

HARM REDUCTION STRATEGIES FOR THE CHRONICALLY HOMELESS SUFFERING FROM ALCOHOL USE DISORDER - LITERATURE REVIEW

UNIVERSITY OF WYOMING

Introduction

In an effort to better treat the homeless population, harm reduction approaches have been introduced. In its most basic form, harm reduction is an effort to reduce any sort of harm (Logan and Marlatt, 2010, p. 202). The purpose of this literature review is to explore the effectiveness of harm reduction strategies and programs related to alcoholism within the chronically homeless population. Some of the strategies being discussed include managed alcohol programs, housing first, naltrexone, and motivational interviewing.

What Does “Chronically Homeless” Mean?

“Chronic homelessness is used to describe people who have experienced homelessness for at least a year — or repeatedly — while struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability” (“Chronically Homeless,” 2020). Unfortunately, about 24 percent of the overall homeless population in the US can be defined as chronically homeless (“Chronically Homeless,” 2020). The combination of these can pose difficult circumstances that make it extremely difficult to find and sustain stable housing if there are not adequate support systems in place (The Council of Economic Advisers, 2019, p. 2).

What is Alcohol Use Disorder? The National Institute on Alcohol Abuse and Alcoholism define alcohol use disorder as “a chronic relapsing brain disorder characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences (Alcohol Use Disorder, 2020, para. 1). about 80 percent of chronically homeless individuals report substance abuse problems (Bentler et al., 2014, p. 375).

Research Question

Are harm reduction methods effective in reducing harm within the chronically homeless population suffering from alcohol use disorder?

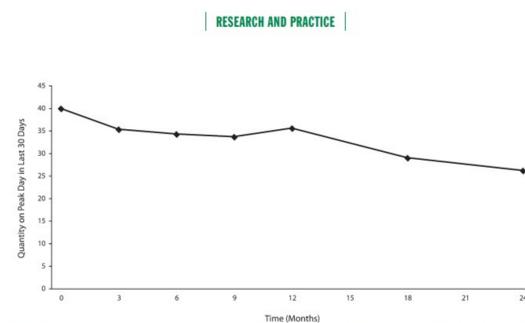
Methods

The methods for this project included scholarly research engines from the University of Wyoming Library. All articles included were peer reviewed and up to date. I did this by filtering the databases to only show articles within the past ten years. By reading through the database articles and looking at the outcomes of their studies, I applied the literature in order to predict how effective harm reduction approaches are for alcohol use disorder within the chronically homeless population.

Summary of Findings

Housing first

- A study done by Collins et al., examined a popular criticism of harm reduction; this is the idea that it leads to an increase in alcohol use and related issues.
- This was a two-year study that included a 95-sample size, chronically homeless predominantly male suffering from alcohol use disorder, and ethnically diverse (Collins et al., 2012, p. 512).
- The results showed a significant decrease of alcohol-related issues as well as a decrease in alcohol dependence symptoms (Collins et al., 2012, p. 513-514).
- Alcohol use decreased about 7-8 percent every three months (Collins et al., 2012, p. 514). Over the two-year follow up, participants reported avoiding drinking to intoxication as well as a 65 percent to 23 percent decrease of DTs (Collins et al., 2012, p. 514).



Naltrexone

- A study done by V.S. Grazioli et al., assessed the overall effectiveness of extended-release naltrexone along with harm reduction counseling amongst the chronically homeless population (2015, p. 64).
- Of the 31 participants, the results showed three main changes: buffering the effects of alcohol on the body, changing of drinking patterns, and overall reduction of alcohol consumption (V.S. Grazioli et al., 2015, p. 66).
- In addition, one third of participants reported changing their drinking patterns to be less harmful as well as having increments of abstinence (V.S. Grazioli et al., 2015, p. 66).

Motivational Interviewing

- A study done by Satre et al., examined motivational interviewing and its effect on hazardous drinking and drug use within adults in treatment for depression (Satre et al., 2016, p.572).
- In this study, participants had to complete a 45-minute session of MI as well as two 15-minute sessions completed over the phone (Satre et al., 2016, p. 573). The control group was given brochures on substance abuse (Satre et al., 2016, p. 573).
- Results from the study showed the MI group was less likely to report hazardous drinking at the six-month mark compared to the control (Satre et al., 2016, p. 576).

Managed Alcohol Program

- A pilot study done by Pauly et al., evaluated drinking patterns and harm reduction in a 15 bed, mixed gendered managed alcohol program facility in Thunder Bay, Ontario (Pauly et al., 2016, p. 2).
- Within this facility, residents can obtain one alcoholic drink in 90-minute intervals from 8am to 11pm (Pauly et al., 2016, p. 3). In addition to known quality alcoholic drinks residents also receive food, housing, counseling, skills training, and health care (Pauly et al., 2016, p. 3).
- Of the self-reported non-beverage alcohol consumption, it showed individuals in the program reported significant fewer days of non-beverage alcohol consumption compared to the control group (Pauly et al., 2016, p. 6).
- In addition, during the qualitative interviews, program participants reported a desire to not consume non beverage alcohol (Pauly et al., 2016, p. 6). It is important to note that these individuals could easily have access to non-beverage alcohol but more often than not, would choose the wine provided by the MAP (Pauly et al., 2016, p. 6).
- Of the self-reported alcohol-related harms survey, participants reported fewer harms compared to the controls, although not significant (Pauly et al., 2016, p. 6). These harms include withdrawal seizures, housing status, and legal troubles (Pauly et al., 2016, p. 6).

