



Fremtidens alkoholbehandling – er reduceret  
alkoholindtag vejen frem?

Future alcohol treatment – is reduced alcohol  
intake the way forward?

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No conflicts related to this work.

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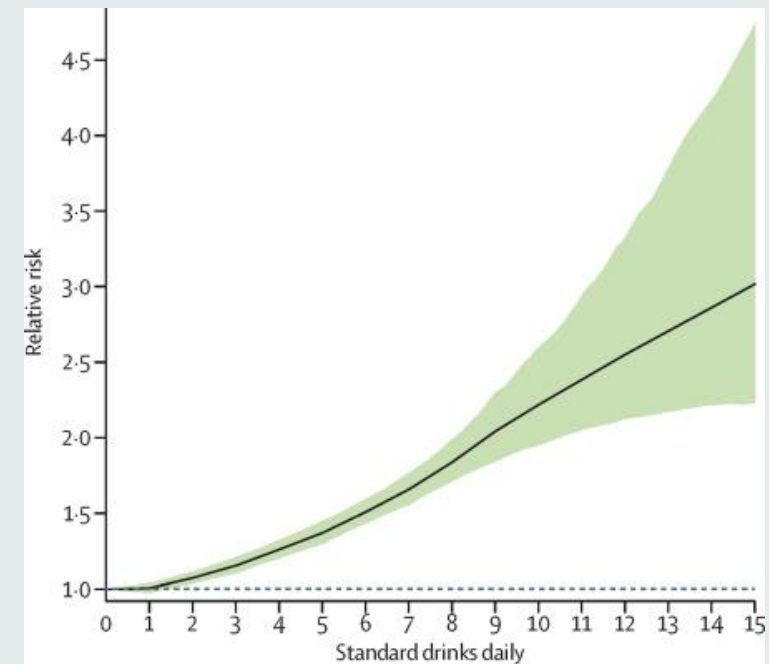
# Overview

- Harm reduction for alcohol use disorder in clinical settings
- Examination of World Health Organization risk drinking level reductions and patient drinking consequences, mental health, physical health, and quality of life
  - WHO risk levels are associated with how a patient feels and functions
  - WHO risk levels are stable and associated with outcomes over time
- Re-considering recovery to focus on the whole person

# Three important points...

(1) Abstinence is rightly celebrated as a successful pathway for those with alcohol use disorder (AUD)

(3) Drinking reductions decrease relative risk of morbidity/mortality

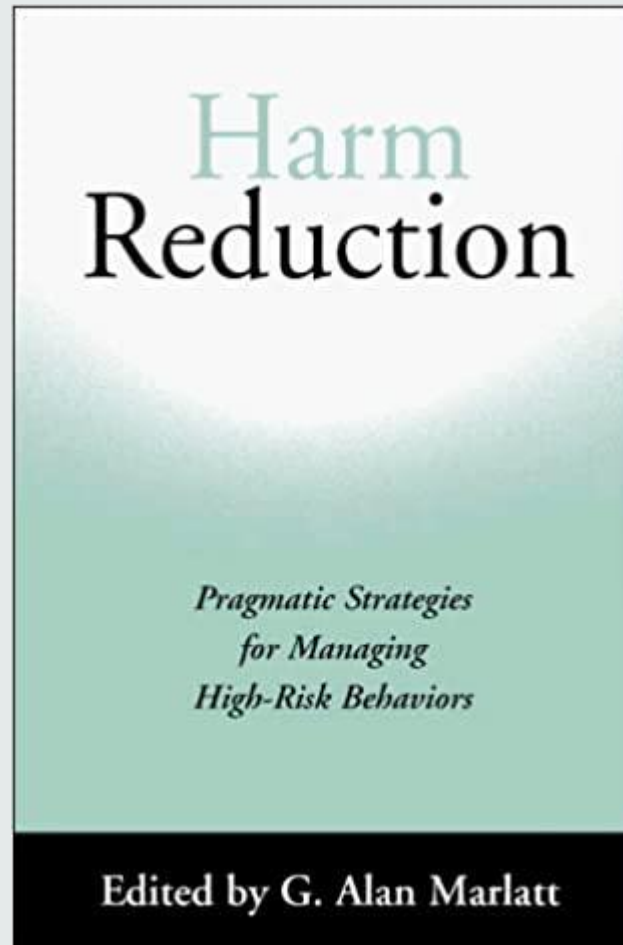


Global Burden of Disease Risk Factors Collaborators. 2018. Lancet.

