanent brain damage

Great moments in disease history

- **1997:** Alan Leshner. “Addiction is a brain disease — and it matters”
- **2003:** Nora Volkow appointed director of NIDA
- **2007:** Addiction/HBO
- **2016:** *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*

WE'RE SOLVING ADDICTION

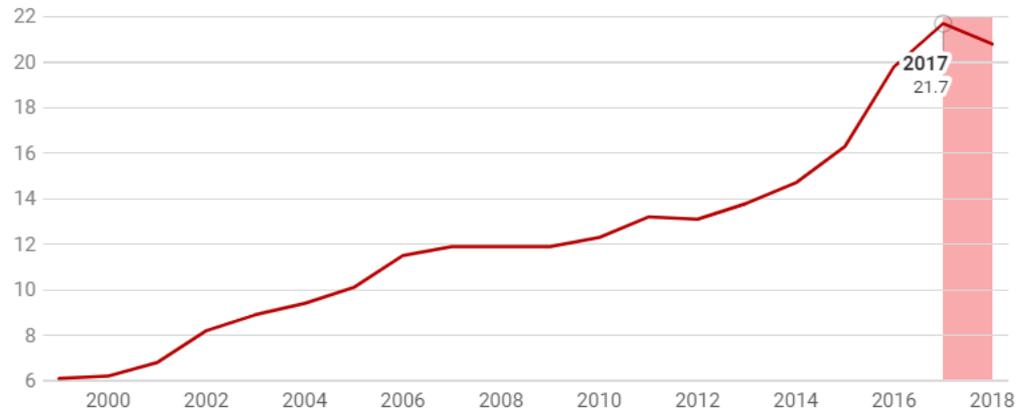
Drugs Involved in U.S. Overdose Deaths, 1999 to 2017



DRUG DEATHS 2018

Drug overdose deaths in the U.S. dropped in 2018 for only the second time in two decades

deaths per 100,000 people (age-adjusted)



**data for 2018 are for the second quarter of the year*

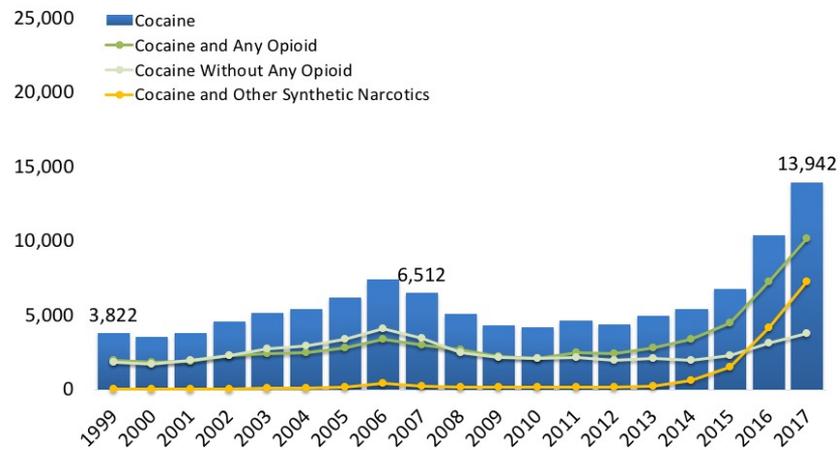
Chart: Elijah Wolfson for TIME • Source: U.S. National Center for Health Statistics • [Get the data](#) • Created with [Datawrapper](#)

The Death Rate Due to Drugs

- 6/100,000 in 2000 → >20/100,000 in 2018
- 350% increase
- Since 2000 > 750,000 drug deaths
- What has been treatment's role?

DEATHS FROM COCAINE

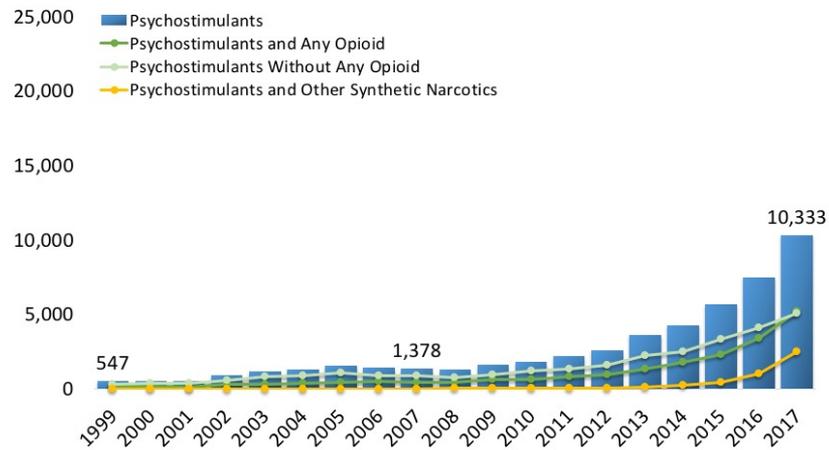
Figure 7. National Drug Overdose Deaths Involving Cocaine, by Opioid Involvement
Number Among All Ages, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

