Harm Reduction (HR): Principles & Strategies

- HR is a community alternative to the moral/criminal and disease models of drug use and addiction
- Abstinence is an ideal outcome, other alternatives that reduce harm are acceptable
- HR is bottom up (based on addict advocacy) rather than a top down approach
- HR promotes low-threshold access
- HR is based in compassionate pragmatism

Three Groups of Alcohol Users (NIAAA)

- Persons who drink with few, if any, problems.
- Nondependent “Problem Drinkers” who have difficulties secondary to alcohol consumption.
- Persons who are dependent upon alcohol and who suffer from the disease called alcoholism or alcohol dependence.

Alcohol Dependence - Alcoholism (NIAAA)

- Tolerance
- Physical dependence
- Impaired control over regulated drinking
- Discomfort associated with abstinence or craving

Problem Drinking

- No history of alcohol withdrawal symptoms
- Short problem drinking history
- Unexpected intoxication
- More social and economic stability
- More personal, social, and economic resources
- Do not self-identify as alcoholic
**Is Problem Drinking Progressive?**
- Progressive Model (retrospective studies)
  - Once alcohol problems develop, they inevitably worsen and follow a predictable course if drinking continues.
- Current Findings (prospective studies)
  - Minority of cases (25%-30%) are progressive. More common is a pattern of abstinence or non-problem drinking with interspersed episodes of problem drinking.

**Alcohol Problems**
- Acute Intoxication
  - health (e.g., accidental injury)
  - behavioral (e.g., drunk driving)
- Regular Heavy Drinking (Not Dependent)
  - health (e.g., cirrhosis)
  - behavioral (e.g., marital, financial)
- Dependence
  - health (e.g., withdrawal)
  - behavioral (e.g., loss of employment)

**Specific Therapeutic Strategies**
- Precontemplation
  - Educate
  - Note discrepancies

- Contemplation
  - Explore ambivalence

- Preparation
  - Make realistic plans

- Action
  - "Right-sized steps"

- Maintenance
  - Choose support system
  - Explore core issues

- Relapse
  - Learning opportunity

- Termination
  - Review progress
  - Work on personal issues as needed

**Treatment of Problem Drinkers**
- Treatment should be outpatient and non-intensive
- Treatment should be largely motivational
- Treatment goals should be flexible

**Non-Intensive Treatment**
- Identify “generic” risky situations.
- Learn alternative ways of dealing with these situations.
- Recognize own strengths for dealing with risk situations.
- Identify & emphasize adverse consequences of problem drinking (motivation).
- Identify benefits of avoiding problem drinking.

**Enhancing Motivation**
- Identifying and removing barriers to change.
- Giving clients as much perceived choice as possible in treatment process.
- Decreasing attractiveness of drinking.
- Arranging external contingencies to support and encourage change.
- Providing personal feedback about alcohol effects and appropriately using feedback to support progress.
- Setting clear and attainable goals.
**Motivational Interviewing**

- Avoid labeling
- Use inquisitive rather than confrontational style
- Provide objective feedback in a low key way
- Reassure clients that change is possible
- Allow clients choice in treatment planning and goal setting

**Flexibility of Goals**

- Abstinence
- Moderation

**Advantages to Self-Selected Goals**

- **Strengthens sense of self-efficacy**
  - maintenance of change

- **Places responsibility on client**
  - appropriateness of goal
  - failure cannot be attributed to someone else
  - client commitment/motivation