# Harm Reduction for Alcohol Use Disorder



G. Alan Marlatt  
(1941-2011)



Pergamon

Addictive Behaviors 27 (2002) 867–886

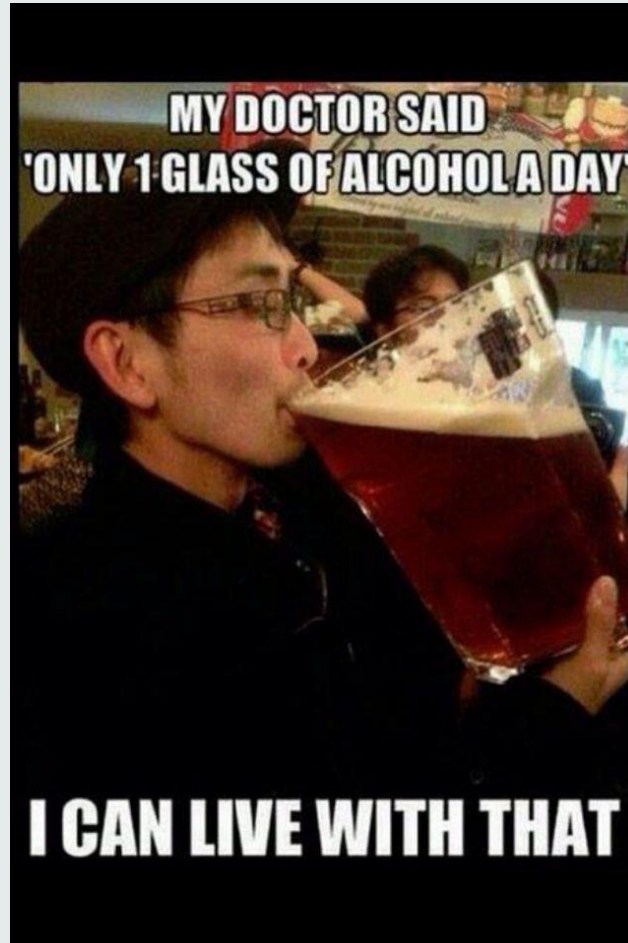
**ADDICTIVE  
BEHAVIORS**

Harm reduction approaches to alcohol use:  
Health promotion, prevention, and treatment

G. Alan Marlatt\*, Katie Witkiewitz

“Numerous studies have supported the efficacy of CBT-oriented approaches for moderation goals in reducing alcohol consumption and alcohol-related problems following treatment (Connors et al., 1992; Miller et al., 1992; Sanchez-Craig et al., 1984).”

# What level of reduction is meaningful?



Rest in power, Betty White

# How do we define success for alcohol use disorder treatment?



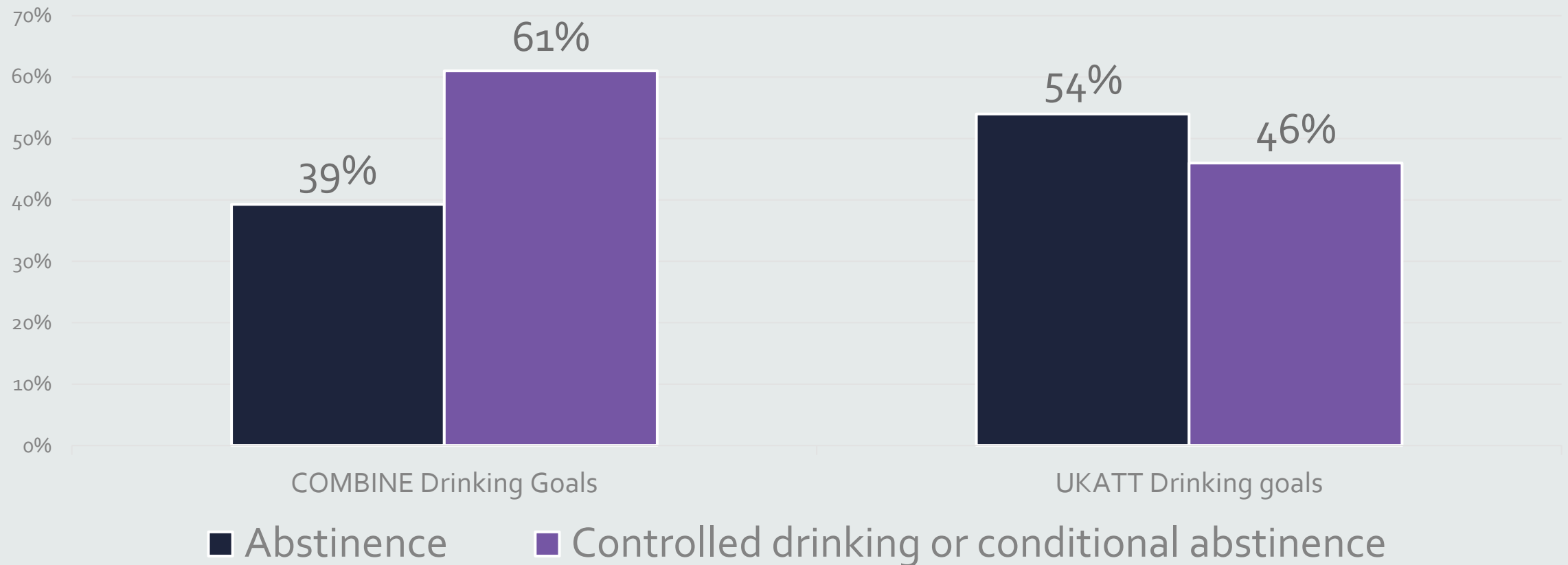
- Abstinence
- No heavy drinking days
  - No more than 3 drinks for women
  - No more than 4 drinks for men



