

Reducing harm-related consequences of alcohol use: Overview of theory, evidence, and application of harm reduction techniques

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Objectives



1. TO DESCRIBE WHAT HARM
REDUCTION FOR ALCOHOL USE IS
AND WHY IT IS IMPORTANT



2. TO DESCRIBE EVIDENCE FOR
THIS APPROACH



3. TO DESCRIBE APPLICATION OF
HARM REDUCTION TECHNIQUES IN
PRACTICE



What are the
harms associated
with drinking?



**Scan me
with your
phone!**

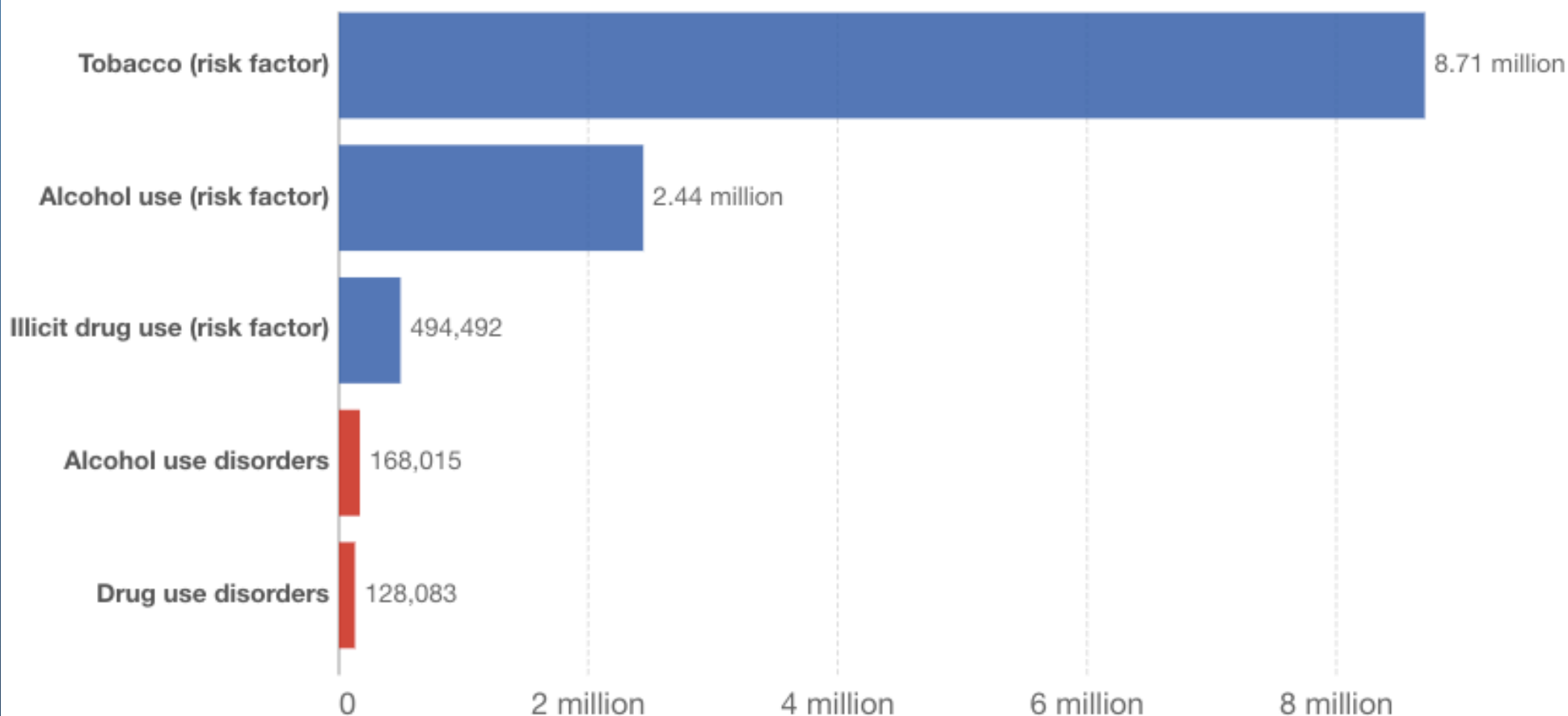
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Alcohol use and related
problems are pervasive
and *insidious*

Deaths from tobacco, alcohol and drugs, World, 2019

Deaths from substance use are distinguished by two measures:

- direct deaths from substance use disorders (in red). These are deaths which result from alcohol or illicit drug use overdoses.
- indirect deaths (in blue) which result from substance use acting as a risk factor for the development of various diseases and injury.



Source: IHME, Global Burden of Disease (2019)

OurWorldInData.org/drug-use • CC BY

Note: Illicit drugs are drugs that have been prohibited under international drug control treaties. They include opioids, cocaine, amphetamines and cannabis.

5

%



Alcohol Use Disorder (AUD) in the United States

14.5 million

people ages 12 and older had AUD in 2019.



Source: 2019 NSDUH

Learn more at
[RethinkingDrinking.niaaa.nih.gov](https://www.rethinkingdrinking.niaaa.nih.gov)



Source: NIAAA; NSDUH



A behavior that is associated with violence, suicide, unintentional injury, and a host of other negative consequences

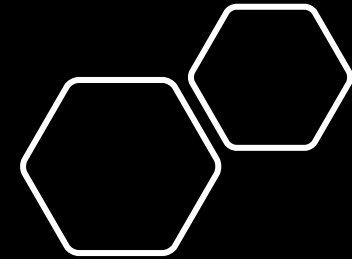
Alcohol-Related Deaths in the United States

95,000

people die from alcohol-related
causes annually.

