HARM REDUCTION

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Definition: Harm reduction aims to reduce the adverse effects of addictive and other problem behaviors by accepting clients' goals, including but not limited to abstinence, and by addressing those behaviors and the situations in which they occur.

Elements: The therapist and client together establish and work to meet specific goals. Some clients choose abstinence, and identify high-risk situations, alternatives to the problem behavior, and/or acceptance of urges. Others choose to not stop entirely but rather to reduce problem behavior by identifying acceptable limits and how to stay within those (drink only on weekends, no more than one drink per hour, alternate alcoholic with non-alcoholic drinks). In clients who are not ready or able to immediately change their behavior, the therapist may recommend how to increase safety (clean needles for IV drug users, condoms for sexual activity, find a designated driver).

Related procedures: Alternative behaviour, working out of; *motivational interviewing*; relapse prevention

Application: Harm reduction is used mainly in individual and group settings for addictive behaviors and high-risk sexual behaviors, but can be tailored to almost any problem behaviour. Implementation takes 1-10 sessions, depending on client goals and progress.

1st use? Engelsman (1989)

References:

1. Engelsman EM (1989). Dutch policy on the management of drug-related problems. *British Journal of Addictions, 84*, 211-218.
2. Marlatt GA [Ed] (1998). *Harm reduction: Pragmatic Strategies for Managing High-risk Behaviors*. New York, NY, US: Guilford Press.
3. Marlatt GA, Witkiewitz K (2002). Harm reduction approaches to alcohol use: Health promotion, prevention, and treatment. *Addictive Behaviors, 27*, 867-886.

Case illustration (Logan, unpublished)

Claire, a student, was referred for an alcohol evaluation and feedback session after a heavy-drinking bout on her university campus when she blacked out and couldn't remember that she had caused a public scene with campus police being summoned. She said she expected an abstinence lecture and wasn't really interested in following such advice. The clinician instead explored Claire's good as well as not-so-good experiences while drinking. As the only way to avoid *all* trouble from alcohol was to not drink at all and Claire was under the legal drinking age, there was no way to remove potential legal consequences. These risks were explained, and Claire acknowledged understanding these.

She said she usually drank moderately without bad results, but at times would "go nuts" and drink heavily and black out, which impaired her relationships and academic work. She thought abstinence was unreasonable for her as her typical

drinking, a couple of beers, was no problem. She and her therapist instead focussed on how to reduce harm from heavy drinking, and in exploring situations when this happened, which turned out to be drinking-games at parties. They discussed harm-reducing skills such as refereeing versus participating in drinking games, spacing her drinks, setting a limit mentally or in writing before going out, and alternating alcohol drinks with non-alcoholic drinks of water or other beverages. She agreed these tools could reduce harmful consequences and she was likely to use them.

When her single 50-minute harm-reduction session ended, Claire expressed appreciation that this was not another “confrontational abstinence session” during which she had expected to say whatever the therapist wanted to hear to “get this over with”, but instead found it surprisingly useful and planned to actually implement harm-reduction tools when drinking. The therapist reiterated that though only abstinence would avoid all problems from drinking, ultimately Claire herself had to decide what to do and how to minimise potential harm. At four-week follow-up Claire said she’d been drinking more safely.