Introduction to Harm Reduction Treatment for Alcohol Use Disorders in American Indian and Alaska Native Populations

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Session Outline

Introductions

Alcohol use disorders in American Indians and Alaska Natives

Definition of harm reduction

Harm Reduction Treatment for Alcohol (HaRT-A)

Cultural adaptation of HaRT-A
Hello!

Community-based participatory research
(1811 Eastlake Advisory Board)
Osiyo!

• Lonnie A. Nelson, PhD
  – Where I came from
  – Schooling
  – Partnerships for Native Health
  – My current work
Full Disclosure 😊
Alcohol Use Disorders in AI/ANs
Alcohol Use Disorders in AI/ANs

• 2015 JAMA report: AI/ANs have highest prevalence of Alcohol Use Disorders (AUDs)
  – Current: 19%
  – Lifetime: 43%

• Severe AUDs 2.5 times the prevalence of Non-Hispanic Whites (8% vs. 3%)

• Alcohol related mortality rate 2 times that of the general US population
Alcohol Use Disorders in Urban AI/ANs

• AUDs in Urban AI/ANs:
  – Earlier age of drinking onset (12 years) than urban dwellers of other races (15 years)
  – Higher prevalence of heavy episodic drinking
    • 4 or more drinks for women and 5 or more drinks for men on a single occasion
  – National Household Survey on Drug Use and Health (NHSDUH): 15% of urban AI/ANs needed treatment for AUDs—twice the percentage of non-Hispanic Whites (7%)
  – Urban AI/ANs are 5 times more likely to die of liver disease than urban Whites
Urban AI/ANs

- Urban AI/ANs:
  - 72% of the 5.2 million AI/ANs in the US
  - More often live in poverty than members of the general US population (28% vs. 10%)
  - More often lack a high school diploma (22% vs. 6%)
AUD Treatment Engagement among AI/ANs

• According to SAMHSA, in from 2003 - 2011
  – ~186,000 (88%) needed but did not receive treatment
  – ~33,000 received treatment

Of AI/ANs who needed treatment but did not receive it...

- 92.2%
- 3.5%
- 4.3%

- Felt they needed treatment & did not make effort
- Felt they needed treatment & did make effort
- Did not feel they needed treatment
AUD Treatment Engagement among AI/ANs

• Nearly all available treatments for AUDs focus on achieving and maintaining abstinence

• NHSDUH:
  – 88% of AI/ANs needing treatment did not receive it
  – 81% of these did not feel they needed (abstinence based) treatment

• 2012 qualitative study showed:
  – AI/ANs perceive existing abstinence-based treatments as mismatched to their cultural values and are often disinterested in abstinence-based goals
What Cultural Values?

- Autonomy
- Personal Strengths
- Respect
- Empathy
- Connection
- Integrity
What is Being Ignored in Usual Treatment?

What is Harm Reduction?
Harm reduction is a grass-roots and “user-driven” set of compassionate and pragmatic approaches to reducing the substance-related harm and improving quality of life without requiring abstinence or use reduction.

Collins et al (2011); Marlatt (1998)
Harm Reduction Values

Collins et al (2011)
Shared Values

Harm Reduction Values

- Autonomy
- Respect
- Compassion = Empathy?
- Integrity
- Pragmatism
- Personal Strengths
Shared Values

- Autonomy
- Respect
- Compassion = Empathy?
- Integrity
- Pragmatism
- Personal Strengths

Harm Reduction Values
The Philosophy is COMPASSIONATE
The Approach is PRAGMATIC

Harm reduction is...

- Not use reduction
- Focused on quality of life
- Client driven
- Advocacy for social justice and racial equity
- Open to any positive change
Harm reduction is practiced at various levels.
At the individual level the focus is on...

...how we talk to people.
HaRT is NOT...
HaRT is **NOT**...
Harm Reduction ≠ Use Reduction

Use reduction can be “one mean to the end.”

Harm reduction is the true “end.”
HaRT Components

- Compassion
  - Personalized feedback and client-led tracking of substance-use outcomes
  - Elicitation and ongoing discussion of harm-reduction goals
  - Discussion of safer-use strategies and relative risks

- Pragmatism

- Advocacy

Medication/pharmacological adjunct

- Decreased substance-related harm
- Improved health-related quality of life
Use of HaRT-specific components is associated with...

- 65% reduction in alcohol-related harm
- 66% reduction in peak alcohol consumption
- 16% reduction in positive urine tests

... over a 3 month treatment and follow-up period.
Harm Reduction in Practice: Mindset, Heart-set and Concrete Tools
**Mindset**

- **Use reduction**
  - Ultimate goal is abstinence
  - Use and problems are in 1:1 agreement
  - Prescriptive: provider “prescribes” treatment
  - Doctor-knows-best!