Source: CDC

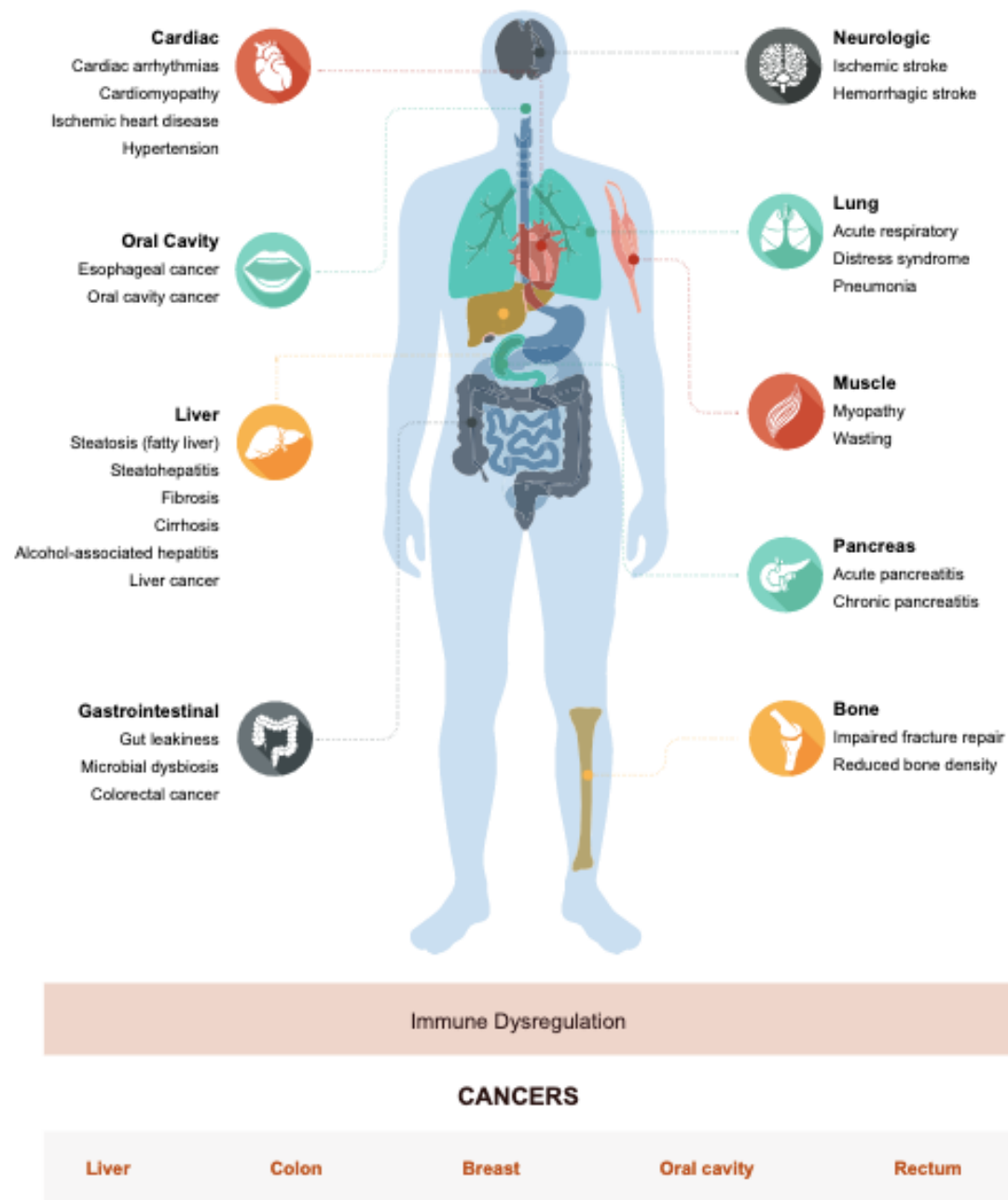
Learn more at
RethinkingDrinking.niaaa.nih.gov



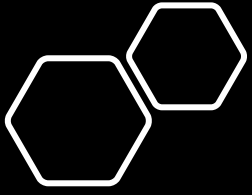
A photograph of a family of four—a mother, father, and two children—sitting closely together on a light-colored sofa. They are all laughing and smiling, creating a warm and joyful atmosphere. The mother, on the left, has curly dark hair and is wearing a light pink t-shirt and blue jeans. The father, on the right, has a beard and glasses, wearing a blue patterned button-down shirt and blue jeans. A young girl sits between them, also laughing, wearing a light pink t-shirt and blue jeans. A young boy sits on the far right, laughing with his mouth open, wearing a white t-shirt and dark pants. The background is a bright, modern interior with white paneled walls and a green plant visible on the left. The number '200' is overlaid in large red font on the right side of the image.

200

Alcohol-Associated Organ Damage

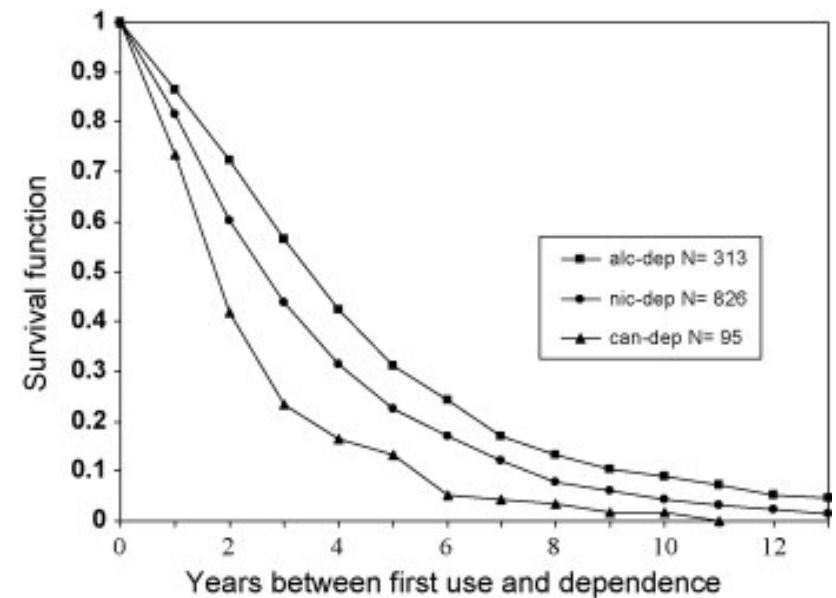
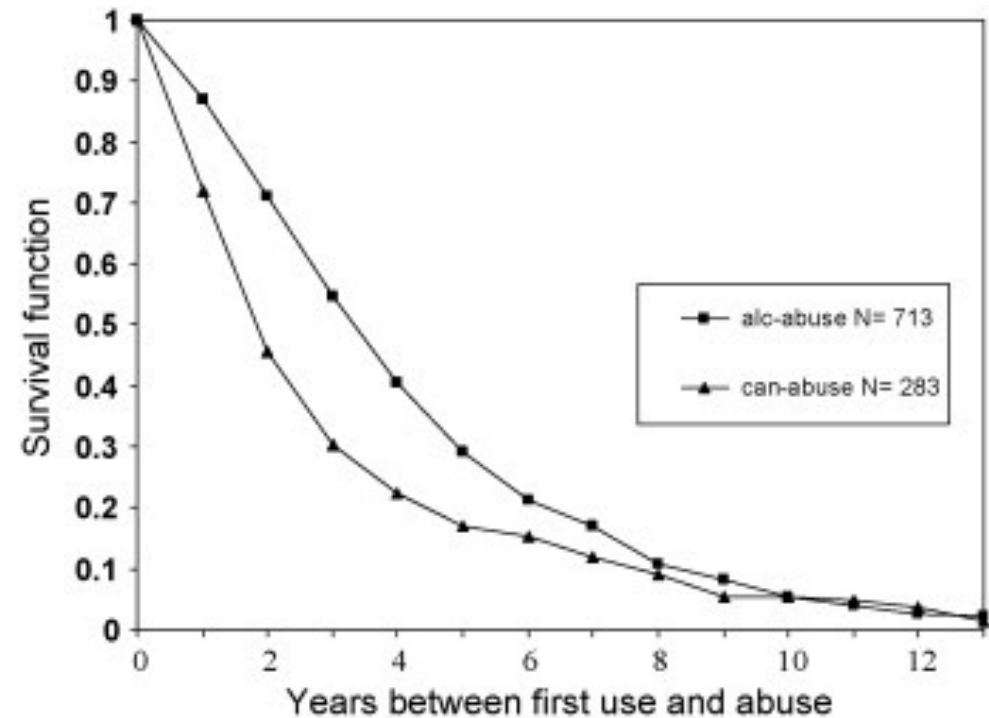






