



## Resilience Counseling & Training Center

*Providing counseling, training and  
consulting services around the world.*

24 Reporter Court \* PO Box 1435 \* North Conway, NH 03860 \* (603) 730-5467



## RCTC Newsletter November 2017



# Resilience Counseling & Training Center

**Monica A. Nicoll, Ph.D. & William G. Nicoll, Ph.D.**  
North Conway, New Hampshire USA

## **Re-Thinking our Failed Substance Abuse/Addictions Strategies: Are we “*Tilting at Windmills*”?**

Substance Abuse, Addiction and the Opioid Crisis are very much at the forefront of the social ills being discussed and debated today. Any review of the latest research data on our efforts to deal with this problem leads to two obvious conclusions: 1) the “War on Drugs” strategy has failed for decades now and, 2) our current prevention and treatment programs simply are not working. Clearly, it is time we stop and rethink our assumptions and strategies regarding the opioid/drug crisis and addictions. Indeed, nothing less than a “*Copernican Shift*” seems necessary in how we perceive and address this crisis

H.L. Mencken once stated that, “*For every complex problem there is a clear and simple solution; which is wrong!*” This is particularly relevant to the crisis we face today. Substance abuse and addiction is a complex, multi-faceted problem. As such, it requires comprehensive, multi-faceted and well-coordinated ‘*prevention-through-treatment*’ strategies. In reviewing the latest research in light of current practices in prevention and treatment, several flaws in our approach to the substance abuse/addiction problem become rather apparent. For this brief article, we have chosen to address just one of these issues; the disconnection between the research evidence and the popular narratives and practices in addressing the substance abuse/addiction problem.

### **The research vs. practice disconnect**

The popular explanatory narrative which serves as the foundation upon which strategies and programs for dealing with the drug abuse/addiction crisis are based is that it is the drugs themselves that “cause” addiction. Consequently, efforts are focused on law enforcement strategies, abstinence-based treatments, and drug education based prevention. Unfortunately, research evidence simply does not support this fundamental assumption guiding our ineffective strategies. The problem is much deeper and more complex than just the addictive qualities of the drugs themselves, including the opioid drugs.

Much like modern day versions of Don Quixote, it appears that we've been wasting considerable time, funds, and resources "Tilting at Windmills" in our "righteous battle" against drugs. We've over-focused on the symptom, rather than on the underlying problem itself.

***"I intend to do battle with them and slay them. With their spoils, we shall begin to be rich for this is a righteous war and the removal of so foul a brood from the face of the earth is a service God will bless."*** Don Quixote to Sancho as they approach the windmills:.

The research evidence now suggests drug and alcohol abuse/addiction are better understood if viewed as the symptom of a yet much deeper, personal problem often stemming from trauma and adverse life experiences.

Symptoms, it must be recalled, are best understood as signs of, and attempted solutions to, an underlying problem. They are not the problem, per se. The psychologist, Alice Miller, suggests that addiction is a sign, a signal, a symptom of deeper personal distress. Dr. Gabor Mate, a leading voice in the addictions field, notes that addictions ***"always originate in pain, whether felt openly or hidden in the unconscious"***. Thus, drug and alcohol abuse serve as "emotional anesthetics". Treatment, therefore, must focus less on abstinence and more on addressing the issue of *"Why the pain?"* and how to more effectively heal that pain and help individuals build healthier, more engaged, productive lives.

So what have we learned about, *'Why the pain?'* The answer, it appears, lies primarily in trauma and Adverse Childhood Experiences (ACE's). Exposure to ACE's has been found to increase the likelihood of addiction by as much as 4600%. As Dr. Vincent Felitti concluded from his studies, addiction is now better understood if seen as being ***"experience dependent" not "substance' dependent"!***

Drug abuse offers a temporary, albeit counter-productive, escape from deeper emotional wounds such as, spiritual emptiness, inferiority, meaninglessness, discouragement, uselessness, worthlessness, and/or disconnectedness. Unfortunately, many of our current strategies only exacerbate this problem. Through criticizing, ostracizing, rejecting, arresting/jailing, and negative labeling we "fan the flames" of self-stigmatization, disconnection and hopelessness. These are the very issues found to most often lead to the substance abuse and addiction in the first place. As Dr. Mate (2010) stated, ***"if I had to design a system that was intended to keep people addicted, I'd design exactly the system that we have right now"***.

