

Unwasted Time: An analysis of methods of change and substance use

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**Abstract**

The problem of drug use that has escalated to compulsion—where individuals may deny attention to all else outside the pursuit and use of the drug—is a nuanced issue with both macro (political and cultural) implications as well as micro (community and individual) implications. The humanity of drug users remains vital to keep intact as wellness should be the goal for individuals, communities, and nations. The most effective approach may be multifaceted in nature, combining societal and personal change to facilitate growth and well-being.

### Unwasted Time: An analysis of methods of change and substance use

Drug use is a nuanced behavior that can be categorized in many ways. However, seeking pleasure amidst a dangerous, fear inducing existence is a common human experience (Inaba & Cohen, 2014). A drug, as defined by the World Health Organization is “[...] ‘any substance, other than those required for the maintenance of normal health, which, when taken into the living organism, may modify one or more of its functions’” (Ghodse, 2002). As humans, we have a need for dealing with life and its complexities and this need has increased significantly over time as communities, cultures, and all aspects of life have become more complex – from coping with predator pursuit in the ancient world to processing the effects of climate change, racial injustice, and widespread economic crisis (Inaba & Cohen, 2014).

In the book *Never Enough*, author Judith Grisel explores the Neuroscientific implications of addiction as well as shares her personal experience. Reflecting on the first time she used, Grisel writes: “The drug provided physical relief and spiritual antidote for the persistent restlessness I’d been unable to identify or share” (Grisel, 2019), continuing, “I took what felt like my first truly deep breaths” (Grisel, 2019). In the book *Pleasure Activism*, author adrienne maire brown (intentionally not capitalized) explores the impacts of her personal experiences with the drug ecstasy saying: “my bones were shivering with miracles” (brown, 2019). brown goes on: “These brushes with joy were promises that there was some brightness, some delight [...]” (brown, 2019). However, as she opened in therapy and began seeking alternative methods to feel good and experience pleasure, she notes that she “[...] began to shake off the demons that trauma had left [...]” (brown, 2019). Reflecting on “when I look back and see how [rolling] lit the way to this moment, this functional self, this growing sense of agency [...]” (brown, 2019). Humans throughout history have used intoxicants and psychoactive substances and had experiences like

Grisel and brown (Daniels, 2021; Inaba & Cohen, 2014). As early as the Neolithic period, substances like opium and coffee beans were used for pain management as well as Shamanism (Inaba & Cohen, 2014). A Shaman “function[s] as a conduit to the supernatural, using both naturally induces (e.g, fasting and dancing) and drug-induced altered states of consciousness” (Inaba & Cohen, 2014) to serve their community and aid in healing. Spirituality has long been tied to the use of substances for indigenous cultures around the world and colonizer groups have explicitly sought to gain control of these substance (Inaba & Cohen, 2014). – It could be said that control over indigenous medicines has been a method for controlling access to spiritual experiences and limiting access to personal strength. Historically, substance use has been prolific throughout every culture: “In Europe, the ancient Greeks used psychoactive substances prescribed by ancient physicians such as Hippocrates, Galen, and Ctesias to achieve a euphoric state of mind. In the United Kingdom (UK) in the nineteenth century, the Victorians consumed alcohol, opium, cannabis, coca, mescaline and, following the invention of the hypodermic needle in the 1840s, morphine and heroin. In pre-colonial Africa and much of Asia, cannabis was cultivated, traded and used as medicine. The plant has a sacred role in the Rastafarian, Sufi and Hindu religions. The Indigenous peoples of the Andean Amazon region revere the coca leaf. The opium poppy has a centuries-old history as traditional medicine and ceremonial use in Asia and the Middle East.” (Daniels, 2021).

With such widespread commonality of substance use, how did we arrive at the culture of drug use we have today? In the US, drugs have been increasingly criminalized in certain groups dating back before, but certainly notably the war on drugs (Daniels, 2021). We can observe that the “Single Convention on Narcotic Drugs of 1961 was adopted at the United Nations Economic and Social Council. In less than a century, drugs had gone from being an essential part of

European colonial trade to—in the words of the Single Convention—a ‘serious evil’ that ‘leads to personal degradation and social disruption’” (Daniels , 2021)

### **Racist Policy**

Infamously, the Nixon administration used the excuse of creating a drug free society to enforce racist policies and create an oppressive environment for non-white people in the US:

“The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the anti-war left and black people. We knew we couldn’t make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course, we did.” (Daniels, 2021)

Criminalization and dehumanization of drug users is undoubtedly rooted in colonial violence (Daniels, 2021). While humans generally, across all socioeconomic and racial identities use substances at approximately the same rates, cultural differences in acceptability tend to be different for different groups. (Daniels, 2021; National, 2018) this level of acceptability is often used to define what is considered misuse of drugs (Ghodse, 2002). “Globally, Black, Brown and Indigenous peoples have been disproportionately targeted for drug law enforcement and face discrimination across the criminal system.” (Daniels, 2021)

### **Cultural Implications**

Seemingly connected to the dynamics formed by policy, cultures around substance use have changed drastically from previous “culturally endorsed ritual” (Grisel, 2019) to something that is much more solitary. The change from collective models of use to shame induced isolation

may have a profound effect on the progression and expression of use disorders, compulsive use, and addiction as we observe present day. “[...] despite small advances in understanding addiction, rates of addictive disorders are increasing” (Grisel, 2019).