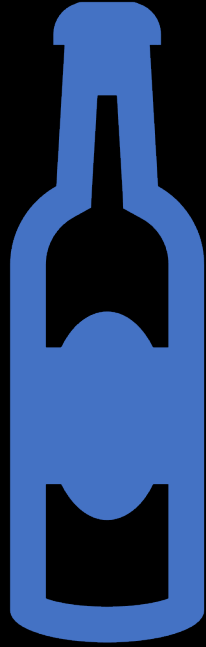
The Progression can be insidious

- 3,021 community adults followed for 10 years (Behrendt et al, 2009)

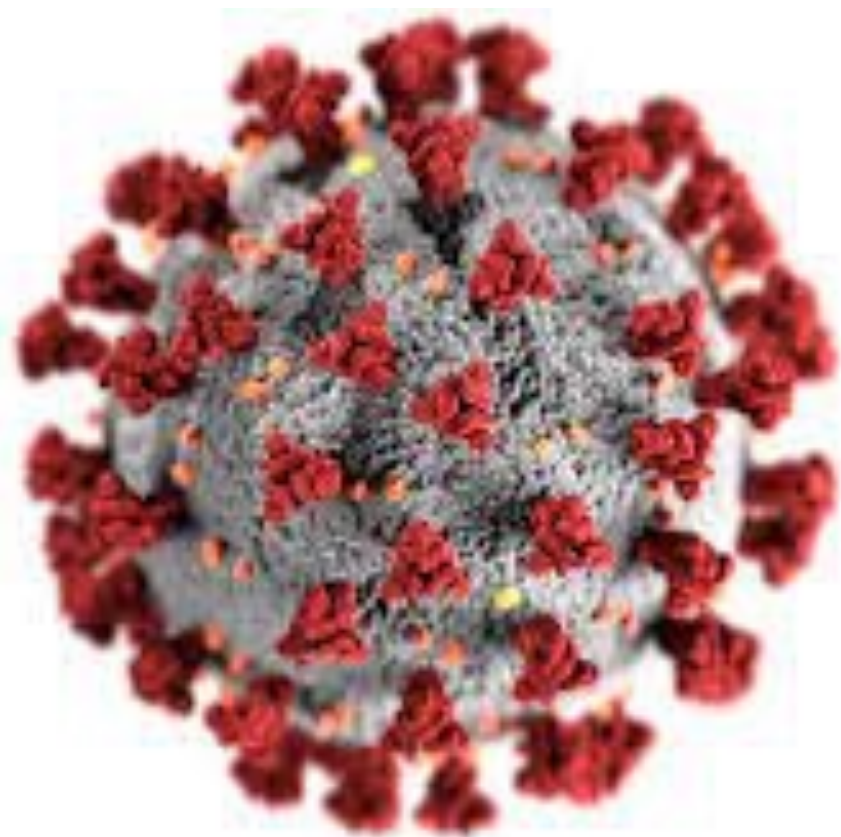




Like a tsunami, this gradual progression of AUD is especially dangerous as it may be imperceptible from a distance, which can contribute to denial of the problem and ambivalence for change, and makes treatment especially difficult to seek as it disrupts a long-standing status quo



Addressing alcohol use and
related harm is *important now*
more than ever



- Alcohol-related ED visits have been increasing over the years
- Between 2006 and 2014, total annual costs of alcohol-related visits jumped from 4.1 billion to 15.3 billion
 - Visits increasing more for women than men
- Initial decline in early 2020, but quickly resumed and surpassed pre-pandemic levels (Essel et al., 2022)

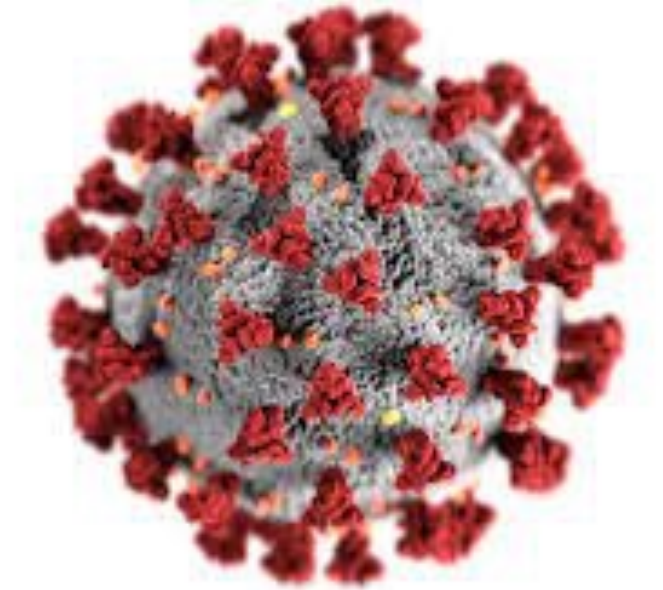


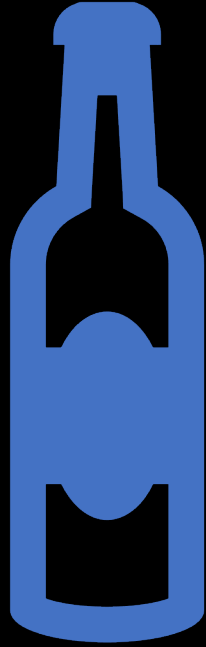
Drinking has increased over the course of the COVID-19 Pandemic

14%

41%

39%





Alcohol Use Harms extend
far beyond health









What *is* Harm
Reduction and
How is it
Helpful?