DEATHS FROM METH

Figure 6. National Drug Overdose Deaths Involving Psychostimulants With Abuse Potential (Including Methamphetamine), by Opioid Involvement
Number Among All Ages, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

MAT WILL SOLVE ADDICTION

- CDC announced decline of 4 percent in drug deaths in 2018. Yet “18 states actually saw double-digit increases.”
- Missouri, deaths increased 17 percent, was one of 18 such states. “Over the last years, Missouri has received \$65 million in federal grants to address the opioid crisis,” researcher Rachel Winograd says.
- “We’ve focused on expanding access to medication-assisted treatment ... The fact that the numbers didn’t go down and that people were dying at an even higher rate—it was devastating.”

LATEST NEWS: 2020

- New York City's cocaine-related fatality rates doubled from 2014 to 2018.
- New York's Office of Addiction Services and Supports (OASAS) is advising service providers on pharmacological treatments that clinicians may consider, though stopping short of a full-out recommendation given the medication's lack of regulatory authorization.

Why these epidemics?

- The things we're doing aren't working
- They're actually CAUSING them
- *The disease theory is actually causing our addiction/drug deaths epidemic*

How does that work?

- Convincing people drug use is extraordinary, beyond human control
- Inadequacy, futility of individual agency
- Discounting ordinary developmental, other normal social-psychological factors
- Devaluing role of community

PEELEOVISION

- Addiction not limited to drugs
- Harm reduction
- Endorphins, genes → cure addiction (NOT)
- Natural recovery
- Environmental factors/treatment
- Economic/community context

Myths broken in unbroken brain

- Once an addict, always an addict
- Treatment is needed to recover
- Addiction is an “equal opportunity” disease
- Babies can be “born addicted” to drugs
- Addicts have “hijacked brains” and are powerless over their behavior and unable to learn until they stop taking drugs

Is Nora Volkow changing her views?

- “medications cannot take the place of an individual’s willpower”
- “viewing addiction this way minimizes its important social and environmental causes”
- “addiction is not fundamentally different from other experiences that redirect our basic motivational systems” [like falling in love]
- “Some critics also point out, correctly, that a significant percentage of people who do develop addictions eventually recover without medical treatment. It may take years or decades, may arise from simply aging out of a disorder that began during youth, or may result from any number of life changes that help a person replace drug use with other priorities.”

WHAT SHOULD WE BE DOING?



Treatment/policy concepts

- **1. Don't think in terms of “addicts,” “alcoholics” and “treatable diseases”**
- 2. Regard addiction as a negative life state and a way of relating to the world
- 3. Strengthen non-disease-based communities
- 4. Enhance people's purpose and connection — make their lives worth living
- 5. Address people's basic needs: health, home, family, work, life skills
- **6. Foster people's belief that they can control their lives**
- 7. Support the choice to use or not, and mindful use of, *all* drugs and alcohol
- 8. Assist people who use drugs and who drink to do so safely and healthily
- 9. Cease criminalizing and denigrating drug use and drinking alcohol
- **10. Deal with drug use and drinking alcohol as normal human experiences**

What do these ten points all have in common?

- They're all common sense
- They're all anti-disease theory
- My 2019 book with Zach Rhoads:

Outgrowing Addiction: With Common Sense Instead of "DISEASE" Therapy

What do I say?

- In *Pacific Standard* (June, 2017) “The Truth We Won’t Admit: Drinking is Healthy.”
- “A society best handles its available intoxicants by regarding them calmly and rationally, and by understanding that people have the capacity (and the responsibility) to consume them in sensible, even life-enhancing ways.”

THANK GOD FOR TREATMENT

- Of what does American treatment consist?
 - AA, brain disease, trauma, medication

WHAT IS TRAUMA-INFORMED TREATMENT?

- Does it focus on the past?
- Is it coping skills oriented?

