

A Harm Reduction Approach to Treating Problem Adolescent Alcohol Use

By Craig Forte, LCSW

Risk taking in adolescence is as certain as the sunrise and sunset; it seems essential to optimal identity development. It is a normative, healthy, developmental behavior for adolescents.

Alcohol use and abuse is a classic risk taking behavior for adolescents. In 2003 about 28% of 12th graders and 22% of 10th graders were binge drinkers (consuming 5 or more drinks at one time over a 2 week period). This data has remained fairly constant over the past several years. 62.5% of college age adolescents reported drinking in the past 30 days and 3.6% reported daily use. A 1994 survey of college students revealed that 44% engaged in binge drinking.

The negative consequences of adolescent alcohol consumption are numerous including having unprotected sex, increased vulnerability to coerced sexual activity, poor academic performance, traffic accidents, legal problems, alcohol dependence, and other health related issues.

Negative consequences of alcohol use are one of the most common presenting problems for adolescents coming to therapy. And, usually the adolescent is an involuntary participant. The abstinence model, perhaps the predominant approach, is an essential component of the continuum of substance abuse treatment; however, it is not necessary or effective for all young clients. Harm reduction is another model on the treatment continuum which favors a guided understanding of use and decision making with the aim of reducing untoward consequences. It does not require abstinence.

Linda Dimeff and her colleagues write, "Harm reduction methods are based on the assumption that addictive behaviors, including alcohol abuse and alcohol dependence, can be placed along a continuum of harmful consequences... The primary goal of harm reduction is to facilitate movement along this continuum from more to less harmful effects. Although abstinence is considered the anchor point for minimal harm, incremental movement toward reduced harm is encouraged and supported."

The *Brief Alcohol Screening and Intervention for College Students (BASICS)* and *Alcohol Skills Training Program (ASTP)* (Dimeff, et al. and Baer et al.) are examples of a harm reduction approach to treating alcohol abuse. Their primary aim is to reduce harmful consumption and associated problems. They meld concepts and techniques of motivational interviewing, cognitive-behavioral skills training and relapse prevention. There are several key assumptions in this approach: First, adolescent-chosen goals are more powerful than goals set by the clinician or required by others. Second, the factors that maintain heavy drinking for adolescents are different than the factors that maintain heavy drinking for adults. And third, successful experiences in the direction of achieving goals are more important than immediate and complete elimination of risk. Related to this are the assumptions that slips are good opportunities for more change and that successive experiences of change are more important than immediate and complete elimination of risk.

Although these two programs were designed and evaluated for an undergraduate college age population, they can be modified to use with high schoolers. Although the majority of social work practitioners do not do manualized treatments, close examination and skillful adaptation of structured treatments like these are effective in many practice settings.

The following illustration of the harm reduction approach is drawn from a case example of the beginning phase of treatment of Tim, a 17-year-old high school senior who was court directed to

receive substance abuse counseling when he was found to be intoxicated in public by the local police.

Tim presented with a history and current use of alcohol that did not meet criteria for substance dependence; that is, his use of alcohol was not interfering with any of his academic obligations or causing any relationship problems. He did admit to having driven drunk, but save for the incident that resulted in being referred to treatment, he had no legal, substance abuse related problems. Tim reported that he drank only on Friday or Saturday nights at parties with his friends and that he did not feel out of control with his drinking. He adamantly stated that he did not want his drinking to interfere with his important goals of graduating from high school and attending college. And, Tim was equally adamant that he did not want to abstain from drinking. He felt that treatment was unnecessary and unwarranted, and that drinking was the “thing to be doing at this time” of his life.

Harm Reduction is found to be most effective for clients who have no more than moderate alcohol dependence; thus, Tim was an excellent candidate for this approach. Although he did not want to abstain from drinking, he did want to drink safely, and did not want his drinking to interfere with important goals. As is developmentally appropriate, he wanted to assert his independence and have control over his life.

Tim actively participated in two assessment sessions during which motivational interviewing approaches were applied to identify goals, orient him to the nature of the treatment, and obtain commitment to the work. Tim appreciated being asked to take responsibility for his problem. He also responded well to being asked to identify his own commitments to change and to decide which change efforts he was willing to try. He initially committed to learning about general alcohol effects, and to identifying what experiences he wanted from drinking alcohol in order to make choices about his drinking with this in mind.