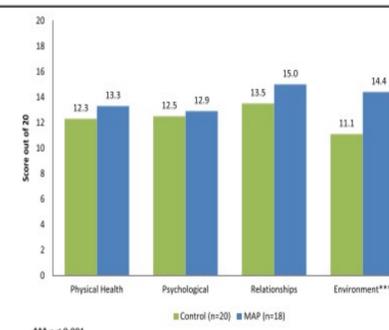


FIG. 2 WHO-BREF domains. Figure shows the average scores for controls and MAP participants along the four WHO-BREF dimensions. Scores on this scale can range from 4 to 20

Conclusion

In social work, harm reduction is applicable to a multitude of ethical principles and standards within the NASW Code of Ethics. Most notably, it applies to the ethical value dignity and worth of a person (National Association of Social Workers, 2017, p. 5). According to this ethical value, social workers must allow clients to determine their own needs and be able to have self-determination (National Association of Social Workers, 2017, p. 5-6). Practices that follow a harm reduction approach allow the individual to have full self-determination and make decisions based on their needs and wants. This also applies to the ethical standards 1.01 and 1.02, self-determination and commitment to clients (National Association of Social Workers, 2017, p. 7). According to the Code of Ethic these standards represent a social worker’s requirement to promote the well-being and freedom of choice within their clients (National Association of Social Workers, 2017, p. 7). It is clear that harm reduction strategies are in line with the NASW Code of Ethics and are practices that more social workers should implement. The shift from abstinence-based treatment programs for substance use to more harm reduction strategies is a shift that would benefit many people in many ways. This would be particularly true within the chronically homeless population. Harm reduction strategies allows for a human approach towards these issues. It shifts the focus from the “issues” surrounding the individual and pushes the focus back to the individual person.



References

Alcohol Use Disorder. (2020, June 04). Retrieved from <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-use-disorders>

Bentler, M. Peter, Ibabe, Izaskun, Nvamatthi, Adeline, & Stein A., Judith. (2014). Predictors of substance abuse treatment participation among homeless adults. *Journal of Substance Abuse Treatment*, 46(3), 374-381. <https://doi.org/10.1016/j.jsat.2013.10.005>

Bernadette (Bernie) Pauly, Gray, E., Perkin, K., Chow, C., Vallance, K., Krysovaty, B., & Stockwell, T. (2016). Finding safety: A pilot study of managed alcohol program participants perceptions of housing and quality of life. *Harm Reduction Journal*, 13. doi:10.1186/s12954-016-0102-5

Chronically Homeless. (2020, January). National Alliance to End Homelessness. Retrieved from <https://www.naehs.org/chronically-homeless/>

Collins, S. E., Malone, D. K., Cliffasefi, S. L., Ginzler, J. A., Garner, M. D., Burlingham, B., Lonczak, H. S., Dana, E. A., Kirouac, M., Tanzer, K., Hobson, W. G., Marlatt, G. A., & Larimer, M. E. (2012). Project-based Housing First for chronically homeless individuals with alcohol problems: within-subjects analyses of 2-year alcohol trajectories. *American Journal of Public Health*, 102(3), 511-519. <https://doi.org/10.1161/ajph.2011.016494>

Logan, D. E., & Marlatt, A. G. (2010, January). Harm reduction therapy: A practice-friendly review of research. Retrieved from <https://online.library.wiley.com/doi/abs/10.1002/clp.206694>

National Association of Social Workers. (2017). *Code of ethics of the National Association of Social Workers*. Retrieved from: <http://www.nasw.org/ethics>

Satre, D. D., Leibowitz, A., Sterling, S. A., Lu, Y., Travis, A., & Weisner, C. (2016). A randomized clinical trial of Motivational Interviewing to reduce alcohol and drug use among patients with depression. *Journal of Consulting and Clinical Psychology*, 84(7), 571-579. <https://doi.org/10.1037/xap0000296>

The Council of Economic Advisers. (September 2019). *The State of Homelessness in America*. [PDF File]. <https://www.whitehouse.gov/wp-content/uploads/2019/09/The-State-of-Homelessness-in-America.pdf>

Véronique S. Grazioli, Jennifer Hicks, Greta Kaese, James Lenert, Susan E. Collins. (2015). Safer-Drinking Strategies Used by Chronically Homeless Individuals with Alcohol Dependence. *Journal of Substance Abuse Treatment*, Volume 54, 63-68. <https://doi.org/10.1016/j.jsat.2015.01.010>