In order to address issues that arise with drug use in our communities, the race driven reality of current policies cannot be ignored in the conversation of healing and recovery. The international Network of People that Use Drugs (InpuD) is a collective of individuals who seek to bring awareness and who fight for rights for individuals who use drugs in a culture which belittles and dehumanizes those who engage in drug use (InpuD, 2015). While they do not seek to address the problems in our communities as it pertains to drug use by enforcing that people stop using drugs, they do desire to rehumanize individuals who use drugs and to change culture and policy around drug use.

Their demands are as follows:

“International Network of People who Use Drugs calls for: All models of decriminalization [to] fully decriminalize people who use drugs, including: the removal of all administrative sanctions and mechanisms of monitoring, surveillance, coercion and punishment for use and possession of drugs; removing the use of arbitrary quantity thresholds or threshold amounts that result in criminal records; ensuring that operational police fully understand policy and legislative changes associated with full decriminalization; and establishing independent and ongoing monitoring for criminal justice systems.” (Daniels, 2021)

### **The Individual**

In addition to cultural and political climate, approaching problematic drug use includes building programs and resourcing those who help and provide attention to individuals engaging

in destructive behavior often associated with compulsive use. The National Institute on Drug Abuse has defined perspectives for addressing drug use compulsions. As defined by NIDA, addiction is a disease which is complex in nature but has potential to be addressed through treatment (National, 2018). While there may be some treatments that display efficacy, NIDA asserts that there is not one approach that will work for everyone (National, 2018). Barriers to treatment, according to NIDA, need to be removed and accessibility needs to be a primary concern (National, 2018). “In traditional recovery, treatment often focuses only on the inner life— past traumas, emotional imbalances, and so on— and neglects to consider physical health or brain chemistry.” (Dupuy, 2013, p 35). The NIDA insists that a whole person’s life needs to be taken into consideration in treatment, despite the urge to focus on drugs as a primary concern (National, 2018). For example, “Family systems theory has long recognized that individual pathologies do not happen in a vacuum but are created and flourish in the “intersubjective” dimension [...]” (Dupuy, 2013) – that is that the individual engaging in drug use is rarely doing so without other stressors and relational issues. “In Integral Recovery[—a wholistic approach to addiction treatment--]with the comprehensive outlook provided by the AQAL map’s four quadrants [(See figure 1 below for reference)], we are able to address our physical health; our inner emotional, spiritual, and intellectual life; our relational life, which includes our relationships to other beings, both human and nonhuman; and our relations with the exterior world, financial, professional, environmental, and technological among others.” (Dupuy, 2013, p 34).

Community support is essential to the process of recovery (Grisel, 2019). Programs like Narcotics Anonymous have provided long term support for individuals and developed a sense of ritual for persons in recovery who would likely form rituals around drug use instead (Grisel,

2019; Howatt, 2000) When addressing length of treatment, the NIDA asserts that the amount of time someone spends in treatment and the length of time invested needs to be significant and tailored to the needs of the individual (National, 2018). While there may be many approaches to treatment, the NIDA acknowledges that behavior focused therapies are most common (National, 2018). Correct medication and dosage, according to the NIDA is a critical aspect for the success of treatment (National, 2018). The NIDA recognizes the nature of addictions, as they may appear one way at the beginning of a treatment process and change form as treatment progresses, therefore they assert that there must be a process for continually checking in with client progress and changes to the treatment plan can and should happen and needs change (National, 2018). Dual diagnosis, that is when there is cooccurring mental health concerns (National, 2018). The nature of drug use, especially as is progress to a behavioral compulsion, is that detoxification is necessary – the NIDA asserts that: “Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.” (National, 2018). Medication like Suboxone for opiate users or Chantix for nicotine users can be effective in reducing the likelihood of relapse within the first day, weeks, months, even years of the recovery process (Grisel, 2019). “Healing and restoration will not happen overnight, and the first part of the journey is simply to get well.” (Dupuy, 2013, p. 40). According to the NIDA, even if someone is mandated to treatment through a legal avenue or some other mandate, there is potential for there to be success—that is that the individual does not need to initiate the process, however, it can be heavily argued that the individual will need to eventually be on board to see any genuine progress (National, 2018)—As folks who have experienced addiction are aware that they are not likely to be forced into change: “[...] people like me who are prone to excessive use are less likely to be swayed by outside pressure, including punishment” (Grisel, 2019)



The need for drug testing, according to the NIDA is a necessary element of drug use to track and record inevitable relapses (National, 2018). Secondary illnesses associated with drug use, such as HIV/Aids or hepatitis are common. The NIDA insists that drug treatment programs should test clients and conduct risk reduction education (National, 2018). In the Book, *Never Enough*, author Judith Grisel, mentioning theories in circulation throughout the world for execution, denial of life saving health care, brain surgery, and vaccinations that would render the body unable to respond to specified substances, notes that all these perspectives strip the individual of choice (Grisel, 2019). What effect does it have on our society to remove choice from individuals other than oppression?