### ***Consequences of this disconnection***

Not surprisingly then, studies on treatment program effectiveness point to failure rates running as high as 95% when patients are followed over an 18-month to 3-year time frame. Outcome studies on prevention programs also indicate relative ineffectiveness. Popular prevention programs (e.g., DARE, Just Say No, etc.) have mistakenly focused on the drugs and alcohol (e.g., drug education and decision making). Research suggests such programs should instead focus more on early intervention, prevention and the healing of adverse life experiences and personal trauma issues which are the primary antecedents for substance abuse/addiction.

So why then, with all the emerging research shedding new light on the actual dynamics underlying substance abuse/addiction, are the traditional narratives and intervention methods still so entrenched? As Dr. Bruce Perry (neuroscientist and addictions researcher) has stated, it is those very groups that have the greatest vested interest in maintaining current belief systems that are the most resistant to absorbing new, contradictory research findings. These 'vested interests' include the economic incentives and professional status of, among others, the medical, pharmaceutical, law enforcement, and established addiction treatment programs.

If the model for substance abuse/addictions is built upon a flawed foundation, it cannot be "improved" by simply increasing funds to build it higher and wider. Rather, a totally new explanatory paradigm is required to form a new, better foundation upon which to build more effective prevention and intervention programs. As Dr. Panksepp, a leading neuroscientist and addictions expert, stated, change requires that first the public and the addictions field rethink and transform their own beliefs and assumptions regarding substance abuse, addiction, addicts, and treatment.

## **Promising new strategies**

There are now several new programs and strategies for substance abuse prevention and early intervention which show promising results. These more effective prevention programs reveal several common elements: 1) implementation in schools beginning at the early childhood level and extending thru high school, 2) a focus on building resilience and social-emotional competencies in youth, 3) establishing more supportive social environments in the home, school and community and, 4) including academic/career skills, recreational, and personal wellbeing program components. Examples would include the Iceland Youth Project (now expanded to the Youth in Europe program involving municipalities in 17 countries), Project LIFT (Florida) and, Social Emotional Learning programs in schools (see: [www.casel.org](http://www.casel.org) & [www.enseceurope.org](http://www.enseceurope.org)). With the average age at which youth begin using drugs and alcohol being 12-13years, it is imperative that wellbeing promoting prevention programs begin in the elementary school and extend through high school.

Innovative treatment and drug intervention strategies have been successful in several countries around the world and should be examined more fully. For example, some countries such as Switzerland and Portugal have experienced a major decrease in all drug use and drug overdose deaths by decriminalizing drugs and focusing instead on treatment. Opioid use has been reduced by 50% in Switzerland while the USA 'War on Drugs' model has seen opioid use more than double during the same time period. The decriminalization model has also resulted in crime being reduced significantly as the profit motive for dealers is eliminated. The Netherlands decriminalized cannabis (marijuana) resulting in a decreased per capita rate of use that is now only ½ of the USA rate.

In Vancouver, B.C., Dr. Gabor Mate has established the Insite clinic. This is a safe injection site clinic where addicts can bring their own drugs but receive clean needles and medical supervision. Treatment programs are provided within the same facility thus increasing the numbers requesting treatment. Similar safe injection clinics have been established successfully in several European countries including Germany and the UK.

## **Summary**

Creating more comprehensive and effective Substance Abuse/Addiction strategies can only occur if we are willing to honestly re-think and challenge our current assumptions, beliefs and behaviors about the problem. Only then will we cease "*Tilting at Windmills*" and turn instead to developing creative, trauma-focused and personal/social wellbeing promoting strategies. Research evidence indicates such strategies are more likely to improve the effectiveness of prevention and treatment programs in the Substance Abuse/Addictions crisis. Continuing to do more of the same failed strategies, but expecting better outcomes, would surely be insane!

**[NOTE: The full version of this article regarding the many other issues involved in perpetuating our flawed approach to substance abuse/addictions is available on our Website at:**  
<http://www.resiliencecounselingcenter.com/pdf/substance-aabuse-reflections-new.pdf>

## **RCTC Speaking & Professional Development Services**

RCTC has provided over 500 training programs throughout N. America, South America, Central America, the Caribbean, Europe, Africa, & Asia.

