Supporting Patients with Harmful Alcohol Use: Strategies for Reduction, Moderation, and Treatment

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NATIONAL SOBERING COLLABORATIVE

- ★ Registered Nurse
  2006
- ★ Nurse Scientist
  PhD in Nursing/ Health Policy, 2016
- ★ Experience and Focus:
  - Sobering centers as an alternate destination for law enforcement and ambulance personnel
  - Street health outreach (Street medicine/nursing)
  - Medical respite/ Recuperative Care
  - Alcohol harm reduction including managed alcohol programs, moderation management

Disclosure

I have no commercial relationships to disclose.

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I am co-founder and immediate past president of the National Sobering Collaborative nonprofit; this is and has always been a voluntary, unpaid role.

Historical look at disease model of alcohol addiction

A progressive chronic relapsing condition –

*the chief symptom of which is **loss of control** over drinking behavior*

*is a **natural consequence** of the moderate use of alcoholic beverages*

*whose **only remedy is abstinence** from all alcoholic beverages*

*Today typically referred to as alcohol use disorder, and has been referred to ‘alcohol dependence’ ‘physical dependence’

Theorized source of alcohol addiction

- Temperance Movement → the drug itself.
  - Alcohol was viewed as an inherently addicting substance
    Benjamin Rush MD, 1745-1813
- Post-Prohibition → in the individual body.
  - Only some people, for reasons yet unknown, become addicted to alcohol
  - Heavily influenced by the AA movement
    EM Jellinek, 1890-1963

Levine HG. The discovery of addiction. Changing conceptions of habitual drunkenness in America. J Stud Alcohol. 1978 Jan;39(1):143-74. doi: 10.15288/jsa.1978.39.143. PMID: 344994.
Works by Jellinek via https://www.jsad.com/page/bunkybundle
https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder

Theorized source of alcohol addiction

- Today → known to be multifactorial, inclusive to:
  - Genetics
  - Personal risk factors (age of first consumption, trauma, comorbidities)
  - Amount/type/frequency of alcohol consumed
- Yet, we still hold to the ”abstinence” model of recovery – despite the complexity

Why is this a problem?

- Creates a false dichotomy – Abstinence or Nothing
- Removes control from the individual to promote change – and externalizes the problem as able to be resolved by stopping consumption
- Once someone “has” an alcohol use disorder, it is a life sentence

Definition of Recovery: NIAAA

- Recovery is a process through which an individual pursues **both remission from AUD** [alcohol use disorder] and **cessation from heavy drinking**
- An individual may be considered ‘recovered’ if both are achieved and maintained over time

NIAAA Recovery, released April 2022 - Brett Hagman, Ph.D., Dan Falk, Ph.D., Raye Litten, Ph.D., and NIAAA Director George F. Koob, Ph.D.

Definition of Recovery: NIAAA

- Recovery typically includes:
  - Fulfillment of basic needs
  - Enhancements in social support and spirituality
  - Improvements in physical and mental health, quality of life, and other dimensions of well-being

NIAAA Recovery, released April 2022 - Brett Hagman, Ph.D., Dan Falk, Ph.D., Raye Litten, Ph.D., and NIAAA Director George F. Koob, Ph.D.

Definition of Recovery: Conceptual

"an ongoing dynamic process of behavior change characterized by relatively stable improvements in biopsychosocial functioning and purpose in life."

"definitions of recovery that rely solely on abstinence from alcohol and the absence of AUD symptoms fail to capture the multidimensional and heterogeneous pathways to recovery that are evident among individuals in general population and clinical samples."

Witkiewitz K, Montes KS, Schwebel FJ, Tucker JA. What Is Recovery? Alcohol Res. 2020 Sep 24;40(3):01. doi: 10.35946/arcr.v40.3.01. PMID: 32983748; PMCID: PMC7505137.

Mono vs. Polysubstance Use

- For alcohol and other drug use (“any” use) at the population level –
  - Most individuals (64%) use only a single substance
- Yet, individuals with –
  - Mild SUD - 26% use a single substance
  - Any treatment history - 22% use a single substance
- One-third of patients on methadone have history of or currently fit criteria for an AUD

Mono vs. Polysubstance Use

Emerging research shows patients on MOUD who also have AUD show fewer alcohol-related emergencies – and those on methadone specifically have the fewest emergencies.

Why?

Theorize benefits may come from the psychosocial engagement in methadone clinics.