Case Example: “Victor”

- 35-year-old Hispanic, cisgender man
 - BF wants me to quit drinking*
 - Hx of intermittent therapy, hospitalization for suicide attempt
 - Drinks to cope; a bottle of wine a night
 - Drinking increases arguments with partner
 - Is ambivalent. Isn't sure he can “completely cut alcohol” but doesn't want to lose his partner.
- Dx: MDD and AUD (moderate)**

Adapted from APA Div. 12 Division
of Clinical Psychology

When You think about Setting Treatment Goals with a Patient like Victor...

What are your automatic
thoughts regarding **treatment
goals**?

**Did abstinence come to
mind?**

**Did you also consider
reduced or moderated
drinking?**

Other recommendations?

A conceptual image showing a road that splits into two paths. The path on the left is marked with a green sign that says 'Abstinence'. The path on the right is marked with a green sign that says 'Failure'. The road is paved and has white lines. The surrounding area is covered in green grass, and the sky is blue with some clouds.

Abstinence

Failure

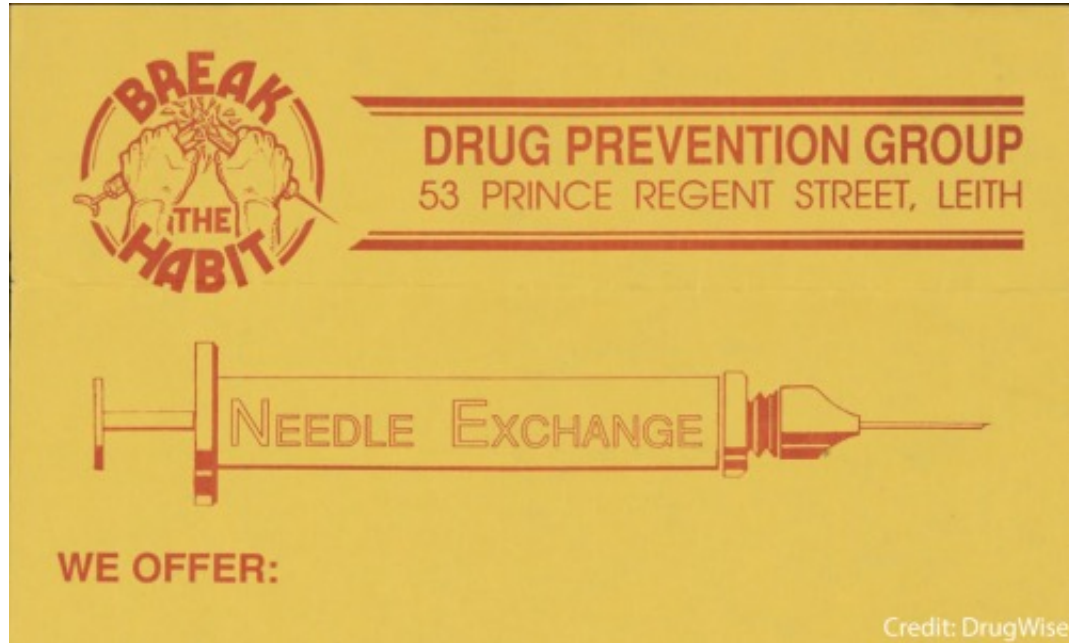
Abstinence-Only Models Remain Primary in Addiction Treatment Discourse

...despite SAMHSA and Recovery Science Research Collaborative defining recovery in a broader sense, without mention of abstinence;

...despite stakeholders having focused on improved functioning and well-being as measure of treatment success;

...and despite longitudinal studies showing that people who are abstinent several years post-treatment do not necessarily have better functional outcomes than those with infrequent heavy drinking (Witkiewitz et al., 2019)

Finding Third Options: Harm Reduction



An orientation and belief system that includes a “...spectrum from safer use to managed use to abstinence”

(Marlatt & Witkiewitz, 2010)

First introduced in 1970s/80s in Britain and the Netherlands in response to heroin crisis

Image source:

<https://transformdrugs.org/timeline>



An Umbrella Term

Harm reduction includes any intervention aiming to reduce the problematic effects of behaviors (Marlatt, 1998)

SAMHSA Definition

Harm reduction is an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission [reduce harm], improve the physical, mental, and social wellbeing of those served, and offer low-threshold options for accessing substance use disorder treatment and other health care services.

Harm Reduction Principles

Acceptance that substance use is part of our world—seek to minimize rather than ignore substance use or condemn it.

Acknowledgement of the ***continuum of use*** and that some use is safer than others

Individual and community quality of life and well-being are the goals, not just cessation of use

Non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing harm

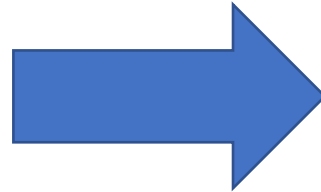
People who use substances should **have a voice** in the programs
that treat them

Affirms that **people** who use substances are the **primary agents of change**

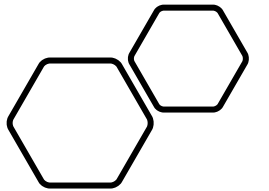
Recognizes the **social inequities** that impact substance use and treatment

Does not attempt to minimize or ignore the harm of substance use

TOP DOWN APPROACH



Shifting Paradigm





Many patients may receive inadequate care because they “are perceived as not ready” for abstinence

