

# Changing the Focus: Envisioning Alcohol Use Through a Harm Reduction Lens

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# Disclosure Information

Changing the Focus: Envisioning Alcohol Use Through a Harm Reduction Lens

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☀ No Disclosures



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☀ No Disclosures

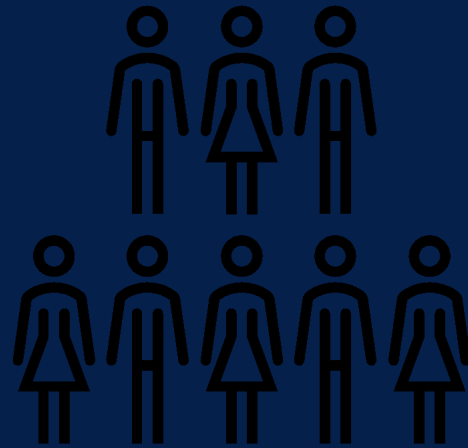


# Learning Objectives

- ☀ Discuss demographic trends in alcohol use
- ☀ Apply principles of harm reduction to management of alcohol use
- ☀ List strategies to help persons reduce harm from alcohol use
- ☀ Describe role of medications to help reduce alcohol use

In 2020 in the United States

**28.3 MILLION** people



**Aged 12 older had Alcohol Use Disorder**

SAMHSA 2021

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3<sup>RD</sup> MOST PREVENTABLE CAUSE OF DEATH

95,000 people  
die annually from an  
alcohol-related cause



CDC, 2021

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In the last two decades, alcohol consumption and alcohol-related ED visits, hospitalizations, and deaths have increased significantly among women.

*White, Alcohol Clin Exp Res. 2020*

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# Changes in Alcohol Consumption Patterns in 2020



**1 billion** more drinks per month



**4.6 million** more people exceeding drinking guidelines



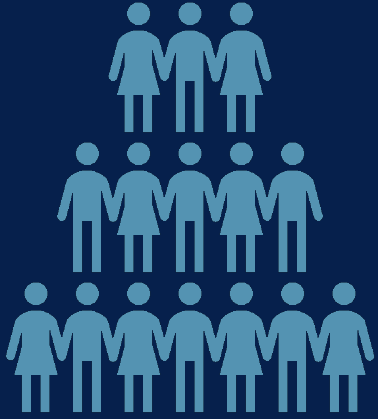
**9 million** more people binge drinking

The largest increases in consumption were observed in Black people (173%), people with children (323%), and people with mental health problems who drink to cope (135%).