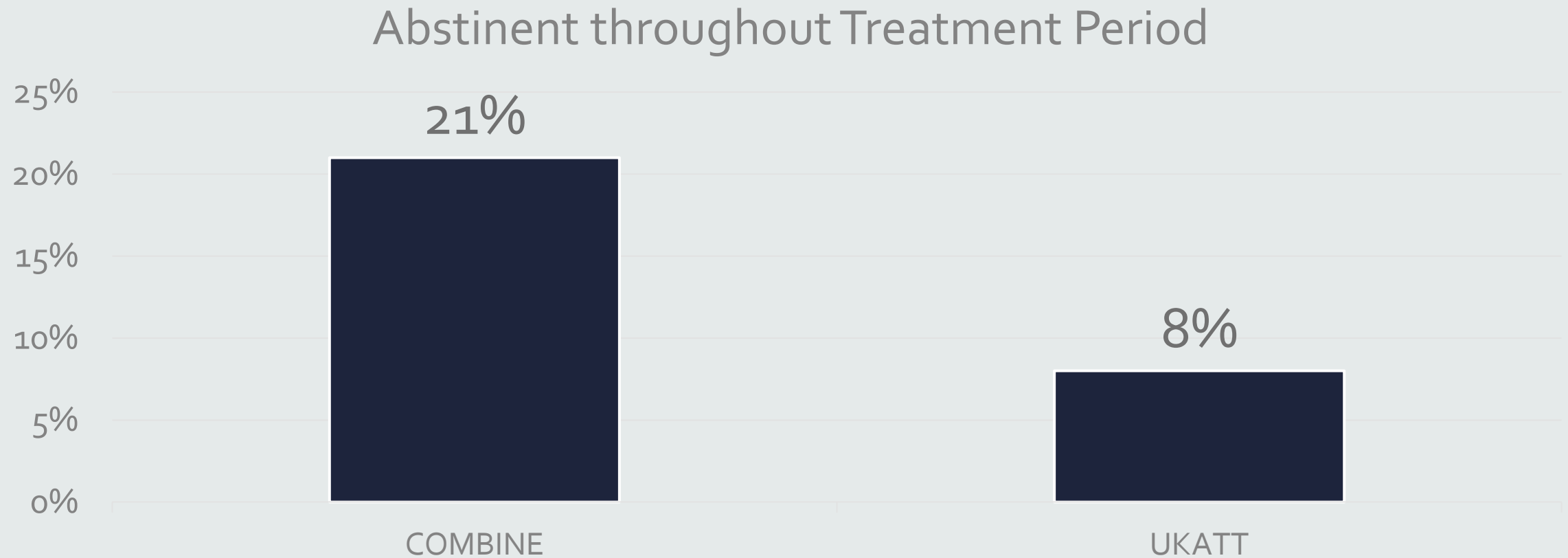
EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

- Abstinence
- Intermediate harm reduction
  - Reductions in total alcohol consumption
  - Reductions in # of heavy drinking days
  - Reductions in World Health Organization risk level

# Abstinence is the most desirable outcome, but many patients entering treatment prefer non-abstinence goals



# Continuous abstinence is also very difficult to achieve for most patients





# Targeting drinking reductions

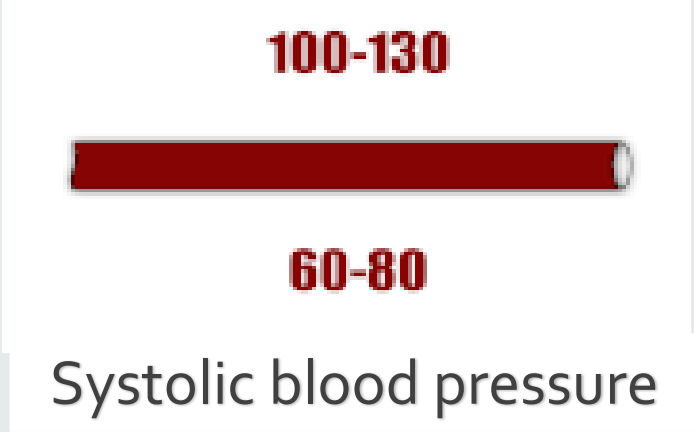


	World Health Organization Risk Drinking Levels (for males)			
	Low Risk	Medium Risk	High Risk	Very High Risk
<b>Alcohol per day (in grams)</b>	1 to 40 g	41 to 60 g	61 to 100 g	101+ g
<b>Drinks per day (in Denmark standard drinks, 12 g)</b>	1 to 3.3 drinks	3.3 to 5 drinks	5.1 to 8.3 drinks	8.3+ drinks
<b>Drinks per day (in Australia, Germany, France, etc., 10 g)</b>	1 to 4 drinks	4.1 to 6 drinks	6.1 to 10 drinks	10.1+ drinks
<b>Drinks per day (in UK, Iceland standard drinks, 8 g)</b>	1 to 5 drinks	5.1 to 7.5 drinks	7.6 to 12.5 drinks	12.6+ drinks
<b>Drinks per day (in U.S. standard drinks, 14 g)</b>	1 to 2.9 drinks	3.0 to 4.3 drinks	4.4 to 7.1 drinks	7.2+ drinks

	World Health Organization Risk Drinking Levels (for females)			
	Low Risk	Medium Risk	High Risk	Very High Risk
<b>Alcohol per day (in grams)</b>	1 to 20 g	21 to 40 g	41 to 60 g	61+ g
<b>Drinks per day (in Denmark standard drinks, 12 g)</b>	<1.6 drink	1.6 to 3.3 drinks	3.3 to 5 drinks	5.1+ drinks
<b>Drinks per day (in Australia, Germany, France, etc., 10 g)</b>	1 to 2 drinks	2.1 to 4 drinks	4.1 to 6 drinks	6.1+ drinks
<b>Drinks per day (in UK, Iceland standard drinks, 8 g)</b>	1 to 2.5 drinks	2.6 to 5 drinks	5.1 to 7.5 drinks	7.6+ drinks
<b>Drinks per day (in U.S. standard drinks, 14 g)</b>	1 to 1.4 drinks	1.5 to 2.8 drinks	2.9 to 4.3 drinks	4.4+ drinks