Palmer et al., 2009

Harm Reduction Orientation: Patients Dictate the Goal



**Continue
drinking as
is**

**Variations of
reduced
drinking/harm
reduction**

Abstinence

EXAMPLES OF HARM REDUCTION IN OTHER AREAS



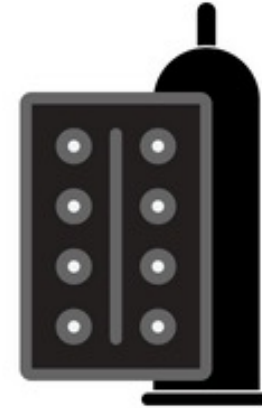
SUN
SCREEN



SEAT
BELTS



SPEED
LIMITS



BIRTH
CONTROL

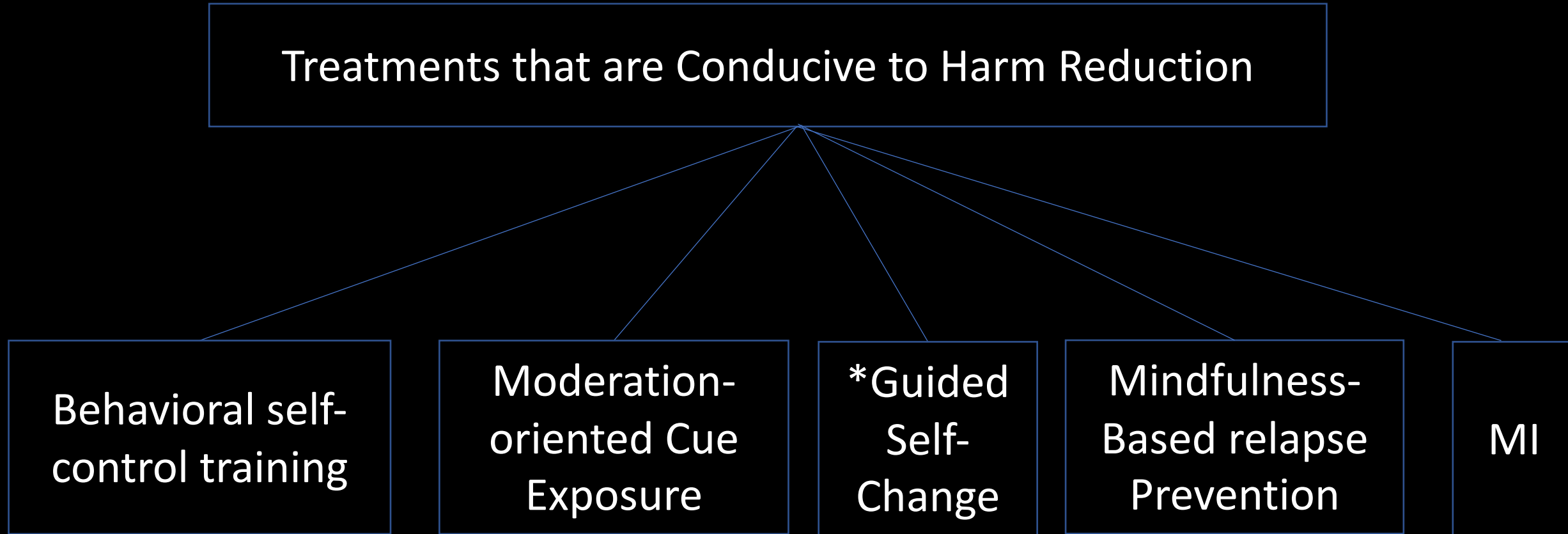


CIGARETTE
FILTERS

Harm Reduction Often Used for Other Substances

Harm Reduction Services	Harm Reduction Supplies
<ul style="list-style-type: none">• Overdose reversal education and training services• Navigation services to ensure linkage to HIV and viral hepatitis prevention, testing, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prevention of mother to child transmission and partner services• Referral to hepatitis A and hepatitis B vaccinations to reduce risk of viral hepatitis infection• Provision of education on HIV and viral hepatitis prevention, testing, and referral to treatment services• Provision of information on local resources and/or referrals for PrEP	<ul style="list-style-type: none">• Overdose reversal supplies, including the purchase of naloxone kits (this may include syringes for the purpose of administering injectable naloxone only)• Substance test kits, including fentanyl test strips• Safer sex kits, including condoms• Sharps disposal and medication disposal kits• Wound care supplies• Medication lock boxes• Supplies to promote sterile injection and reduce infectious disease transmission through injection drug use, exclusive of sterile needles, syringes, and other drug paraphernalia*• Safer smoking kits to reduce infectious disease transmission, excluding pipes/pipettes and other drug paraphernalia**

Treatments



*demonstrates the most evidence; Witkiewitz et al., 2006



What are some Fears about
Harm Reduction?



What are some Fears
about Harm
Reduction?



**Scan me
with your
phone!**

<https://www.menti.com/alo6ruqsd3bv>

Offering Harm
Reduction is
not offering the
best option to
patients
(Misconception
#1)

Offering options is collaborative
and effective (Amsterdam & Brink,
2013; NIDA, 2018)

Many patients who select a
moderation goal move to
abstinence when harm
reduction approaches are
offered (Marlett et al., 2011; Tatarsky,
2002)

Discussing
drinking without
abstinence as a
goal may
encourage or
increase drinking
(Misconception
#2)

Drinking safety interventions
with college students reduced
problematic drinking (Baer et al.,
1992; Marlett et al., 2003; Roberts et al., 2000)

Many individuals will learn that
moderation goals do not work
for them and will move to
abstinence. The benefit is that
they remained in treatment and
came to this conclusion
intrinsically.

Harm reduction
doesn't make a
difference
(Misconception
#3

Evidence disputes this (Charlet
& Heinz, 2017), and again,
abstinence remains a goal in
harm reduction.

My patients are
too complex for
harm reduction
(Misconception
#4)

Flexible

Suitable for those with dual
diagnosis (Denning and Little, 2011)

Is suitable for those with various
therapeutic orientations and
practicing in various settings




What's the Evidence
for Harm Reduction
for Alcohol Use?

Alcohol-associated injuries, including suicide (Dinh-Zarr et al. 2004; Borges et al. 2006)


Improvements in a wide range of alcohol-induced health problems including:

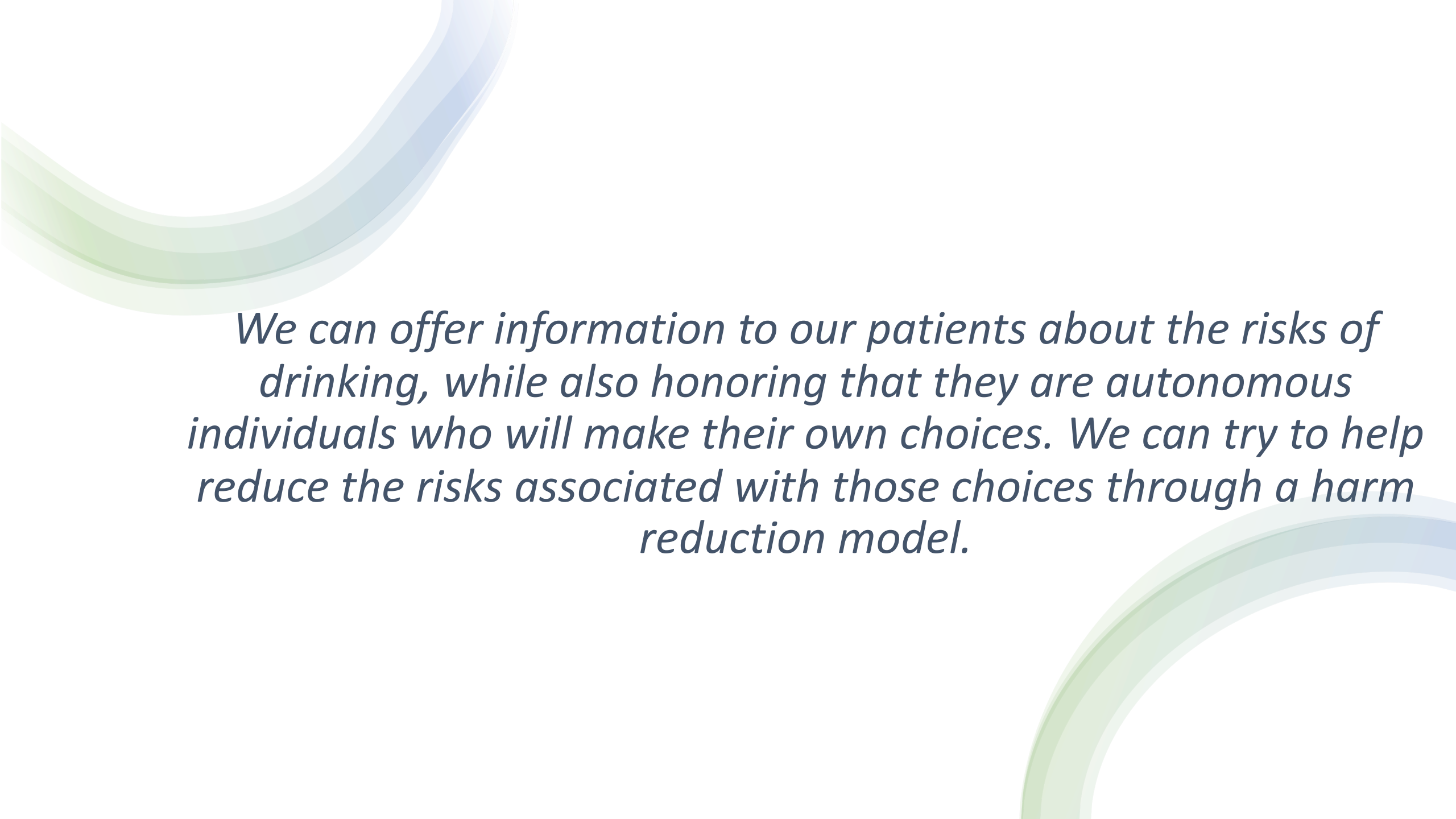
- alcoholic cardiomyopathy (Nicolás et al. 2002)
- high blood pressure (Xin et al. 2001)
- pre-cirrhotic alcohol-related liver disease (Colman et al. 1980)
- progression of an already existing alcohol-attributable liver fibrosis (Lieber et al. 2003)
- prevalence of psychiatric episodes and duration of in-patient hospital days (Hulse & Tait 2003)
- anxiety and depression symptoms, self-confidence, contentment with one's life situation, and alcohol-related physical and social problems (Shaw et al. 1998)
- psychosocial stress and social functioning (Gual et al. 2009)
- adverse neonatal effects for lower levels of consumption (Patra et al. 2011).



What about
adolescents/
young adults?

Harm reduction stance
with adolescents was
found to reduce drinking
AND unintentional injuries,
drinking and driving, and
traffic violations compared
to standard care (Monti et al.,
1999)



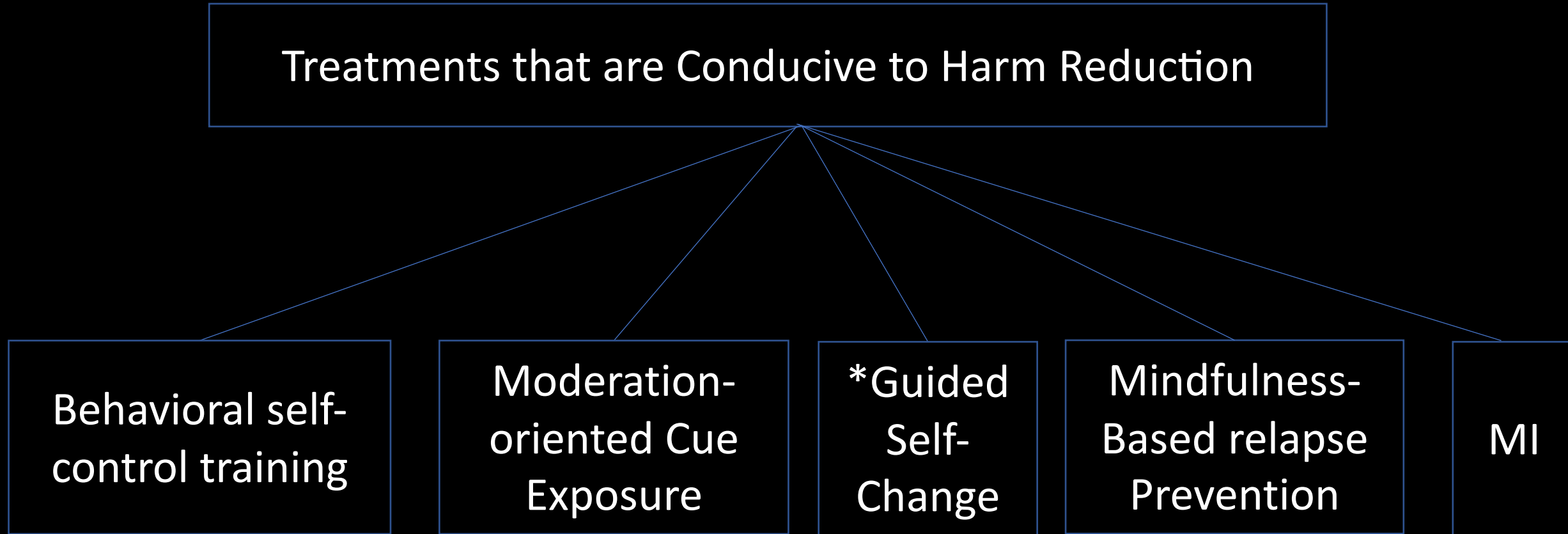
The background features decorative curved lines in shades of green and blue, positioned in the top-left and bottom-right corners.

We can offer information to our patients about the risks of drinking, while also honoring that they are autonomous individuals who will make their own choices. We can try to help reduce the risks associated with those choices through a harm reduction model.