MARTIN SELIGMAN'S LESSON: DEPRESSION AND HAPPINESS

- For the past century most researchers have assumed that we're prisoners of the past and the present
- Our emotions are less reactions to the present than guides to future behavior. Therapists are exploring new ways to treat depression now that they see it as primarily not because of past traumas and present stresses but because of skewed visions of what lies ahead.
- While most people tend to be optimistic, those suffering from depression and anxiety have a bleak view of the future — and that in fact seems to be the chief cause of their problems, not their past traumas nor their view of the present.
- While traumas do have a lasting impact, **most people actually emerge stronger afterward**. Others continue struggling because they **over-predict failure and rejection**. (My emphases)

STANTON PEELE'S LESSON I: "WE NEED MORE THERAPY"

- In 1985, I wrote:

What Treatment for Addiction Can Do
and What It Can't

What Treatment for Addiction Should
Do and What it Shouldn't.

STANTON PEELE'S LESSON II: “WE NEED MORE THERAPY”

- I disagree radically with the point of view sometimes expressed on the pages of this journal that we need more treatment for addiction. We already have too much addiction treatment. We search for innovative new ways to recruit clients for an expanding treatment network — such as the widespread reliance on mandatory referrals from employee assistance programs and from the courts While more and more people are in treatment, our addiction problems as a society worsen all the time. . . .
- In the case of drug abuse and addiction, an even more (than with alcohol) a stark increase in both treatment and abuse has occurred over the past half century. Therapy for addiction has not been able to, it cannot, reduce substance abuse in our society. The best hope for eliminating addiction is to enhance each individual's personal and situational resources; the single best means yet discovered for accomplishing this is for a person to grow up.



STANTON PEELE'S LESSON III: “WE NEED MORE THERAPY”

Treatment will succeed to the extent it:

- enhances self-esteem and esteem-gathering opportunities
- enhances the skills that enable people to control their situations and directs people to more manageable environments
- enhances interpersonal skills and helps people become involved in more fruitful relationships
- enhances work habits and encourages people to find manageable tasks and satisfying endeavors
- increases people's tolerance for imperfection and discomfort while removing them from painful circumstances inimical to life

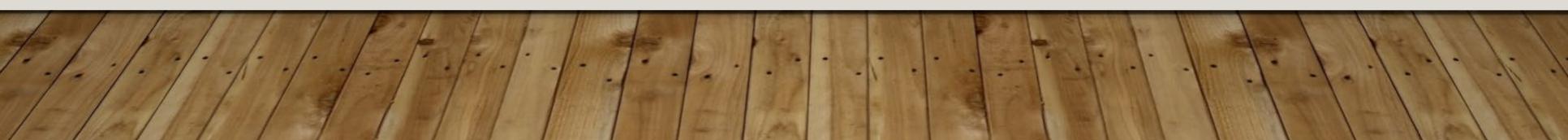
STANTON PEELE'S LESSON IV: “WE NEED MORE THERAPY”

Therapy for addiction only rarely and very inexactly accomplishes these things, because addiction treatment is preoccupied with the nature of the substance involvement rather than with the person's relationship to self, others, and the world. Addiction treatment shares with most therapy an overemphasis on the experience of therapy itself rather than on the person's life structure.



THE DISEASE THEORY

- Regular drug use inexorably causes irreversible addiction
 - disease of the free will (Volkow)
 - chronic relapsing brain disease (Wakeman et al)
- Everyone in the room believe this
- Despite ample contradictory evidence/experience

-
- Disastrous damage to policy, treatment, soul
- 

You believe the disease theory if. . .

Your discussions of your or others' addiction and recovery focus on:

The substance (e.g. heroin or Fentanyl), biology, genes, trauma, intergenerational, brain, AA, treatment, a Higher Power, MAT,

AND you don't discuss social circumstances, values, life stage, personal maturation and meaning, intimacy, and community (other than AA),

And if you consider a conversation ended when you say, "I'm/he's an alcoholic" or "I'm/she's an addict,"

AND if you've never had an original idea about addiction and alcoholism in general, or a specific case of each.

WHAT IS ADDICTION?

What are addiction and recovery?