# Reductions in drinking risk levels, short of total abstinence, are associated with improvements in:

Drinking Consequences



Witkiewitz et al., 2017, 2018, 2019, 2020

# Summary of findings from studies examining reductions in the WHO risk levels

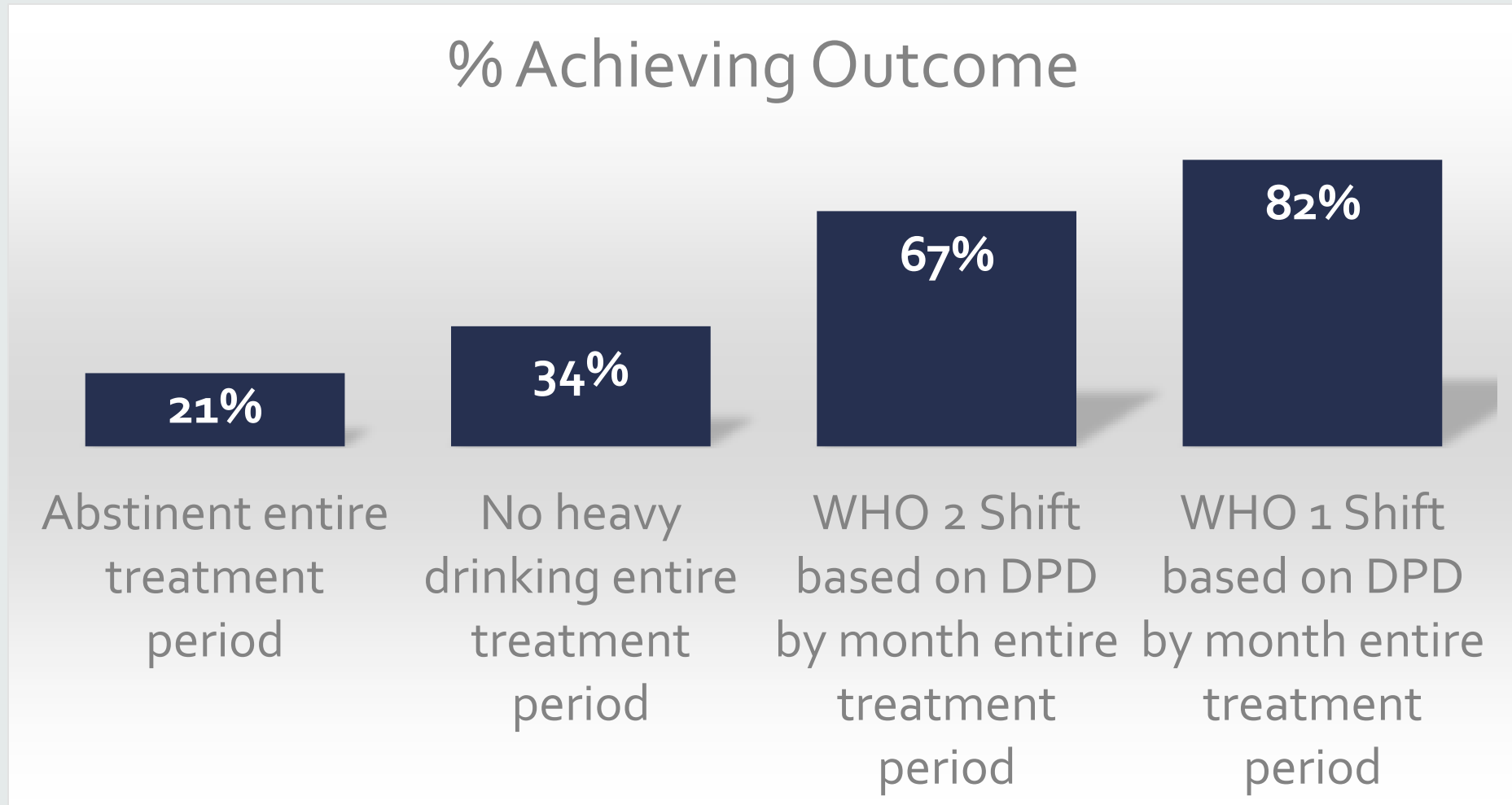
Reductions in WHO risk levels, short of total abstinence, are:

- associated with...
  - reduced risk of alcohol dependence (Hasin et al 2017, Lancet Psychiatry)
  - decreases in consequences and improvements in mental health (Witkiewitz et al 2017, ACER)
  - improvements in quality of life, blood pressure, and liver function (Witkiewitz et al 2018, ACER)
  - reduced risk of liver disease, depression, and anxiety disorders (Knox et al, 2018, 2019)
  - medication treatment effects (Falk et al 2019, JAMA Psychiatry)
  - reductions in health care costs (Aldridge et al in press, J Addiction Medicine)
- stable over time (Witkiewitz et al 2019, ACER; Witkiewitz et al 2021)
- not moderated by alcohol dependence severity (Witkiewitz et al 2020, Addiction)

# Critical clinical questions

- Can people achieve reductions in drinking?
- What are relative benefits of abstinence vs. reduced drinking?
- Should treatment content differ, depending on the patient's expressed goal of abstinence vs. reduced consumption?

