Harm Reduction for Skeptics: Practical Applications for Alcohol Use Disorders

4/20/2022

Presented by Cyndi Turner, LCSW, LSATP, MAC and Craig James, LCSW, LSATP, MAC

www.naadac.org/harm-reduction-for-skeptics-webinar

Webinar Presenter:
Cyndi Turner, LCSW, LSATP, MAC
Co-Founder and CEO - Insight Into Action Therapy and Insight Recovery Centers

Webinar Presenter:
Craig James, LCSW, LSATP, MAC
Co-Founder and Director of Operations - Insight Into Action Therapy and Insight Recovery Centers
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Do You?

- Use a seatbelt?
- Put on sunscreen?
- Wear a life jacket?
- Use a helmet?
- Wear a mask?

Does Your Program?

- Meet clients where they are at?
- Address mental health?
- Use Motivational Interviewing?
- Provide psychoeducation to clients?
- Use a Strengths-Based perspective?
- Celebrate successes?
Harm Reduction is Not:

- Teaching people how to use drugs
- Ignoring addiction
- Supporting substance use
- Being unethical

Definitions of Recovery:

2011 SAMHSA:
Process of change where individuals improve health and wellness, live self-directed lives, and return to work full potential.

2016 Surgeon General’s Report:
Many paths to recovery, more than cessation of drugs.

2019 ASAM:
Treatable chronic medical disease; prevention efforts as successful as other chronic diseases.

Notice what’s missing?!

NASW Standards for Social Work Practice for Clients with Substance Use Disorders:
- Came out in 2014
- In accordance with DSM-5, substance use is no longer viewed as either or phenomenon
- Use occurs along a continuum
- ”Harm Reduction approach is consistent with the social work value of self-determination and meeting the client where the client is”
Virginia Board Of Counseling

B. Persons licensed or registered by the board shall:

3. Stay abreast of new counseling information, concepts, applications and practices which are necessary to providing appropriate, effective professional services.

NADAAC Code of Ethics

- Revised in 2021
- Addiction professionals shall:
  - Engage in continuing education and professional development to maintain and enhance knowledge of research-based scientific developments
  - Learn and utilize new procedures relevant to clients they serve
  - Remain informed regarding best practices for working with diverse populations

Three Branches of HR

- Policies
  - Naloxone
  - Good Samaritan Laws for Overdoses
  - LEAD, Diverting Sourcing Marijuana

- Programs
  - Needle Exchanges
  - Safer Sex Practices
  - Injection Sites

- Practices
  - MAT
  - Motivational Interviewing
  - Alcohol Moderation

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**Third Wave**

Moral Models:
- Temperance Movement
- Rise of Alcoholics Anonymous

Disease Model:
- Organ > Defect > Symptom
- Rise of Treatment

Third Wave:
- Harm Reduction
- Mindfulness, MI, DFT, biopsychosocial/spiritual models

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**Why HR is Not Taught**

Abstinence is a clear goal - HR is messy
Clinician must:
- Tolerate risky behaviors
- Be comfortable with client leading tx
- Be well versed in multiple modalities/theories

Challenging AA is like challenging God
Decreases industry profit- heads won’t be in beds

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**The Business of Recovery**

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US is 40 years behind Europe and Canada
1990s: 93% of programs required total abstinence and used 12-step model
2017: dropped to 77%
- Remove abstinence as main goal, more open to education and information
- Focus on WHY not DON'T

Call for Change
- US is 40 years behind Europe and Canada
- 1990s: 93% of programs required total abstinence and used 12-step model
- 2017: dropped to 77%
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- Focus on WHY not DON'T

History of HR
Attributed to Edith Springer in 1980s
- NY social worker in methadone clinic
- Traveled to Great Britain and saw how differently they treated users
- Wrote first article on prevention methods

G. Alan Marlatt
- Compassionate Pragmatism
- Acceptance that people use substances in a way that negatively affects them and people around them
- Collaborative approach to reduce risks without fighting one another
- Does not require abstinance

Core Values
- Understanding, treat the why
- Acceptance, embrace choices
- Compassion, guilt does not promote healing
- Kindness, be tolerant of self and spend time with supportive people
- Connection, attachment to substances can be replaced with connection (Rat Park)
- Freedom to Choose, right to direction of life
Harm Reduction Psychotherapy

- Integrated approach: treats MH and SUDS at same time
- Began in 1990s
- Three tenets:
  - Clinician works with client to develop goals
  - Treatment should be easy to utilize
  - Success is any reduction of harm in user's life

Alcohol Moderation = Harm Reduction

- Any positive change
- Motivational Interviewing Techniques
- Way to get and keep people engaged
- Starts a conversation
- Just Say Know
- Education = Prevention

"If I had known this information in my 20s and 30s, I would not be the alcoholic I am today in my 50s" - Client

Treat the Why
Are you an addiction treatment provider?