Despite HIGH AUD prevalence



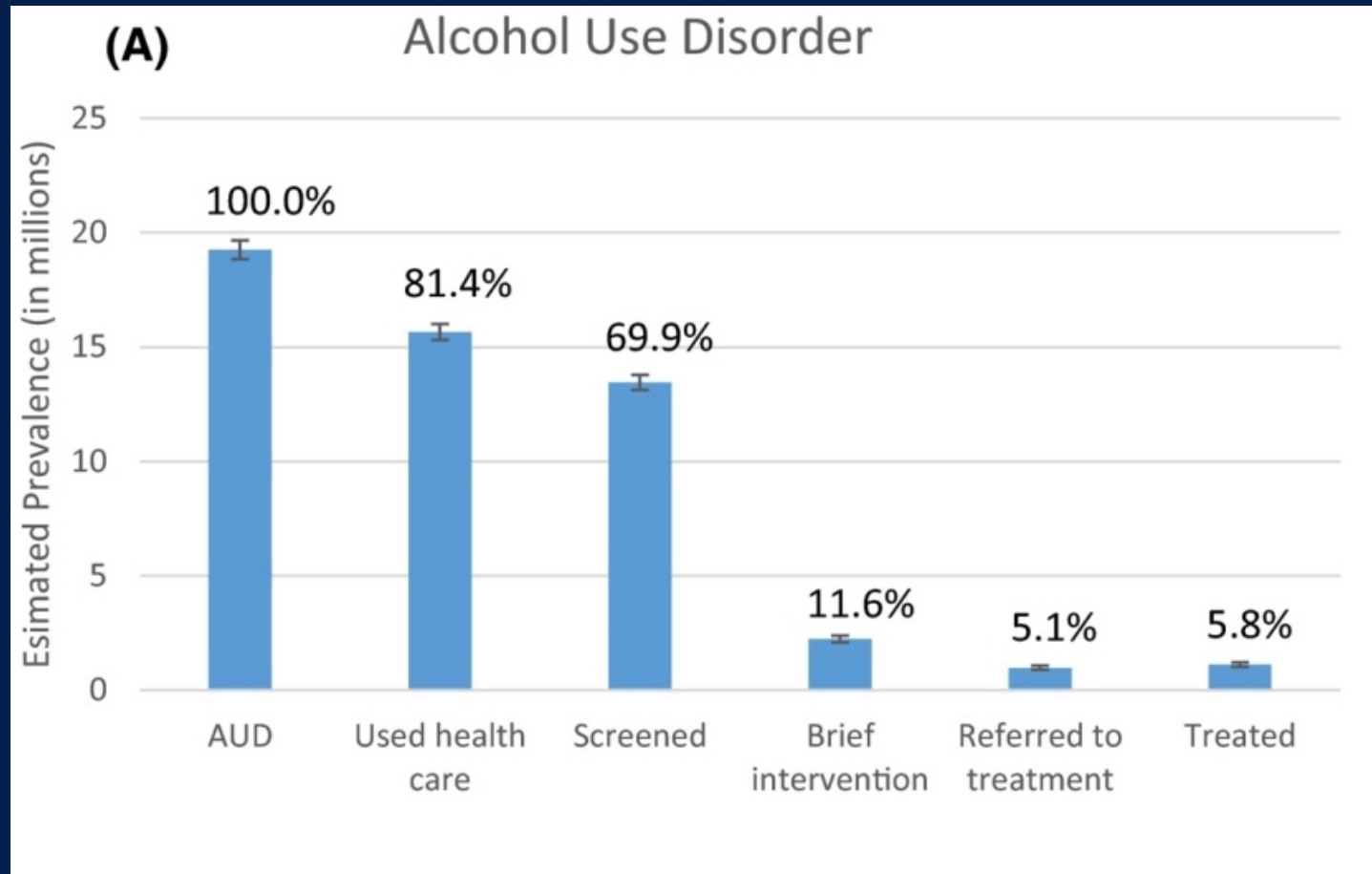
Bridge the  
Gap



Approximately 7.3% received any  
treatment in the past year



# Change the broken cascade



Mintz CM, Hartz SM, Fisher SL, Ramsey AT, Geng EH, Grucza RA, Bierut LJ Alcohol Clin Exp Res. 2021

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# Mixed Messages

- ☀ Alcohol is the most used substance in the United States
- ☀ Compared to other substances, alcohol is often depicted positively
- ☀ Myth of moderate consumption as being “heart healthy”



SAMHSA 2021

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# Many risks are dose-related and could be reduced by drinking *less* alcohol



# Harm Reduction for Alcohol Use

## ☀ General principles

- ☀ Minimize harms associated with alcohol for the individual and for the community
- ☀ Elicit preferences and acknowledge perceived benefits of alcohol to the individual
- ☀ Engage people with realistic goals which they can accomplish

# Engaging Persons to Discuss Alcohol

- ☀️ Ask your patient about their alcohol use
- ☀️ Understanding why people drink is important for treatment and changing their relationship with alcohol
  
- ☀️ Some Do's and Don'ts
  - ☀️ Do provide a safe space
  - ☀️ Do listen actively
  - ☀️ Don't assume your patient is not interested in reducing alcohol related harms

# What are your patient's goals?

- ☀ Safer Drinking
- ☀ Reduced drinking
- ☀ Safer and Reduced drinking
- ☀ Abstinence

There is NO known safe amount, timing, or type of alcohol use during pregnancy and when trying to conceive

Kenneth Anderson. *How to Change Your Drinking: A Harm Reduction Guide to Alcohol*. :2010.

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# Binge Drinking

- ☀ On days when patient is interested in drinking, set goals or limits for alcohol consumption.
  - ☀ Eat first and hydrate before drinking alcohol
  - ☀ Set timers to help evenly distribute consumption
  - ☀ Increase socialization with non-drinking friends at the time of binge drinking patterns
  - ☀ Alcohol in carbonated beverages absorbed faster than non-carbonated
  - ☀ Consume lower alcohol content (typically ingested more slowly)
  - ☀ Increase stress relieving activities



# Chronic Heavy Drinking

- ☀ Binge drinking on 5+ days per month
- ☀ Alcohol Moderation management: encouraging people to reflect on their own drinking behaviors and develop their own system of drinking moderately
  - ☀ Journal of drinking behaviors
  - ☀ Learn skills to avoid drinking
  - ☀ Alcohol free time
  - ☀ Engage family member or peer to help moderate alcohol consumption