# Drinking reduction endpoints may be more desirable and are more likely to be achieved by patients

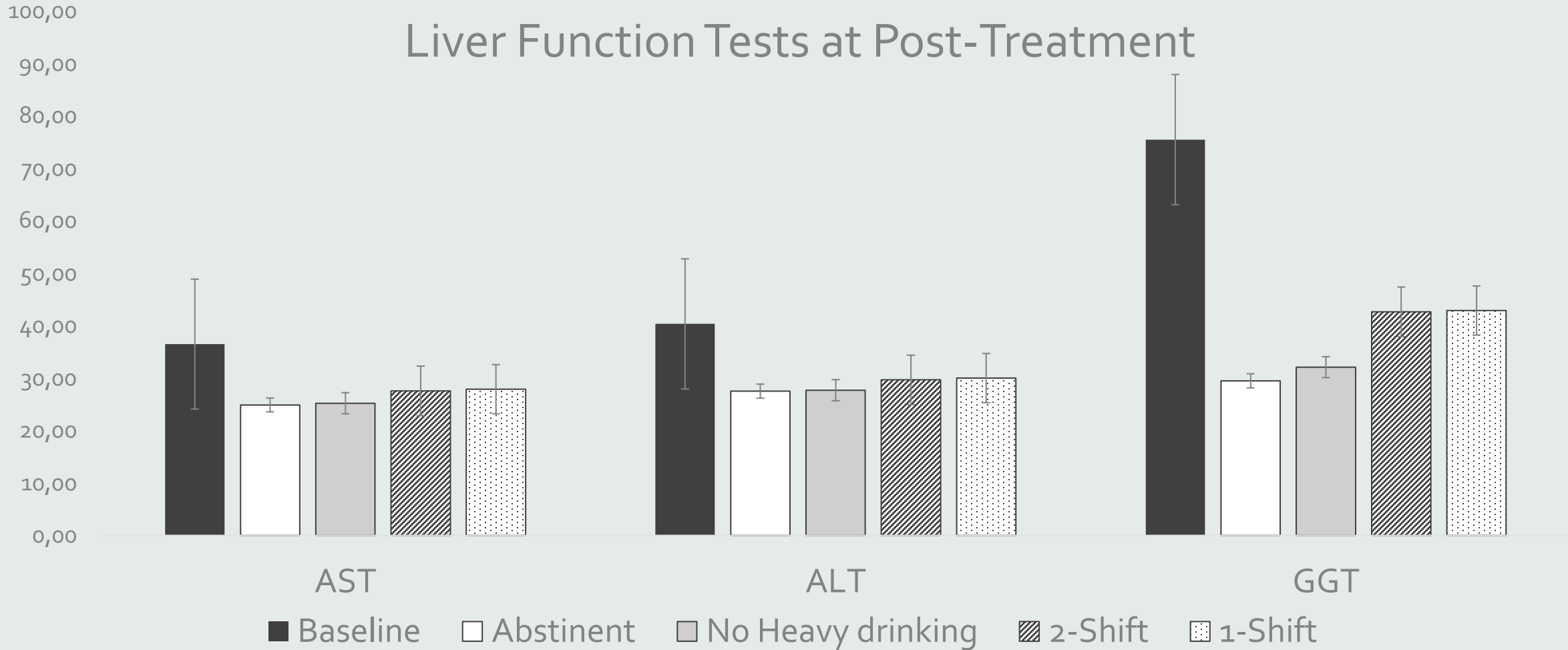


# How do new drinking reduction endpoints compare to alternative existing endpoints?

Comparison of Endpoints on Self-Report Functioning Outcomes at Post-Treatment

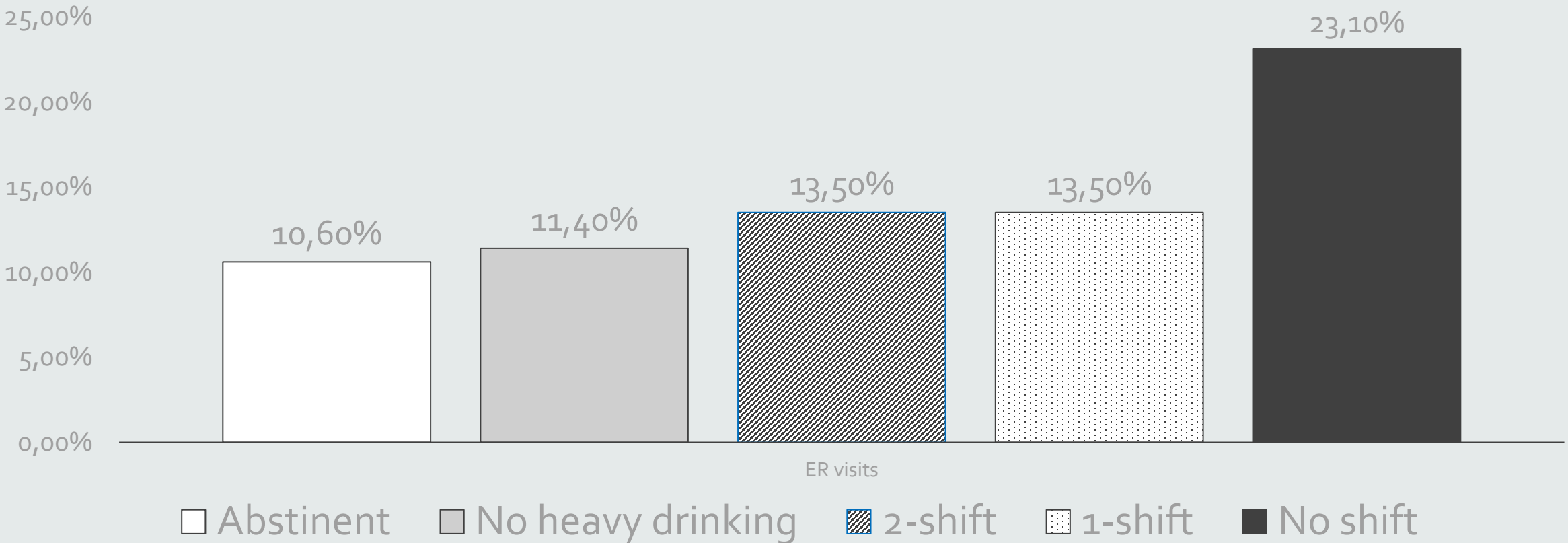


# How do new drinking reduction endpoints compare to alternative existing endpoints?



# How do new drinking reduction endpoints compare to alternative existing endpoints?

Emergency Services Visits





# Should treatment content differ, depending on the patient's expressed goal of abstinence vs. reduced consumption?

## Abstinence goal



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## Reduced drinking goal



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# Targeting abstinence goals

- Focus on skills to prevent any drinking
  - **Identify high risk situations for drinking**
  - **Avoid people, places, things**
- Prepare for abstinence violation effect
- Functional analysis and relapse prevention following lapses (shame reduction, re-commitment)
- Increase alcohol-free activities



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# Targeting reduced drinking goals

- Focus on setting goals and plans for drinking reductions
  - # of days/week and/or drinks per day
  - Train **protective behavioral strategies**
- Prepare for moderation violation effect