Types of Drinkers
- 35% do not drink at all
- 37% drink within normal limits
- 22% drinkers experiencing problems mild to moderate AUD
- 6% meet criteria for severe AUD
19 Million Experience Severe AUD

90 Million Experience Mild to Moderate AUD

Fills Central Time Zone

22% Avoids Help

Moderation Management found 90% of drinkers experiencing problems will avoid getting help:
- "Alcoholic" label
- Inappropriate level of treatment
- 12-Step meetings
- Give up drinking forever
- Boring/miserable life
or
doyoutreat
Substance Use Disorder?
50 Years of Research

- Sobell Studies 1970s: drinkers with tools can control use
- RAND Reports 1976 & 81: possible for non-dependent people to return to drinking
- G. Alan Marlatt 80s: Compassionate Pragmatism recommended term moderation for rational stigma
- Institute of Medicine 90s: need for alternatives to abstinence
- NIAAA: >50% dependent drinkers could change patterns to no longer meet DSM-IV
- WHO: with intervention reduced consumption by 1/3
- NESARC: 30% meet criteria but 70% can return to safe levels

Research


Petting the Dragon
Moderation Defined

- American Heart Association, Dietary Guidelines for Americans 2020-2025 & Sensible Drinking Guidelines:
  - 1 drink per day for women/older adults
  - 2 drinks per day for men

- National Institute on Alcohol Abuse & Alcoholism:
  - 2 alcoholic drinks for women/4 for men in single day
  - Max 7 drinks women, 14 drinks men per week

What Counts as a Drink?

Definition of Moderation

- <2-3 drinks
- Not every day
- Have family members support
- No intent to change mood
- Developed Alcohol Moderation Plan
- Keeps BAC under .05
Blood Alcohol Concentration (BAC)

- 0.02%-0.039%: slight euphoria, loss of shyness, relaxation
- 0.04%-0.069%: feeling of well being, relaxation, low inhibitions, warm sensations, increased social interaction
- 0.08%-0.099%: balance, speech, reaction times, & hearing impaired, blurred judgment & self control. Reasoning & memory impaired
- 0.1%-0.129%: significant impairment in motor coordination & judgment, impaired speech, impaired balance, peripheral vision, reaction times & hearing
- 0.13%-0.199%: gross motor impairment, balance decreased, feel unwell
- 0.2%-0.299%: alcohol poisoning, loss of consciousness, seizures, slow breathing
- 0.3%-0.399%: alcohol poisoning, loss of consciousness, extreme, slow breathing
- 0.4%: onset of coma or death due to respiratory arrest

Practicing Alcohol Moderation

- Recommend 4 months abstinence before moderation
- Does not require or refuse treatment
- Make it through holidays, events, celebrations
- Role play one-liner
- Develop support system
- Manage risky situations & cravings
- Identify new coping skills
Alcohol Moderation Assessment

- Gives predictions for ability to moderate
- Updated in 2019
- Looks at last four months

www.insightactiontherapy.com
or
www.insightrecoverycenters.com
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Diagnosis on a spectrum
- Substance Use Disorder
- Mild: 2-3 symptoms
- Moderate: 4-5 symptoms
- Severe: 6 or more – moderation unlikely

DSM-5 Diagnosis
- Problematic pattern of alcohol use leading to impairment within a 12-month period:
  - Taken in larger amounts than intended
  - Desire or unsuccessful efforts to cut down or control
  - Time spent in activities to obtain, use, recover from
  - Craving or strong desire to use
  - Recurrent use resulting in role failure
  - Continued use despite consequences
  - Tolerance – more needed to get effect or diminished effect with same amount
  - Recurrent use in physically hazardous situations
  - Continued use despite problem exasperated by use
  - Important social, occupational, or relational activities given up/reduced
  - Withdrawals

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1. Do I have more than two drinks a day for men, one for women?
- Remember moderation guidelines
- Frequency
- Impact
- Daily drinking

2. Has my alcohol use been increasing?
- DSM Criterion 1: Alcohol taken in larger amounts
- Watch serving size
- Tolerance
  - Need increased amounts to get same effect
  - Diminished effect with same amount
  - Risk of withdrawal

3. When I drink do I have a hard time stopping?
- DSM Criterion 2: Persistent desire to cut down or control use
  - "One is too many and twenty is not enough"
  - Flip a switch
4. Do I have any medical issues?