Starting the conversation

- *Get a clear picture of their use*
- *Co-identify problematic areas and achieve buy-in to consider change*
- *Encourage their own sense of control and empowerment*
- *It is not to force someone to do **or agree to do** something they don't want*

- Get specific on consumption
  what type of alcohol, how, when, with whom, etc.
- Understand how they view role of alcohol in their life
- Discover their motivations and goals – both with alcohol and in general
- What changes – if any – would they like to see
- Can you align what may be a problem with goals, areas they'd want change?
- Are there gaps in knowledge on the harms of alcohol use? If so, what is some education you can provide?

What is the actual problem?

- Excessive, periodic
  “binge drinking”
- Drinking too much in general
  greater than recommended
  limits
- Consuming more than
  intended
- Life seems negatively affected
  job, stress, lack of attention to
  kids or family, fitness, financial
- Unhealthy or harmful activities
  when drinking
  sex, other drug use, fights
- Health implications
  current or potential
- Feedback from others that they
  drink too much
- Memory loss
- Blacking out

Moderation Management

- More than “drinking less”
- Harm reduction
- Pragmatic tools focused on where the problem may lie

Goal: Experiment with small changes and interventions via trial and error

May involve:

- Type of alcohol consumed
- How it is consumed (type of mixer)
- Modifying pattern of when/how
- Medications – both disease modifying (*naltrexone*) and symptoms (PPIs)
- Identifying support structures

Moderation: Reducing daily intake

Tracking consumption

- Set a plan ahead of time – typically weekly, can be daily
  - What nights may have higher consumption
- Text reminders
- Establish regular dry nights (evaluate for potential withdrawal before attempting)
- Start simply by tracking!
  - If they see an obvious space for change – excellent! But that's not the goal - *We are gathering information*.

Moderation: Reducing daily intake

Moderation: Alcohol as a substance

Discuss eliminating or reducing consumption of hard liquor

Health implications

- Switch to less caustic mixers (soda water vs. juice) or water down more
- Drink with food
- Consider anti-inflammatory meds for the GI system (PPIs)

Transition from less measurable to more measured drinks

- Beer or cider (or hard kombucha etc)– comes in cans, bottles, pints & has specific % alcohol content
  - More filling and take (a bit) longer to drink
- Wine – can work if measured and not topped off (can even sharpie off a pour)

Medications for AUD

Naltrexone

Binds to the opioid receptor, and not to the GABA receptor

- Can help reduce cravings and alcohol intake
- **Those on methadone cannot take naltrexone**

Acamprosate

Appears to help modulate neurotransmitters affected by alcohol

- Can be taken alongside with MOUD

Disulfiram

Blocks enzymes that the body uses to break down alcohol

- Causes significant physical discomfort – nausea, flushing, heart palpitations – when alcohol consumed

Moderation: Environmental

Drink ”halfies”

- Ask for half the regular size, or get it in two different doses
  Instead of 16oz pint – get two 8oz ball jars

Tell the bartender (host/friend) you are trying to moderate

- Tell them you want water between drinks
- Do not top you off

Limit spending

- Use a prepaid card, or pay cash if able
- Do not open a tab – always pay drink by drink

Limit number of drinks

- Space out drinks - watch the clock, set a time between starting new drinks
- Have a non-alcoholic beer between drinks

Moderation: Environmental

Use a pre-paid card with limited $$ (or pay cash if able)

- Do not open a tab – always pay drink by drink

Space out one's drinks

- Watch the clock, set a time (~45min between starting new drink)

Have a non-alcoholic beer between drinks

Moderation: Supports

Involve a trusted friend

- Let them know your goals and the best way to have them support
- Do you have triggers?
- Is there a way they can intervene that is helpful?