- Functional analysis and prevention of drinking events that exceed limits (shame reduction, re-commitment)
- Increase alcohol-free or reduced alcohol activities



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Can individuals  
achieve and  
maintain a non-  
abstinent  
“recovery”?

Dynamic Pathways  
to Recovery from  
Alcohol Use  
Disorder  
Meaning and Methods



Edited by Julie A. Tucker and Katie Witkiewitz

# Can individuals achieve and maintain a non-abstinent “recovery”?

Project MATCH (n=1726; Project MATCH Research Group, 1997)

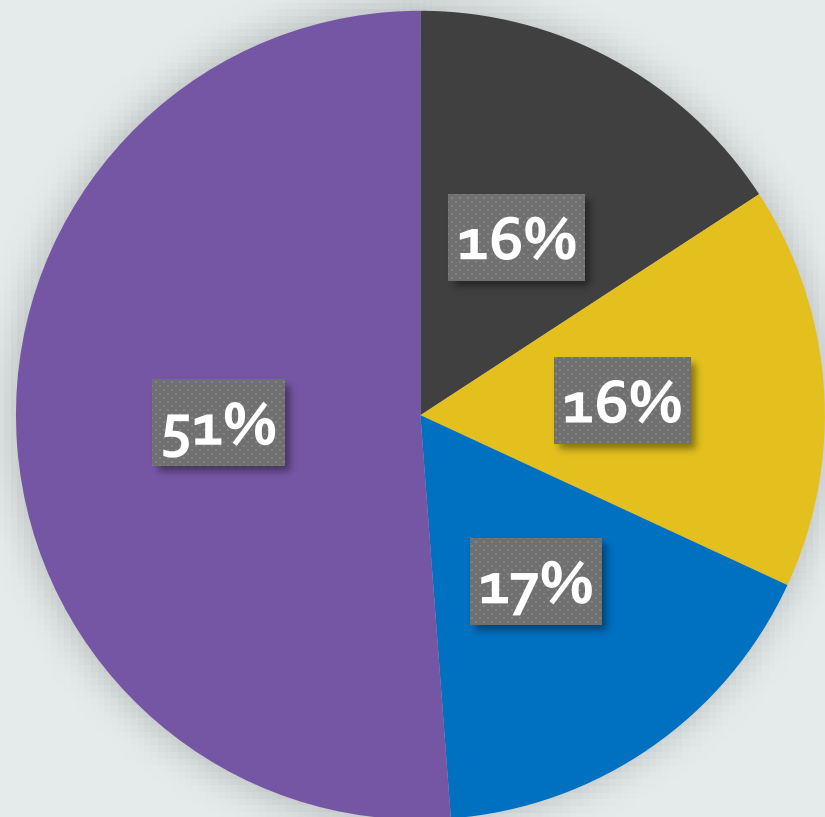
- All met criteria for DSM-III-R Alcohol Abuse (10%) or Dependence (90%)
- Recruited from inpatient and community treatment programs for 12 weeks of treatment
  - Cognitive behavioral treatment, motivation enhancement treatment, twelve-step facilitation
- Outpatient sample (n=952) with three-year data (**n=806; 85% of outpatient sample**)
- **10 year follow-up (n=146; 65% of those consented)**

COMBINE Study (n=1383; Anton et al 2006)

- All met criteria for DSM-IV Alcohol Dependence
- Recruited from community treatment programs for 16 weeks of treatment
  - Medications (acamprosate, naltrexone, or matched placebo) and combined behavioral intervention
- COMBINE Economic Study (n=1144) with three-year data (**n=694; 79% of those consented**)
- **7-9 year follow-up (n=127; 64% of those consented)**