- DSM Criterion 9: use continued despite physical problem exacerbated by alcohol
- Lancet study: no safe level
- Alcohol affects every organ in body
- Weakens immune system
- Harm reduction finds a safer level

5. Am I taking any medication?

- DSM criterion 9: Use continued despite problem
- Synergistic Effect
- Paracelsus: dose controls the poison
- Check w/ prescriber

6. Have there been repeated consequences from my use?

- DSM Criterion 5, 6, 7
- Use resulting in role failure
- Continued use despite interpersonal problems exacerbated by use
- Important social, occupational, or recreational activities reduced by use
- Non-judgmental exploration
- Involve loved ones
7. Have I experienced trauma or have a PTSD diagnosis?

- DSM Criterion 9: drink despite a problem exacerbated by use
- 60% of people w/PTSD develop SUDs
- Endorphin Cycle:
  - Brain releases during trauma for protection
  - Naturally decrease
  - Drinking increases endorphins
  - Intervenes what body was already doing
  - Feelings/emotional distress
  - Emotional withdrawal

8. Am I using alcohol to change my mood?

- Understand their WHY
- Develop alternative coping skills
- Explore associations
  - Beer = end of day
  - Champagne = celebration
  - Cocktail = party
  - Wine = relaxation
- What is their goal?
  - Alcohol part of, not main event

9. Has alcohol use negatively affected my loved ones?

- DSM Criterion 5: role failure
- "Do as I say, not as I do"
- Repairing trust
- Taking issue off table allows partner's issues also to be addressed
10. Do I have any mental health concerns?
- Alcohol is a depressant
- Affects sleep
- Medication may not be effective
- Need to learn alternative coping skills
- Over 60% people with MH have SUD

11. Do I use any other non-prescribed mood-altering substances?
- DSM Criterion II: use when physically hazardous
- Trying to alter mood
- Unlikely to have developed coping skills
- Lifestyle

12. Do I have any legal, probationary, or work issues?
13. Was I raised in a heavy drinking environment?
- Genetics responsible for 50%
- No one gene
- 4x more likely if you have direct family member
- Environment

14. Have I had withdrawals from drinking?
- DSM Criterion 11
- Signifies severe AUD
- Physiology has changed
- Once a pickle, hard to go back to cucumber

15. Do I have elevated liver enzymes?
- DSM Criterion 8 & 9: physically hazardous and exacerbated problem
- Recommend getting liver function panel: shows number of enzymes flowing due to cell damage
- Indicates inflammation, fatty deposits, scarring
- Dangers of starting/stopping
16. Have I experienced blackouts?

- DSM Criterion 1, 2 & 8:
  - Larger amounts than intended
  - Unsuccessful reduction
  - Physically hazardous
  - Brain damage
  - Most throw up or pass out

17. Was my first drink before age 15?

- 40% chance of developing addiction
- Drops to 10% by age 21
- Brain developing until age 26

18. Will I review my alcohol use with my support system?

- Willing to monitor amount/frequency
- Has support system for perspective & accountability
- Developed Alcohol Moderation Plan
19. Do I have alcohol-free outlets or hobbies? ▲
- Easier to add activities than take ones away
- What will you gain when you remove/reduce alcohol?
- Explore associations

20. Am I willing to go through a period of abstinence? ▲
- What does it say if you cannot go without?
- Abstinence insights
- Half continue

Before Implementing Alcohol Moderation Plan
- Understand biopsychosocial consequences
- No physical dependence on alcohol
- No other drugs
- Not destructive after drinking
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Before Implementing Plan

- Period of abstinence to address issues
- Identified triggers & has plan
- Experienced positive & negative emotions
- Satisfied legal, probationary, work, family, & friend obligations

Alcohol Moderation Tools
Keep BAC Below .055

- Avoid shots
- Drink only in social situations
- Delay drinking
- Offer to be DD
- Eat something
- Have a mocktail
- Alternate beverages
Preparing to Drink Again
- Impact of losing clean date
- Prepare friends & family
- Pick person, place, & drink
- Don’t make alcohol main event
- Evaluate

Quick Check
- Frequency
- Amount
- Impact
- Intent

Moderation Steps
- Take Assessment
- Treat the Why
- 4 Months Abstinence
- Identify & Meet w/ Support
- Develop Moderation Plan
- Implement Moderation Plan
- Quick Check
Drinking alcohol is like eating donuts. Having one or two occasionally is not going to hurt you but having several a day is eventually going to lead to serious problems.

**Resources**

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