That are, however, proponents of methods of addressing drug use that encourage the user toward autonomy and choice – namely harm reduction models. “Harm reduction interventions that seek to reduce the negative health and social harms of drug use and drug policy are drastically under-implemented and underfunded.” (Daniels, 2021). Therapeutic models –such as person-centered counseling seek to restore autonomy and may be effective in implementing harm reduction programs. Person centered counseling is “a non-invasive approach with fundamental ideas that are useful in any orientation” (Howatt, 2000). The work of Carl Rogers, the primary developer behind the person-centered approach, informs many practices in contemporary clinical settings. (Howatt, 2000). A main element of the person-centered approach is basic optimism -- the belief that a person knows what is best for themselves and when properly resourced and supported can do for themselves what needs to be done to get well and stay well (Howatt, 2000). Rogers asserted that every human has an actualizing tendency—that is that all individuals a moving toward their own highest potential for themselves and thus does not need an outside

source to define what their most healed self looks or acts like (Howatt, 2000). Warm regard and empathy are essential for person-centered helpers – where, despite difference, counselors and other person-centered helpers approach clients with awareness of their humanity and autonomy (Howatt, 2000). The person-centered helper sees clients as capable and values the client's perspective as being true for them (Howatt, 2000). Self-acceptance is a primary focus for clients in a person-centered treatment environment where a client's self-view is more important to the measurement of success for treatment than the perspectives of others (Howatt, 2000—that is, a client is well when they see themselves as well. Reduction in stress and increase of self-worth are essential measurements of success (Howatt, 2000). Person-centered helpers use non-directive approaches and encourage individuals to peruse methods of wellness seeking that are internally conceptualized. Person-centered helpers are bound to the notion of congruence, in that they serve as a consistent voice and abstain from contradiction in action, thought, and speech (Howatt, 2000) --This is not to say that person-centered helpers cannot explore the nuances of human experience with clients where there might be paradoxical truths, but that a person-centered helper should not emphasize the existence of nuance in one session and express a binary reality in the next. Instead, person-centered helpers are bound to consistency (Howatt, 2000). Person center helpers used techniques to reinforce larger truths of the client's reality such as the availability of choice – in session, the helper might give the client space to choose where to sit or whether the lights dimmed (Howatt, 2000). Person centered helpers are caring and sensitive to the needs of individual clients (Howatt, 2000).

### **Findings**

Through the exploration recorded above, it can be concluded that the problem to be solved is not as much about eliminating drug use but managing, as communities, the compulsion

to seek pleasure solely through substances and the intangible reality of life-giving coping skills (Inaba & Cohen, 2014; Grisel, 2019; brown, 2019). Thus, empowering individuals to seek their own sense of wellness and encouraging them to define what recovery looks like for them. As stated in the book *Never enough*, “[...] ultimately, recovery is a process of expansion, not restriction.” (Grisel, 2019). It is true, though, that we need to collectively seek political and cultural shifts that open the door for wellness and possibility for drug users--“Decriminalization, decarceration, divestment and redirection are key.” (Daniels , 2021). Further, creating environments conducive pleasure-seeking activities that bring wellness to communities and individuals is an essential part of addressing destructive kinds of drug use (brown, 2019).

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## Figures: Integral Recovery

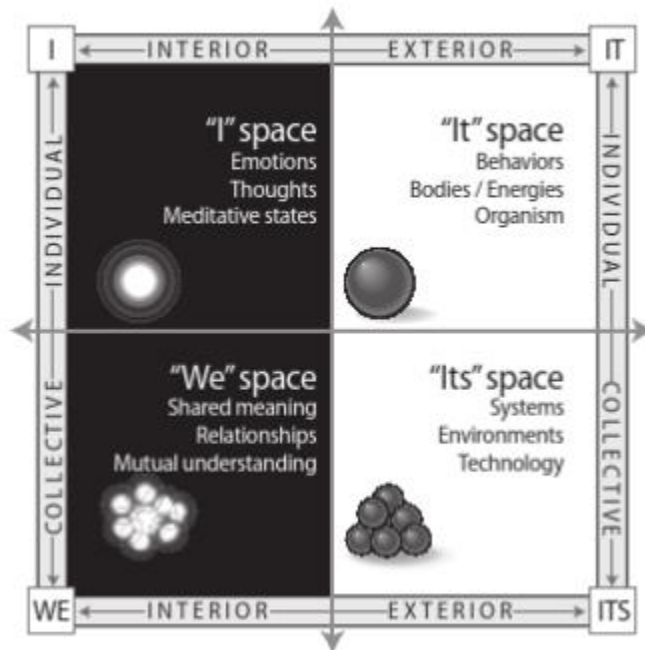


Figure 1. The Four Quadrants

*Figure 1.* From the book *Integral Recovery: a Revolutionary Approach to the Treatment of Alcoholism and Addiction* (Dupuy, 2013)