# Latent profile analysis at 3 years indicated four profiles distinguished by consumption and function in MATCH

% of sample in each profile

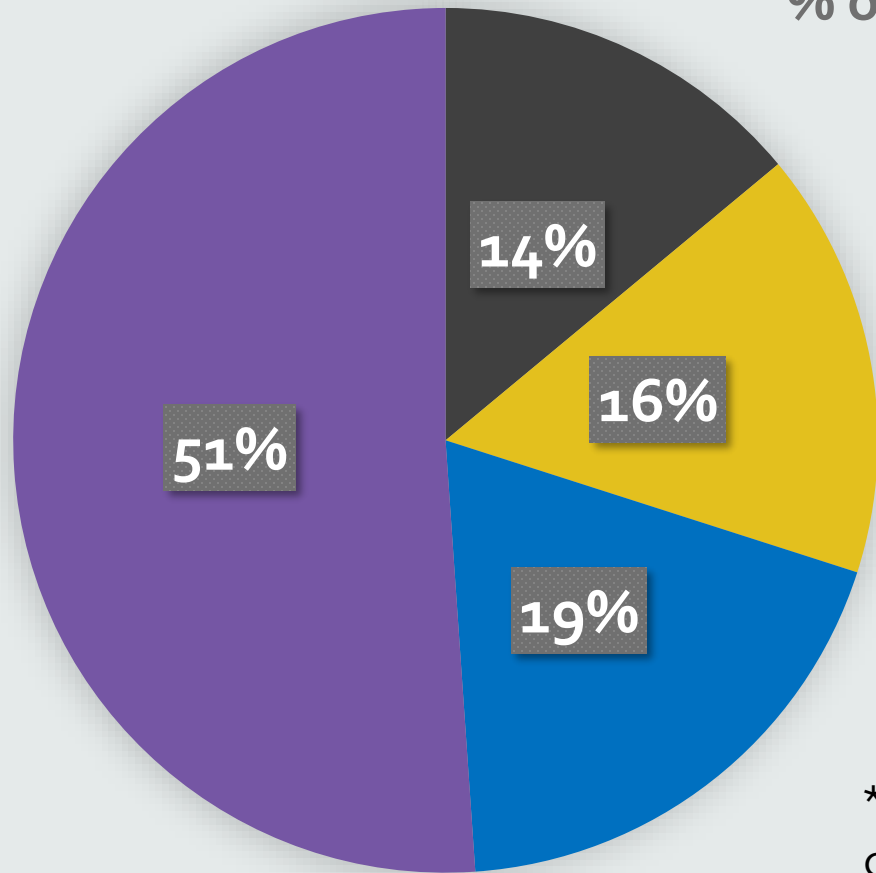


- Profile 1 Low functioning frequent heavy drinking (0% abstainers)
- Profile 2 Low functioning infrequent heavy drinking\* (27% abstainers)
- Profile 3 High functioning occasional heavy drinking\* (0% abstainers)
- Profile 4 High functioning infrequent drinking\* (49% abstainers)

\*Those with expected classification in Profiles 2, 3, and 4 had large, clinically significant reductions in drinking from baseline

# Latent profile analysis at 3 years indicated four profiles distinguished by consumption and function in COMBINE

% of sample in each profile



- Profile 1 Low functioning frequent heavy drinking (0% abstainers)
- Profile 2 Low functioning infrequent heavy drinking\* (33% abstainers)
- Profile 3 High functioning occasional heavy drinking\* (0% abstainers)
- Profile 4 High functioning infrequent drinking\* (61% abstainers)

\*Those with expected classification in Profiles 2, 3, and 4 had large, clinically significant reductions in drinking from baseline