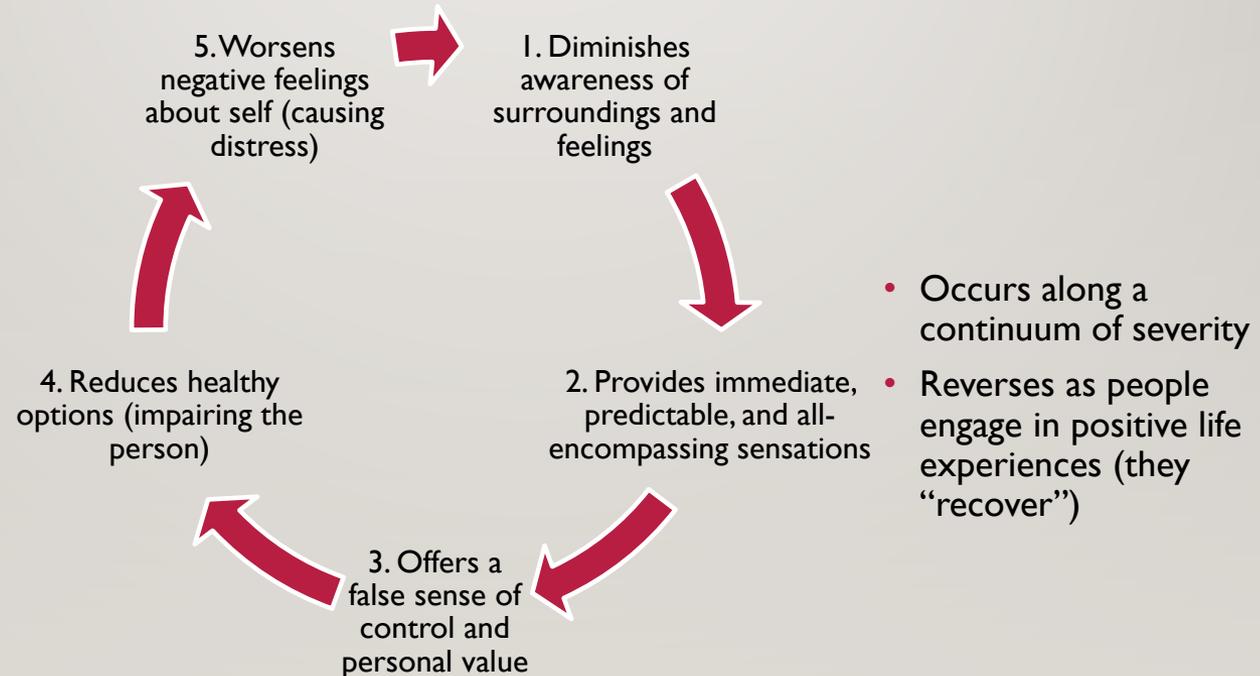
Addiction is a preoccupation with one activity or object, sought to satisfy emotional and situational needs, that grows to overwhelm the individual.

Is addiction a drug problem?

- Three factors in addiction:
 - experience (involvement)
 - person
 - situation
- Rat Park, Vietnam

DEFINING ADDICTION

The Addiction Process



SAMHSA Recovery Pillars

- **HEALTH:** overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- **HOME:** a stable and safe place to live that supports recovery;
- **PURPOSE:** meaningful daily activities—job, school, volunteerism, family caretaking, or creative endeavors;
- **COMMUNITY:** relationships and social networks that provide support, friendship, love, and hope.

WHAT DOES NORA VOLKOW SAY? (2019 NIDA Director's Blog)

- With other members of NIDA leadership, we toured Prevention Point, a private non-profit organization providing harm reduction services to Philadelphia. . . .
- **Philadelphia's rate of overdose deaths skyrocketed this past decade**, tripling the city's number of homicide deaths and greatly exceeding the peak number of deaths from AIDS in 1994.
- **Whenever I ask people on the front lines of America's drug crisis what more we can do to support and help their work, they remind me how essential it is to address the basic needs of individuals with addiction, such as stable and safe housing, food, basic medical care, and an opportunity for employment**



Addiction treatment that works

- Addresses real needs, provides services
- Is community based
- NEVER attacks, but builds, self-agency
- The goal is to create healthy, self-sustaining people within a community

WHAT DOES GENE HEYMAN SAY?

- “Although the brain disease model of addiction is perceived by many as received knowledge it is not supported by research or logic.... The relevant research shows most of those who meet the American Psychiatric Association’s criteria for addiction quit using illegal drugs by about age 30, that they usually quit without professional help, and that the correlates of quitting include legal concerns, economic pressures, and the desire for respect, particularly from family members.”

WHAT DOES STANTON PEELE SAY?

Life Process Program ®

- Change for the real world (this ain't Delray Beach)
- Build on people's natural curative process (self-efficacy)
- Focus on values, purpose, meaning (purpose)
- Encourage personal development and growth (purpose)
- Identify personal successes and resources (self-efficacy)
- Build relationships and community (community)
- Always reflect back on person's agency (self-efficacy)

THE LIFE PROCESS PROGRAM

- On-line since 2012
- Programmed, individual feedback, on-screen coaching
- Non-diagnostic
- Values and purpose driven
- Skills, practical coping, real-world functioning
- Community and relationships
- Responsibility, maturity, personal agency

The Trauma Trap

- Tracing addiction to childhood trauma
- Make social causes → therapy fodder
- Ineffective: people must plan and cope
- New version of permanent disease
- Gabor Maté trick—find the hidden trauma