Watch someone who is a moderate drinker

- Can you copy them in some way? (timing of drinks, type of drink)

Make a plan to go anywhere but a bar

Additional harm reduction measures

- PrEP (HIV prevention)
- IUD or long-acting birth control
- Vaccines (Mpox)
- Thiamine and folic acid
- Regular testing for related conditions

Moderation: Supports

Make a plan to go anywhere but a bar

Implement additional harm reduction measures:

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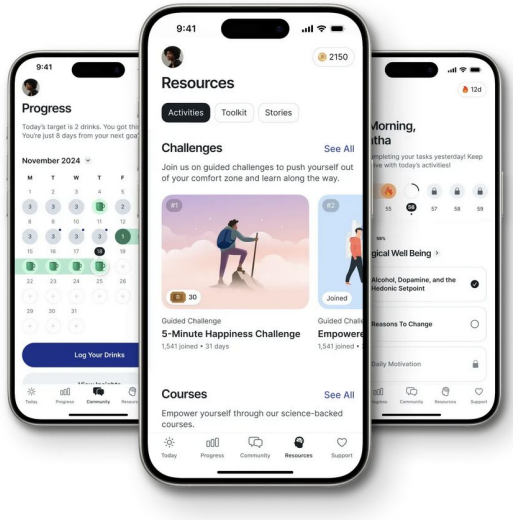

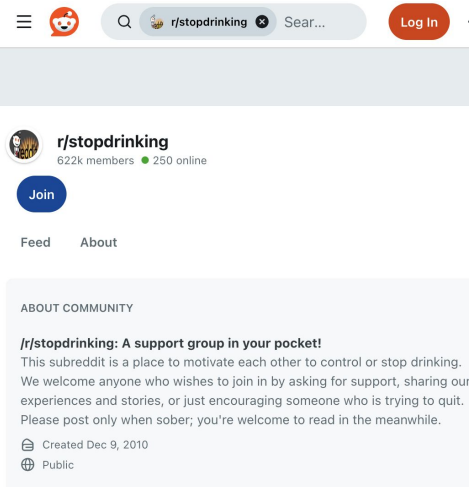

Moderation Supports

- Track consumption
- Community for individuals with similar goals
- Daily connection
- Daily motivations
- Many offer live coaching services

Harm reduction is ***active***

Not Awesome Charting/Reporting	Alternatives
Non-compliant, refused Told him to stop drinking. Provided schedule of AA meetings.	We discussed the client's use; he is not currently interested in treatment. Discussed options to help prevent recurrence of his skin infections. Client states they did not take the medication as their backpack was stolen.
She is an addict. Informed client that if they keep injecting speed, they will die. This is the 3rd time I have seen the client this month and they have not stopped using despite warnings.	Client states she resumed use of heroin two weeks ago after a month without use. I informed the client about risks of injecting, including continued skin abscesses and possible amputation. She demonstrated use of alcohol wipes; also stated she could get clean water from a camp mate. Provided bars of soap and alcohol wipes.

Harm reduction is ***active***

A colleague states….	What could you say in response?
“I just can’t handle another addict coming in here today” “The guy in chair 11 is back again…. Why should I work this hard for him when he doesn’t care.” “I told him to stop drinking – he just refuses to even engage with me about it.” [In front of client] “She refused to go to treatment last week and is already back again.”	“Sounds like you are frustrated.” “I know the term has been around for decades, but we just do not use ‘addict’ or ‘alcoholic’ anymore.” Repeat with a reframe of the statement using positive language “The patient with substance use” or “Yes, sounds like she resumed use of heroin since her last visit”

Harm reduction is **active**

A colleague states….

"I just can't handle another addict coming in here today"

"The guy in chair 11 is back again…. Why should I work this hard for him when he doesn't care."

"I told him to stop drinking – he just refuses to even engage with me about it."

[In front of client] "She refused to go to treatment last week and is already back again."

What could you say in response?

- "Sounds like you are frustrated."
- "I know the term has been around for decades, but we just do not use 'addict' or 'alcoholic' anymore."
- Repeat with a reframe of the statement using positive language – "The patient with substance use" or "Yes, sounds like she resumed use of heroin since her last visit"

Final Thoughts

- Abstinence is not the gold standard;
  Nor is it acceptable, feasible, or appropriate for, all individuals
- Recovery may look different from past goals and definitions
- Moderation management and harm reduction can prevent complications of severe AUD and high-risk drinking, and reduce progression towards worse outcomes
- It is okay to not know exactly what the right answer is – it is a collaboration

Resources: Alcohol Harm Reduction

Incorporating Harm Reduction Into Alcohol Use Disorder Treatment and Recovery (NIAAA Article)

“Rethinking Recovery” (Podcast)

“Harm Reduction in Alcohol Health with Expert Dr. Andrew Tatarsky” (Podcast)

Anonymous People (2013 Documentary)

Alliance for Addiction Payment Reform - Incentivizing Recovery

Addiction Recovery Medical Home Alternative (ARMH-APM) Payment Model

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