Harm Reduction

Abstinence & Harm Reduction

The Alberta Health Services Harm Reduction Policy states that “abstinence or a reduction in substance use shall not be required to receive healthcare services.” Abstinence may be the right choice for some, but may not be a realistic or desirable goal for others. If a person who uses substances chooses to work toward abstinence, it is important that they are told about the potential risks of abstinence, and offered support and interventions based on best practices, current evidence, and their unique needs.

The realities of abstinence

The path to wellness varies for people experiencing dependence or substance-use disorder. Some people may decide to reduce or moderate their use so that it no longer negatively impacts their health or their lives. Others may prefer to pursue total cessation of substance use.

Seeking abstinence is compatible with a harm reduction approach, which supports people in defining their own goals.

People may pursue abstinence on a short-term or long-term basis. For many people, returning to substance use is a normal part of the journey to attain abstinence. Some people who choose abstinence will return to use many times before they are able to reach their goal.

What programs help support abstinence?

There are various treatment programs that can support abstinence.

- Some programs focus on specific populations. For example: some youth programs and peer support models.
- Treatment with medications such as buprenorphine-naloxone (Suboxone) and methadone, which can complement abstinence-based treatment models, can help with recovery from opioid-use disorder.
- Programs and medical care that support people as they work to address or manage alcohol use disorder, gambling disorder, and tobacco use.

Important: Opioids + abstinence

Research shows that returning to use after a period of abstinence can put people who use opioids at a greater risk of harm. People who use opioids regularly become tolerant to them. This means they need an increasingly higher dose of the drug to achieve the desired effect. However, a person’s tolerance quickly diminishes while abstinent. This puts people at a high risk for overdose if they return to use and take a similar dose as before.

Treatment with medications such as buprenorphine-naloxone (Suboxone) or methadone should be offered to all people with opioid use disorder. These can be used on an ongoing or time-limited (tapering) basis to support the journey to abstinence. For those who decline these medications on their journey to abstinence, **long-term addiction treatment is *strongly* recommended** to reduce the risk of overdose and death.

Up to 91% of people who use a total abstinence approach in short-term detoxification **will restart use.**

Overdose prevention training (including naloxone) is *strongly* recommended for all people with a history of opioid use disorder.

Periods of voluntary or involuntary abstinence can increase risk. Some high-risk situations include:

- Discharge from hospital
- Release from incarceration
- Withdrawal management without follow-up healthcare assessment and treatment
- Discharge from residential addiction treatment
- Illnesses where opioid consumption is reduced

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What helps people maintain abstinence?

- Appropriate management of withdrawal symptoms
- Efforts to strengthen the person's sense of self-worth, resilience, and life skills
- Motivational interviewing and other forms of psychosocial counselling
- Treatment of any other underlying mental health conditions
- A strong recovery community
- Ongoing long-term supports based on the person's needs and goals
- Family and social support

What makes abstinence more difficult?

- Environments that perpetuate ongoing substance use (such as unsafe and unstable housing, financial instability, being around substances, and being around other people that use substances)
- Lack of social support
- Lack of addiction counselling to prevent an individual's return to substance use
- Lack of healthcare and mental health support
- Stigma and shaming behaviours

References

Canadian Research Initiative in Substance Misuse. (2018). *CRISM national guideline for the clinical management of opioid use disorder*. Retrieved from https://crism.ca/wp-content/uploads/2018/03/CRISM_NationalGuideline_OUD-ENG.pdf

Canadian Research Initiative in Substance Misuse. (2018). *Safety bulletin: Avoid the use of withdrawal management as a standalone treatment for opioid use disorder*. Retrieved from https://crism.ca/wp-content/uploads/2018/03/CRISM-WDM-bulletin.pdf

Korcha, R.A., Polcin, D., & Bond., J. (2016). Interaction of motivation and social support on abstinence among recovery home residents. *Journal of Drug Issues, 36*(3), 164-177. https://doi.org/10.1177/0022042616629514

Soravia, L. M., Schläfli, K., Stutz, S., Rösner, S., & Moggi, F. (2015). Resistance to temptation: The interaction of external and internal control on alcohol use during residential treatment for alcohol use disorder. *Alcoholism: Clinical and Experimental Research, 39*(11), 2209-2214. https://doi.org/10.1111/acer.12880

Srivastava, A., Kahan, M., & Nader, M. (2017). Primary care management of opioid use disorders: Abstinence, methadone, or buprenorphine-naloxone? *Canadian Family Physician*, *63*(3), 200-205. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/28292795

Wahler, E. A., & Otis, M. D. (2014). Social stress, economic hardship, and psychological distress as predictors of sustained abstinence from substance use after treatment. *Substance Use & Misuse, 49*(13), 1820-1832. https://doi.org/10.3109/10826084.2014.935789

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