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Book Review by
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MUCH, MUCH MORE IMPORTANT THAN THAT

Harm Reduction Psychotherapy: a new treatment for drug and alcohol problems. Ed. Andrew Tatarsky. Northvale, N.J. Jason Aronson. (2002) 369pp. $50.00 hbk.

Bill Shankly, the legendary manager of Liverpool Football Club once said:

'Some people believe football is a matter of life and death. I'm very disappointed with that attitude. I can assure you it is much, much more important than that.'

Andrew Tatarsky, the editor of this volume claims that this book describes "Harm Reduction Psychotherapy, a new treatment for drug and alcohol problems." I can assure you it is much, much more important than that.

Well, why would I be saying that, then? Here we have no more than a collection of case reports on people with alcohol and/or illicit drug problems who have engaged with a number of psychotherapists in the USA. There is also one rather out of place chapter on sobriety support group work with dually diagnosed folk. The processes that the nine individual clients have gone through during their therapy are described in great detail and some of the accounts are so vivid that the patients/clients literally leap out of the book to meet you, because you've met their sort before. That is all as one would expect from a good psychotherapy book. And one might also expect some sort of commentary on the cases to be provided by the editor: why this was a particularly interesting case, an object lesson for others in the field. That is all there too. So what's new – what is this "new treatment for drug and alcohol problems"? What's new is that these are case studies from the USA where the goal of abstinence and dutiful adherence to the disease concept and 12-step approaches to therapy are not observed.

These are case studies where the therapists were willing to do something quite brave in the USA. They were willing to work with actively drinking and/or drug taking clients; they were willing to negotiate treatment goals; they were willing to talk with people who were intoxicated and they were, most notably, willing to "hang on in there" and live with the substance related ups and downs of their clients' lives. And yet, and yet, I suspect that there is nothing that unusual about these stories. I suspect that these kinds of interventions are being practised covertly in therapy rooms all over the States. So that wasn't what was brave. What was brave was that these psychotherapists were willing to stand up and be counted. They were willing to put themselves in print, to talk about what they did, or thought they did, with these clients. And they did so, I assume, because Andrew Tatarsky had convinced them that what they were doing could be defended from a hostile response from 12 step fundamentalists by being labelled "harm reduction".

But these therapists hardly ever use the term "harm reduction" about their work. They talk about trying to understand their clients' substance use and about the need to help their clients acquire new behaviours to replace maladaptive substance use. Some are analytically trained, some trained in cognitive behavioural therapy and some have their own rather more idiosyncratic approaches. Most make a big point about engagement, saying that the only reason that they could engage with these folk was by being willing to "start where the client is". And, like good psychotherapists shouldn't, they do not let their

clients off the hook of personal responsibility for their own behaviour and its consequences. Some therapists had to commit sins of omission in their own supervision, not confessing either to their individual supervisors or to their agency managers what they were up to with these particular clients. They had put themselves at professional risk on behalf of their clients. That was brave too.

Andrew Tatarsky is not similarly restrained in his use of 'the term'. In his commentaries, he says "harm reduction", "harm reduction", "harm reduction", "harm reduction" until it becomes almost a mantra. He says it so often that I began to question whether these cases did, indeed, represent harm reduction work at all. I know, for Andrew Tatarsky says so in the introduction, that Alan Marlatt liberated him by describing what he does in his therapy practise as harm reduction, and that no doubt enabled him to collect these case studies and put them into print. But is it? I have heard people from 12 step programmes describe what they do as harm reduction because if they succeed and people give up drinking, the alcohol related harm reduces, and that's harm reduction, isn't it? Obviously it depends upon your definition of harm reduction. The term came in to common usage this time around in the illicit drugs field in the 1980's to describe such strategies as needle and syringe exchange schemes and liberal dispensing of oral methadone to minimise the spread of blood borne viruses, notably HIV. And it has to some extent been hijacked by user groups and their advocates looking for supplies of free opioids, preferably injectables. At an International Conference on Reduction of Alcohol Related Harm in Toronto in 1993, Ernst Buning defined it tightly by exhorting us thus: "If a person is not willing to give up his/her drug use we should assist them in reducing harm to himself or herself and others". So that does exclude 12 step programmes, and it also excludes one of the nine case studies in this book too, where abstinence and engagement with a 12 step programme also ended up as the outcome. Essentially, harm reduction is seen as second best, as a better than nothing response to an incorrigible drug user, which might keep him or her alive longer: a matter of life or death. This book is not a collection of case studies describing second best.

This book describes what I firmly believe to be best: best practise in the consulting room with drinkers and drug users in difficulty. Critically, these therapists tried to make sense of their clients' drinking and drug taking, acknowledging that use to be purposive and functional. Neither 12 step programmes, where explanations of use are all too often regarded as "excuses" nor harm minimisation programmes where the purpose of use is often regarded as irrelevant do that in any truly detailed way. But in this book that is almost the starting point. Sometimes the therapists speculate, and now and then jump to trite prejudged conclusions. But at least they are interested in the issue. And unless the therapist can help the client to make sense of their substance use there is little chance of them sustainedly changing that style of use.

Although this book is a good read for substance misuse specialists too, its readership should be predominantly outwith the specialist field. It should be on the bookshelves of the legions of individual psychotherapists who claim no expertise with substance misusers but who are probably working with some anyway. What I hope this book will do is enable many therapists predominantly in the USA, for it is somewhat less of an issue here in Europe, to become less anxious about doing what I suspect many are doing already: treating their substance using clients like anybody else. To listen to them, to try and make sense with them of their problematic or maladaptive behaviours and to try to help them to find pathways out of such behaviours. In other words to help them to acknowledge their substance misusing clients' individual identities and in doing so their essential humanity. What could be more important than that?