### **Past Participant Comments:**

*"I have attended many continuing education programs before; this one ranks as the best."*

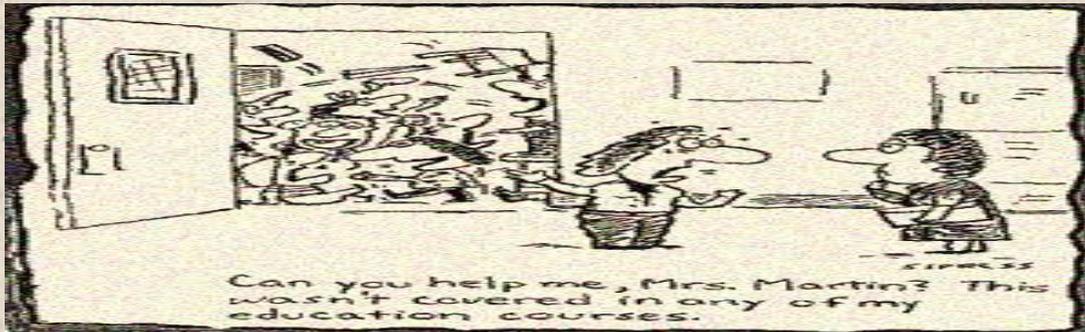
*"Revolutionary information that changes the way I view my profession!"*

*The most knowledgeable presenter I've seen in years."*

*"Excellent, very inspiring! "I wish everyone could hear you!"*

*"Amazing presentation! Provocative and engaging!"*

*"Knowledgeable speaker & humorous approach to sharing a lot of content; so interesting!"*



## Resilience-Based Classroom Behavior Management

Sponsored by: UNH Office of Professional Development & Training

Instructor: *William G. Nicoll, Ph.D.*  
*Resilience Counseling & Training Center*

Location: UNH - Manchester Campus

Date/Time: 7 November, 2017 – 9:00am-3:30pm

For Registration Information go to:

<https://training.unh.edu/course/resilience-based-classroom-behavior-management>  
or Call (603) 862-7380

Contact Hours: 6 hours - CEU's 0.6

Potential Discount(s): USNH Tuition Waiver Discount; - PDT 10% Alumni Discount - PDT-GPCC

Course Code: PDT-TchGN-27 Section # 217299

Learn practical, positive techniques of Resilience-Based Classroom Behavior Management that “win students over” to cooperation and engagement in the classroom.

Learn to replace counterproductive strategies of the traditional “reward/punish” behavior management/discipline methods with positive, evidence-based, resilience-building methods.

Learn to accurately assess the underlying dynamics of student behavior & learning motivation problems as well as to implement effective, resilience building intervention strategies

Learn strategies for creating a more positive classroom climate and school culture which research has shown to lead to improved classroom behavior & academic achievement.

Learn to infuse Social-Emotional Learning into the curriculum building student resilience, bully proofing the school and, “immunizing” students from social adjustment and substance abuse problems.

Learn a step-by-step process for effectively conferencing with parents and developing greater Parent/School Collaboration in improving student achievement and social development.



## Other Upcoming RCTC Professional Development Workshops

- Nov. 7, 2017:**      **Resilience-Based Classroom Behavior Management**  
Presenter:      *William G. Nicoll, Ph.D.*  
Location:      UNH Manchester Campus  
Sponsor:      University of New Hampshire Professional Development & Training Ofc
- Nov 27 & 28, 2017:**      **Marriage & Couples Counseling**  
Presenters:      *Monica Nicoll, Ph.D. & William Nicoll, Ph.D.*  
Location:      Valletta, Malta  
Sponsor:      the University of Malta, Department of Counseling
- Nov 29-Dec 1, 2017:**      **Working with Challenging Behavior in Schools:  
Resilience-Focused School Counseling**  
Presenter:      *William G. Nicoll, Ph.D.*  
Location:      Valletta, Malta  
Co-Sponsors: Malta Ministry of Education & Culture  
&  
The University of Malta, Department of Counseling
- March 16, 2018**      **Resilience-Focused Counseling & Coaching: Strategies & Techniques**  
Presenter:      *William G. Nicoll, Ph.D.*  
Location:      UNH Portsmouth Campus  
Sponsor: University of New Hampshire Professional Development & Training Office
- April 18, 2018**      **Addiction Prevention & Intervention: Innovative Strategies  
& Emerging Trends**  
Presenter:      *William G. Nicoll, Ph.D.*  
Location:      UNH Manchester Campus  
Sponsor: University of New Hampshire Professional Development & Training Office
- For Registration Information contact the RCTC office at  
[resiliencectc@aol.com](mailto:resiliencectc@aol.com) or +1-603-730-5467



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**Monica A. Nicoll, Ph.D., LCMHC**

Individual, Couples/Marriage, Child/Adolescent & Family Counseling Services  
[insurances accepted]

**William G. Nicoll, Ph.D.**

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24 Reporter Court  
P.O. Box 1435

North Conway, New Hampshire 03860

Tel: (603) 730-5467 - Email: [resiliencectc@aol.com](mailto:resiliencectc@aol.com)  
[www.resiliencecounselingcenter.com](http://www.resiliencecounselingcenter.com)

Appointments available online or in-office