- **Harm reduction**
  - Goal is harm reduction
  - Risk of problems is variable and individually based
  - Predictive: helping client assess their risk for harm
  - Client knows better!
Example of a relative risk hierarchy

Primary source of alcohol-related harm: Black outs

- Beer
  - < 7% ABV

- High gravity malt liquor
  - > 7% ABV
  - 211 Steel reserve
  - 4Loko

- Hard liquor
  - Whiskey, vodka, rum, tequila
  - Mixed drinks

- Moonshine

- Nonbeverage alcohol
  - Hand sanitizer
  - Cooking wine/rice wine
Heart-Set

Openness

Advocacy

Compassion

Transformative

Acceptance

Flexibility

Pragmatism
HaRT Tools
HaRT Tools

Multidimensional assessment

- Substance use and related harm
- Decisional balance
- Quality of life
- Biomarkers
## HaRT Tools

### SIP-AD

**INSTRUCTIONS:** I am going to read to you a number of events that people sometimes experience in relation to their alcohol/drug use. Please indicate how often each one has happened to you **during the past 30 days**, by telling me the appropriate number (0 = Never, 1 = Once or a few times, etc.). If an item does not apply to you, answer zero (0).

<table>
<thead>
<tr>
<th>During the past 30 days, about how often has this happened to you?</th>
<th>Never</th>
<th>Once or a few times</th>
<th>Once or twice a week</th>
<th>Daily or almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have been unhappy because of my drinking/drug use.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Because of my drinking/drug use, I have not eaten properly.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. I have failed to do what is expected of me because of my drinking/drug use.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. I have felt guilty or ashamed because of my drinking/drug use.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. I have taken foolish risks when I have been drinking/drug using drugs.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. When drinking/drug using drugs, I have done impulsive things that I regretted later.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. My physical health has been harmed by my drinking/drug use.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. I have had money problems because of my drinking/drug use.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. My physical appearance has been harmed by my drinking/drug use.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. My family has been hurt by my drinking/drug use.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. A friendship or close relationship has been damaged by my drinking/drug use.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. My drinking/drug use has gotten in the way of my growth as a person.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. My drinking/drug use has harmed my social life, popularity, or reputation.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. I have spent too much or lost a lot of money because of my drinking/drug use.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. I have had an accident while drinking/drug using drugs/ intoxicating.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Add columns: + + +

Total:
HaRT Tools

EQ-5D-5L

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY
- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

SELF-CARE
- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)
- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

PAIN / DISCOMFORT
- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

ANXIETY / DEPRESSION
- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.

0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = 

The best health you can imagine

The worst health you can imagine
# HaRT Tools

## Your Thoughts About Drinking

### Drinking the way you do now

<table>
<thead>
<tr>
<th>Good Things</th>
<th>Not-so-good things</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Alternative Drinking

<table>
<thead>
<tr>
<th>Good things</th>
<th>Not-so-good things</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What does alternative drinking mean to you?
HaRT Tools

Multidimensional assessment
- Substance use and related harm
- Decisional balance
- Quality of life
- Biomarkers

Client-led tracking
- Clients choose most relevant outcomes to focus on
- Clients track with provider how they are doing over time
- Sense of transparent QI
Client-led Assessment Tracking
HaRT Tools

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**Harm-reduction goal setting**
- What goals do you have during your hospital stay/treatment/this session/in general (whatever is relevant)?
- What do you want to see happen for yourself?
Harm Reduction Goal Setting

- Over the next xx time...
- ...what would you like to see happen for yourself?
- Some people call this a goal, vision or intention...
# Recording goals on SHaRE

## SHaRE Form

<table>
<thead>
<tr>
<th>Participant’s Stated Goals (week xx)</th>
<th>Week xx assessment of week xx goals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Progress y/n</td>
</tr>
<tr>
<td></td>
<td>Achieved y/n</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

*Week xx notes on progress towards goals since week xx:*
Recording goals for client

What I want to make happen for myself

• 

• 

•
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Safer-use strategies
- Offer clients a list of safer use tips based on their primary substance
- Have them choose one they feel like they could try
# Safer Drinking Tips

Here are some tips to keep you safer and healthier whether you chose to change your drinking or not. Please choose at least one thing on the list you would like to try over the next month. We can check in about how it went at our next meeting.