Kenneth Anderson. *How to Change Your Drinking: A Harm Reduction Guide to Alcohol.* :2010  
Walters ST, Bennett ME, Noto JV. *J Subst Abuse Treat.* 2000

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# Reducing Harm from Alcohol

- ☀ Start a medication to reduce alcohol cravings
- ☀ Vitamin Supplementation for those at high risk of vitamin deficiencies
  - ☀ Dietary history revealing limited food intake, “tea and toast” diet
  - ☀ Food insecurity
  - ☀ Malnutrition evidenced by weight loss, loss of muscle mass, cachexia
  - ☀ Confirmed vitamin deficiencies
  - ☀ Gastritis, chronic pancreatitis, gastric bypass
- ☀ Eat small meals and take a PPI (proton pump inhibitor) to reduce gastric inflammation

# Alternatives: No or Low Alcohol Beverage

- ☀ Zero alcohol beverage
- ☀ Low alcohol beverage: alcoholic strength by volume (ABV) between 0.05-1.2%
- ☀ Reduced alcohol beverage: lowered than expected ABV for type of beverage

AVOID NON BEVERAGE ALCOHOL

Single, *Alcohol Health Res World* .1996

Miller et al 2021

Collins et al. *Subst Abus.* 2015

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# Reducing the Harms from Alcohol

- ☀ Plan your drinking: Set limits. Keep Track.
- ☀ If you are drinking in a group setting, have a cut off rule if someone is too intoxicated
- ☀ Drink at your own pace: Avoid shots, rounds, or top offs
- ☀ Avoid using phone or social media while drinking
- ☀ Avoid mixing alcohol with other sedating substances/medications
- ☀ Plan out your transportation
- ☀ Carry condoms

Kenneth Anderson. *How to Change Your Drinking: A Harm Reduction Guide to Alcohol*. :2010

Collins et al. *Subst Abus*. 2015

Crabtree et al Canada. *International Journal of Drug Policy*. 201.

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# Peer Support Groups

- ☀ Historically, most self-help groups centered abstinence as goal
- ☀ Alternatives
  - ☀ Moderation Management: targets persons with non-dependent alcohol problems to allow moderate drinking goals
  - ☀ Harm Reduction Works (HRW): engages persons using substances such as alcohol to discuss strategies to reduce harm

# Medications for Alcohol Use Disorder



## ☀️ Naltrexone

- ☀️ Mu opioid receptor antagonist
- ☀️ Dosage 50mg PO daily or 380mg IM every 28 days
- ☀️ Reduces cravings
- ☀️ Reduced risk of heaving drinking, % of heavy drinking days and # of drinks per drinking day

The Medical Letter 2021  
Collins et al. Subst Abus. 2015

# Medications for Alcohol Use Disorder

## ☀️ Acamprosate

- ☀️ Modulates glutaminergic system
- ☀️ Dosing: 666mg PO TID or 333mg PO TID (CrCl: 30-50 mL/min)
- ☀️ Increased percentage of days abstinent and percentage of no heavy drinking days
- ☀️ Reduction in return to any drinking



The Medical Letter 2021

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# Medications for Alcohol Use Disorder

## ☀️ Topiramate

- ☀️ Glutamate receptor antagonist & dopamine release inhibitor
- ☀️ Start at 25mg PO BID and increase to goal of 300mg/day
- ☀️ Reduces cravings
- ☀️ Promotes abstinence
- ☀️ Reduced risk of heaving drinking, % of heavy drinking days and # of drinks per drinking day



The Medical Letter 2021

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# Case Discussion

- ☀️ 27-year-old woman with bipolar disorder referred by her psychiatrist for evaluation of alcohol use.
- ☀️ Identify potential risks associated with her alcohol use
- ☀️ Discuss harm reduction strategies that may help her use alcohol more safely

# Case Discussion

- ☀️ 40 year old man with alcohol use disorder and opioid use disorder, stable on buprenorphine/naloxone (suboxone) but with ongoing alcohol use.
- ☀️ Identify potential risks associated with his alcohol use
- ☀️ Discuss harm reduction strategies that may help him use alcohol more safely

# Final Takeaways/Summary

- ☀ Alcohol use is on the rise
- ☀ Addressing alcohol use through harm reduction lens can help improve health through safer or reduced alcohol use
- ☀ Adopt practical strategies targeted at individuals' specific alcohol-related risks
- ☀ Medications for alcohol use disorder can still benefit persons who do not have goal of abstinence

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