*What Does Harm
Reduction for Alcohol Use
Look Like in Practice?*



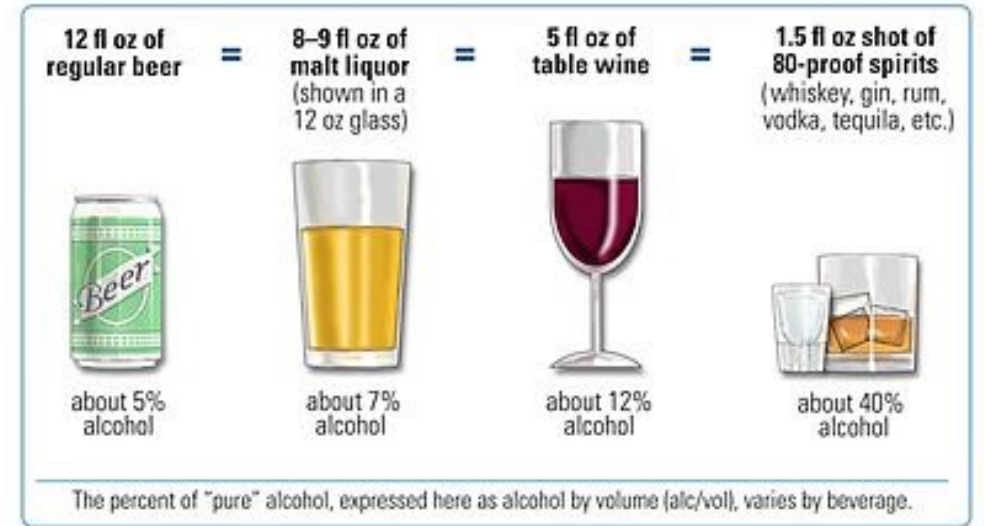
Treatments




*demonstrates the most evidence; Witkiewitz et al., 2006

Defining standard drinks, psychoeducation on patient's level of drinking.

“Low-risk drinking”
*remember for some, no such thing



Low-risk drinking limits		MEN	WOMEN
	On any single DAY	No more than 4 ■■■ drinks on any day	No more than 3 ■■ drinks on any day
	Per WEEK	No more than 14 ■■■■■■ drinks per week	No more than 7 ■■■■■ drinks per week
		** AND **	
		To stay low risk, keep within BOTH the single-day AND weekly limits.	

Scheduling “no drinking days”

The effects of a month off alcohol

WEEK
3.

Blood pressure reduces

- + Reduced risk of heart problems or stroke
- + Improved vision
- + Better kidney health



Calories saved

- + 2880 cals in wine (18 X 175ml glasses)
- + 3240 cals in lager (18 pints)

Drinking 3 bottles of wine over a 3 week period is the equivalent of 2880 calories or 3 portions of fish and chips



Money saved

- + £67.32 in wine
- + £54 in lager



Nice perfume

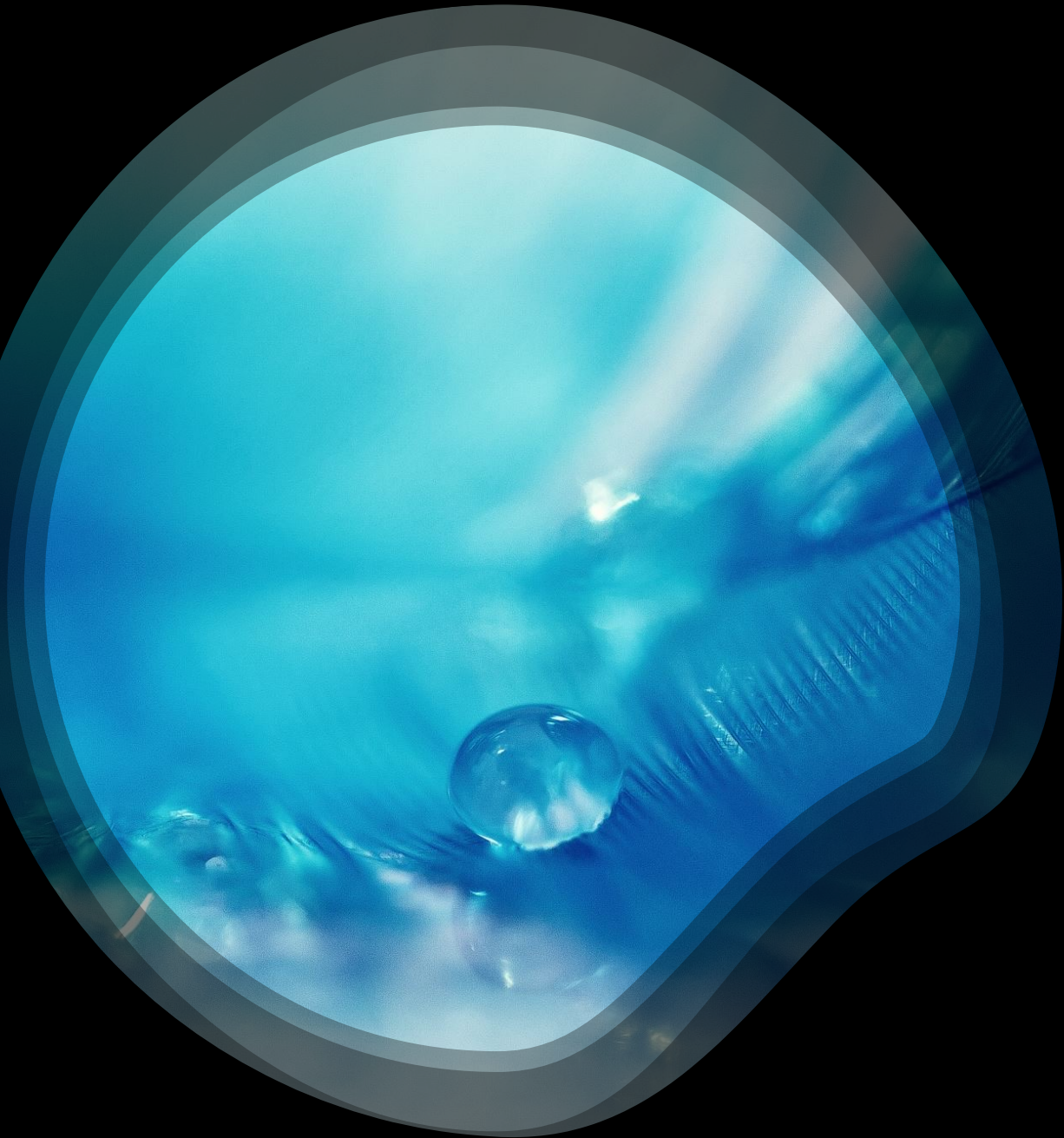


Gym membership for 2 months



Reduce access to large quantities

- No more buying in bulk
- Financially punishing to drink more
- Reducing immediate access