<table>
<thead>
<tr>
<th>Ways to stay healthier when you drink</th>
<th>Ways to make your drinking safer</th>
<th>Ways to change how much you drink</th>
<th>Ways to change how much you drink</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drink water</td>
<td>Count your drinks</td>
<td>Try to eat</td>
<td>Take vitamins</td>
</tr>
<tr>
<td>• Why? Reduces hangover effects</td>
<td>• Why? Knowing how much you drink helps you think about how much alcohol you really want or need. It can help you take control of the effects of alcohol.</td>
<td>• Why? Food eases the pace of alcohol entering the bloodstream so it does less harm. Food gives you important nutrients.</td>
<td>• Why? Drinking can take away important nutrients from your body.</td>
</tr>
<tr>
<td>• How? Drink water while you are drinking or alternate between water and alcohol</td>
<td>• How? Keep your bottle caps and screw tops in your pocket and count them later. You can keep track of this over time to see what amount works best for you.</td>
<td>• How? Try to eat before you start drinking and while you drink. Proteins (meat, cheese, eggs) and carbs (bread, rice) are especially good choices when you drink.</td>
<td>• How? If you can, try to take B vitamins folic acid, thiamine, and B-12 vitamins. Your case manager might be able help with this.</td>
</tr>
<tr>
<td>Avoid nonbeverage alcohol</td>
<td>Drink beer vs malt liquor</td>
<td>Space your drinks</td>
<td>Avoid mixing drugs</td>
</tr>
<tr>
<td>• Why? Mouthwash, aftershave, cooking wine, vanilla extract, cleaning spray, starch contain unpredictable amounts of alcohol and other poisonous ingredients.</td>
<td>• Why? You might be getting more alcohol than you thought. A 24 oz. 211 Steel Reserve = nearly 4 12 oz. regular beers. A 24 oz. Joesse or Till = nearly 6 12 oz. beers.</td>
<td>• Why? Keep the buzz going for longer and avoid the not-so-good things.</td>
<td>• Why? Drinking and druging at the same time can stress your heart and liver and can lead to overdose.</td>
</tr>
<tr>
<td>• How? If you drink, be sure to drink alcoholic beverages (beer, wine, liquor).</td>
<td>• How? Check the labels and try beer with 4-6% alcohol instead, like Bush or Keystone</td>
<td>• How? Pace yourself, tip your beer, alternate between beer and water.</td>
<td>• How? When you drink, try to avoid other drugs.</td>
</tr>
<tr>
<td>Avoid mixing drugs</td>
<td>Drink in a safe place</td>
<td>Less is more</td>
<td>Chose not to use</td>
</tr>
<tr>
<td>• Why? People can take advantage of you when you’re drinking. Drinking on the streets or in unsafe places can lead to fights, hassles and arrest.</td>
<td>• Why? If you can, avoid drinking heavily with people you don’t trust. Try to drink in places where you feel more in control of your surroundings.</td>
<td>• Why? Most things people like about alcohol occur when they are buzzed, not drunk.</td>
<td>• Why? Not drinking—even for a few hours—gives your liver, kidneys and pancreas a rest and may help you avoid other problems.</td>
</tr>
<tr>
<td>• How? If you can, avoid drinking heavily with people you don’t trust. Try to drink in places where you feel more in control of your surroundings.</td>
<td>• How? Think of some way you can limit your drinking. Then pace your drinking to keep the buzz going on less drinks. You might ask your case manager or a friend to help you stick with your limit.</td>
<td>• How? Try a few hours of not drinking or introducing one nondrinking day a week. To stop altogether, medically supervised detox might help.</td>
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</tr>
<tr>
<td>Avoid withdrawal</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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**Safer-use strategies**
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**Checking in**
- If possible, check in with clients regarding their progress towards their goals/risk reduction/safer use
- Even a brief check in or phone call can be helpful!
Integration of HaRT with cultural practices

Submitted to NIH for funding consideration

Harm-reduction Talking Circles (HaRTC)

Individual harm-reduction treatment for AI/ANs (HaRT-AIAN)
Harm Reduction Talking Circles (HaRTC)
HaRT for American Indians and Alaska Natives

- Patient-Driven Ceremonial Practices
- Support Safer-Drinking Strategies
- Elicit Harm-Reduction Goals
- Personalized Alcohol Feedback

Compassion    Acceptance
How it might work...
This is your brain on harm reduction...
Any questions?

We would like to acknowledge our staff and trainees at the Harm Reduction Research and Treatment (HaRRT) Center; our research partners, including DESC, REACH, Neighborcare, Dutch Shisler Sobering Center; MHCADSD; and the many community members and participants who have shaped our work. We dedicate this training to Dr. Alan Marlatt who was a legendary alcohol researcher, compassionate clinician, mentor to many, and inspiration to all.
Resources on Harm Reduction

**Websites**
- https://depts.washington.edu/harrtlab/
- www.harmreduction.org
- www.andrewtatarsky.com/links_harmreduction.html
- www.ihra.net/
- www.harmreductiontherapy.org/
- www.drugpolicy.org
- www.anypositivechange.org
- http://hamsnetwork.org/

**Self-help for clients**

**Literature on harm reduction approaches and psychotherapy**
For more information regarding these slides, please contact us at:

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