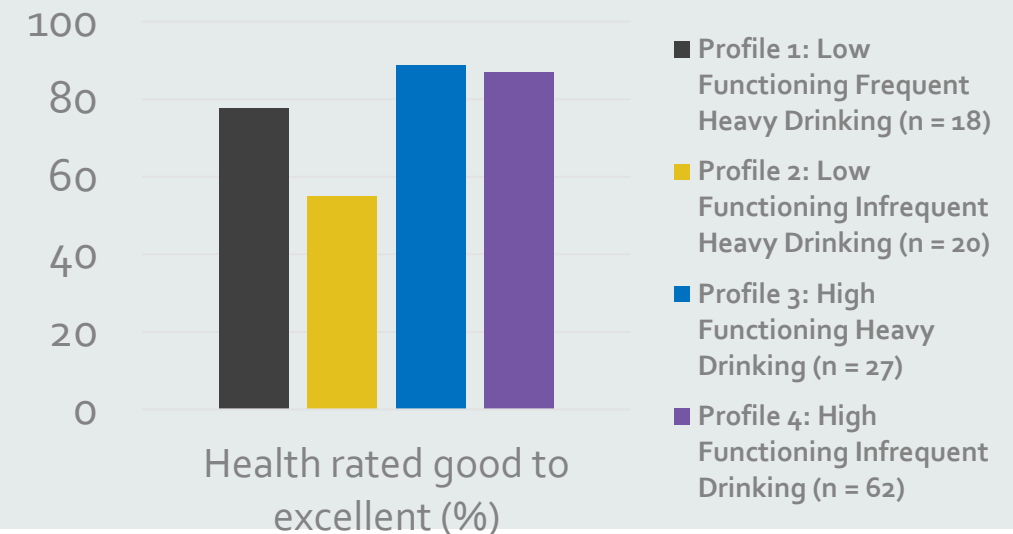
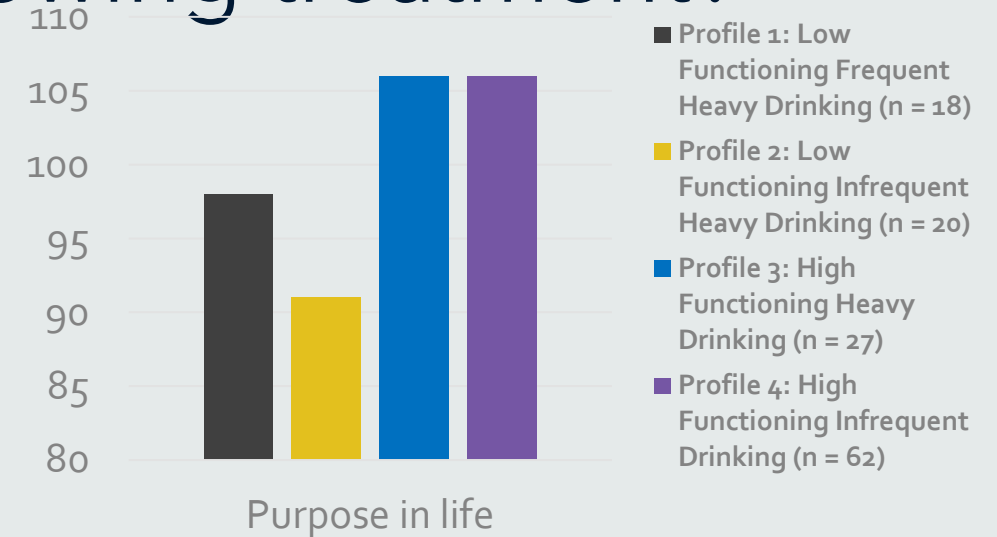
# Do high functioning profiles maintain better functioning up to a decade following treatment?

- **Project MATCH 10 Year (n=146; 65% of those consented)**

- High functioning profiles had significantly greater purpose in life, less depression, and lower anger (Witkiewitz et al., 2021, Journal of Addiction Medicine, <https://osf.io/tmfsu/>)

- **COMBINE 7-9 Year (n=127; 64% of those consented)**

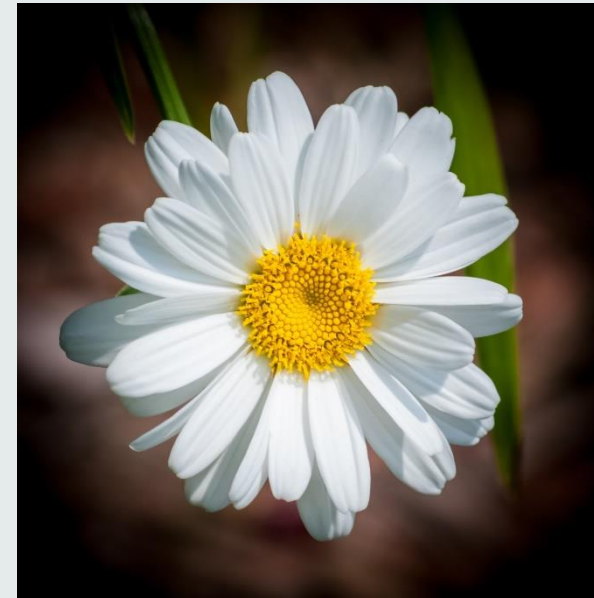
- High functioning profiles had higher self-reported health and fewer hospital stays (Witkiewitz et al., 2020, ACER, <https://doi.org/10.1111/acer.14413>)





# Future directions for thinking about recovery

- Recovery of functioning, well-being, and quality of life is possible among those with alcohol use disorder, and abstinence **may not be required to achieve these recovery outcomes**
- People with AUD often have drinking reduction goals
- Shift attention from targeting individual alcohol use to examining and targeting **the causes and conditions, contextual factors**



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# Think of the reasons you engage in...

## What are you seeking?

Relief  
from  
pain,  
etc.

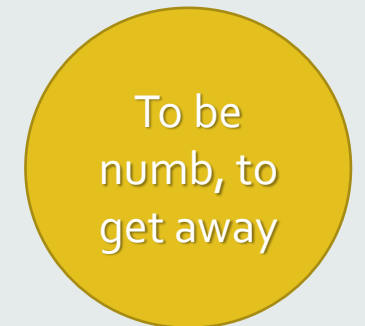
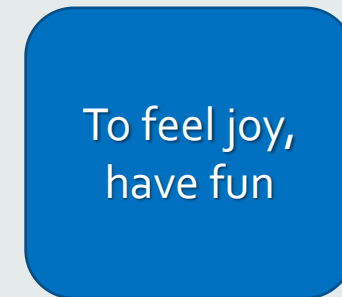
Social  
Connection

To feel joy,  
have fun

To be  
numb, to  
get away

# Re-defining recovery from alcohol use disorder: A public health perspective

- De-pathologize and de-stigmatize
- Shift from a pathology-based model to a strengths-based model
- Requiring abstinence in definitions of recovery perpetuates “us vs. them” stigma of alcohol use disorder
- Targeting abstinence may not address the causes and conditions that led to disorder. Focus on a broader definition of recovery to target **healing the whole person**, not just eliminating alcohol use





# Thank you! Tak!

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