He eagerly agreed to collect information about his own use of substances and related behaviors.

Over the next four weeks he kept a drinking log in which he noted when, how much and over what duration of time he drank. Tim also completed the Alcohol Perceived Risks Assessment and Drinking Norms Rating Form, two BASICS questionnaires that take just a few minutes for clients to complete and offer a wealth of assessment information. Additionally, his answers suggested topics for discussion and education about harm and substance use.

Tim’s drinking logs consistently showed that he drank on the weekends, that he drank in party situations, and that he typically drank an average of 10 – 12 drinks over about five hours. He usually drank three to four drinks in the first hour. Using normative charts, Tim’s blood alcohol level (BAL) was estimated to be .09 after the first hour of drinking. He was surprised that it would be so high so quickly. Tim was educated that at this BAL level his judgment would be at least moderately impaired, that he would lack adequate muscle coordination and reaction time to drive safely, and that his thinking would be significantly slowed. Logging drinking, estimating clients’ BAL and educating about the effects of drinking at various levels of intake are done to increase awareness of drinking habits and the objective physiological effects of alcohol consumption. This in turn becomes the basis for clients to make choices about their use of alcohol.

Tim’s drinking was compared to both a high school cohort and to that of college undergraduates, his soon to be peer group. This comparison revealed that he was drinking more than about 80% of his peers, which was a shock to him. He vigorously questioned the validity of this data as he had thought that he drank about average or even less than his peers. To help him understand the discrepancy between the data and his perception, Tim was introduced to the social-psychological phenomenon that people tend to associate with others who are like them. For high school students, this often means socializing with other students who have similar drinking habits.

This skews perceptions of how one's behavior compares with the larger group of cohorts. Tim probably was drinking an average amount compared with the people he partied with, but they were all probably drinking larger amounts of alcohol than others their age. Tim did not immediately alter his drinking behavior based upon this learning. But his curiosity and awareness continued to increase through out the treatment. This kind of awareness and reflection is helpful to adolescents who are beginning to take charge of reducing their harm.

Tim's responses on the Perceived Risk Assessment indicated he perceived that his behavior was at a low risk. His concerns focused on the possibility that future college academic work might be affected by his drinking, and that he may be at risk for dependence given that one of his grandparents was addicted to alcohol. Tim's awareness of this higher risk for alcoholism was reinforced, as well as his continued need to assess his drinking throughout his life with this elevated risk in mind.

In subsequent sessions, as Tim became more trusting of the therapist and the therapy, he was willing to discuss why he wanted to drink and what kind of experiences he wanted when he drank. Typical for his age and sex, he liked the social looseness that came with drinking, including some decreased anxiety and disinhibition when he talked with girls. He also liked the "high," and humor he could share with his friends. Tim was surprised by the alcohol use study data showing that there is a situation and setting effect for alcohol. That is, if people expect that they are going to get giddy and high when they drink, they will get that way with less alcohol than they thought they would need, or even when served non-alcoholic drinks believing they contain alcohol. Tim thought it was humorous that some of the alcohol effects were "in his head." And he learned that the alcohol effects he wanted would likely occur with less intake. He also learned he could avoid the negative effects - the horrible hang-over, coordination problems, anxiety, decreased mood, and sleepiness—by reducing his intake. Tim's interest in relating to girls led to discussions about the findings that most young women in high school and college say that their primary concern about being drunk or being with guys who are drinking heavily is engaging in unwanted sexual contact.

Tim's treatment continued for the duration of the court required twelve sessions. The focus was on further education about the effects of alcohol, and support for both identifying the specific changes he wanted to make and for actually altering his behavior.

REFERENCES

Baer, J.S., Marlatt, G.A., Kivlahan, D.R., Fromme, K., Larimer, M.F., & Willimas, E. (1992) An experimental test of three methods of alcohol risk-reduction with young adults. *Journal of Consulting and Clinical Psychology*, 60, 974-979.

Dimeff, L.A., Baer, J.S., Kivlahan, D.R., Marlatt, G.A. Brief Alcohol Screening and Intervention for College Students. New York: Guilford Press, 1999.

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