Pacing strategies
(water in between drinks)

Eat before drinking

Drinking lower alcohol content
beverages

Avoid taking medications that
interact negatively

Reducing likelihood of risky behavior/consequences while drinking:

- safe space
- drinking in certain moods
- safe ride home
- designated driver; do not operate machinery, or bike
- do not swim
- protection/PrEP
- reduce access to weapons/other drugs
- preventing black outs



Strategies in Social Settings

- Avoid drinking in “rounds” with friends, can increase number of drinks
- Order smaller serves of beer, cider and spirits, rather than pints or double serves
- Don’t let others top up your glass
- Keep track of number of drinks in phone
- Occupy yourself while drinking to reduce the amount you’re consuming
- Do not play drinking games



Returning to our Case
Example: “Victor”



Case Example: “Victor”

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 - "BF wants me to quit drinking"
 - Hx of intermittent therapy, hospitalization for suicide attempt
 - Drinks to cope; a bottle of wine a night
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- Dx: MDD and AUD (moderate)**

Adapted from APA Div. 12 Division
of Clinical Psychology



- Educate on health risks and the quantity of drinking that meets “low risk drinking”

Reduce access to suicide means when drinking (e.g., firearms, pills, car keys)

- Buy smaller quantities of wine (mini bottle each evening)

- Pace drinking, eat

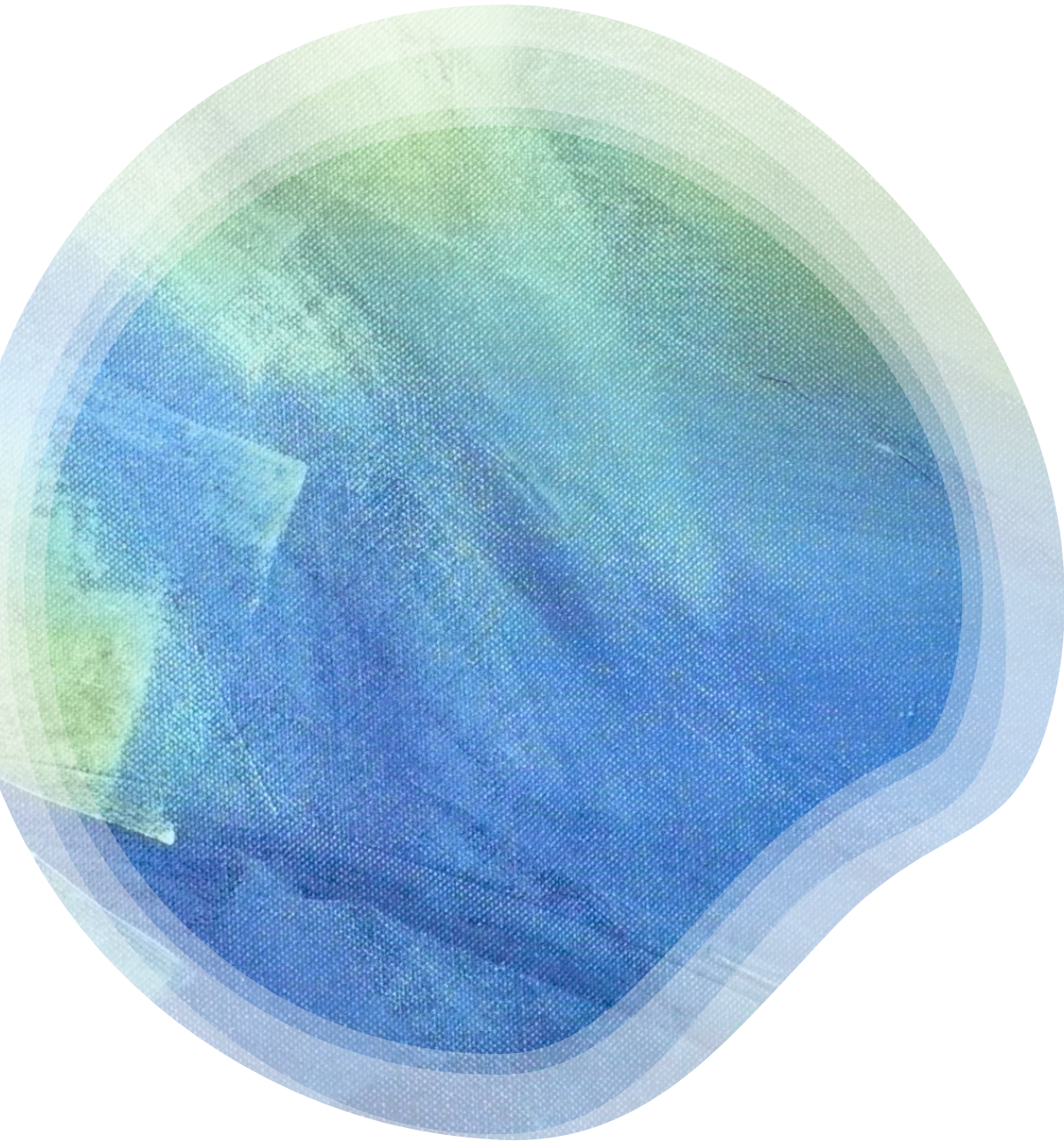
- Separate from partner during a drinking episode, esp if heavy drinking

- Continue to monitor harmful effects, goals for treatment, and help implement additional strategies, including abstinence, if necessary

Conclusion



Questions/Reactions?



Resources

Harm Reduction: Pragmatic Strategies for Managing High-Risk Behaviors (Eds. G. Alan Marlatt, Mary E. Larimer, and Katie Witkiewitz)

Over the Influence: The Harm Reduction Guide for Managing Drugs and Alcohol ([Denning, Little, & Glickman, 2003](#); for patients)

Practicing Harm Reduction Psychotherapy: An Alternative Approach to Addictions ([Denning, 2004](#), for professionals).

Harm Reduction Psychotherapy: A New Treatment for Drug and Alcohol Problems (Tatarsky, 2002)

The Harm Reduction Coalition
(<http://www.harmreduction.org>)

HabitSmart page
(<http://www.habitsmart.com/hrmtime.html>)

Stanton Peele addiction website
(<http://www.peele.net/lib/smart.html>)