

## Harm Reduction Tips

### Taken from *News from the Front*

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#### Drinking-Related Tips

1. *Drink to your health...H2O that is* - For students who drink and have no intention of stopping, perhaps a change in their pattern of drinking can lessen the likelihood of harm. For example, ask students to consider, *taking a bottle of water* when they go out. First, water is the most frequently cited *nonalcoholic* beverage many students report consuming between drinks. The more nonalcoholic beverage that is consumed, the longer the time between alcoholic drinks and the slower the absorption rate of the alcohol already consumed. Second, alcohol is a *diuretic* drug meaning that it absorbs water out of body tissue. Drinking water will rehydrate the student and may lessen the likelihood of some hangover symptoms. Ideally, those drinking alcohol should consume 1 8-oz serving of water for each standard alcoholic beverage.
2. *A Rose by Any Other Name...* - Students are creatures of habit. A routine of consuming “X” drinks at a sitting can yield the perception that “X” is moderate consumption, especially if friends are also drinking “X” or “X+1, 2, etc.” Invite students to look at their “routine” consumption through a new set of lenses. If a student reports having 8 drinks routinely in an evening and these are 8 16-oz cups of beer, ask the following set of questions: Which sounds like more – 8 cups of beer or 8 pints? Then, 8 pints or 4 quarts? Then, 4 quarts or 1 gallon. Whichever seems like more to the student, do not argue your perception of “more,” just pause and let the student consider the new measure of personal drinking for a moment. You can also add to this strategy another tip cited here some weeks ago. Translate 8 16-oz cups into roughly 11 12-oz beers and then covert these into calories...per outing, per week, per semester, etc. For example, 11 beers X 2 times per wk X 15 wk per semester X 115 calories = “37,950 calories last semester.” It is surprising the response you will get...“Gee, I guess I do drink a lot!” I use 115 calories per 12-oz lite beer and 130 calories per 12-oz regular as benchmarks, but you can get exact calorie readings at [http://wwwstd.enmu.edu/gleasonm/beer\\_chart.html](http://wwwstd.enmu.edu/gleasonm/beer_chart.html) (remember that 12-oz of beer = 350 ml).
3. *Dear Diary* - Non-invasive Approach to Reducing Student Drinking- Have a student keep a drinking log between sessions. Be sure the student notes the time between each drink - heavy drinkers will often report taking a drink every 15-20 minutes. Once the pace has been determined, ask, "Having a drink every 15 minutes equals how many drinks an hour?" Once answered, ask, "...and 4 drinks an hour for 3 hours (or however many hours the student reports usually drinking) equals how many drinks in an outing?" About this time, the student is looking at

you and wondering what's up with this simple and obvious math. Next ask, "If you were to have a drink every 20 minutes, how many beers an hour is that...how many for the outing?" The student answers and then you make the observation that simply adding 5 minutes between beers results in a 25% reduction in beers consumed for the evening - from 4 per hour to 3. Now ask about adding 15 minutes between drinks...50% reduction in drinking. Next explore with the student creative ways to add those 5 - 15 minutes between drinks...drink a nonalcoholic beverage like bottled water, don't stand next to the keg, etc. Lastly, explore with the student what the pros and cons are for pursuing such a change...fewer hangovers, better class attendance, fewer regrets the next morning, fewer calories consumed, more money saved, etc. Most students will respond with genuine interest to this noninvasive way to reducing consumption - I have never had a student yet say she/he could not add 5 - 15 minutes between drinks...and be willing to consider this as a viable option!

4. *Count Your Way to Reduction* - Many students think they know how much they drink, but after charting their use for a specific period of time they are often surprised to find out just how often or how much they really do drink. Ask students to chart their use—every drink—for a 2-week period of time. A drinking diary (see <http://www.lawcare.org.uk/alcohol.htm#Keeping%20a%20Drinking%20Diary> ) can provide a student with an up close and personal look at just how often and how much alcohol is being consumed. Many students report that the simple act of “keeping score” can actually reduce the number of drinks consumed in a week.
5. *Reducing risk...location, location, location* - If a student regularly drinks alcohol or smokes weed on campus and refuses to stop using, perhaps engaging the student in a discussion about moving the site of use off-campus will decrease the likelihood that the student will become involved with the campus judicial system. Yes, getting in trouble can be a vital part of motivating change, but it is much easier to work with a student regarding long-term change when that student has not been suspended or expelled. Besides, by motivating a client to explore this type of short-term change, perhaps the student will be more open to other suggestions/offers you make in the future as you will be perceived as genuinely having the student's best interests in mind and not be perceived as just another adult intent of interfering with a student's right to have a good time.
6. *If 2 is good, is 6 3-times as good?* Ask yourself, when you have a headache, how many aspirin or Tylenol or Advil do you take? Chances are you thought 2, perhaps three. If they work so well, why don't you take 6 or 10 or 15? Before you shake your head in disbelief at this apparently idiotic question remember that most individuals that report drinking alcohol get the benefit of alcohol from 1 to 3—and no more than 5—standard drinks (12-oz domestic beer, 10-oz malt liquor, 5-oz table wine, 1.5-oz 80 proof spirits) over an outing, but go on to drink 6 or 10 or 15+ and find themselves dealing with the frequent consequences heavy

collegiate drinking. Remember, what causes a problem *is a problem* because it causes problems. Thanks to Margo Matt at Villanova for this tip☺

7. *Drinking on an empty stomach.* Ask students what time they generally eat dinner. If they live on campus, most dining halls are open from 4:30 PM – 7 PM, many students eating between 5:30 and 6:30, “just like home.” Then ask what time they generally go out when they socialize. Chances are pretty good most students go out after nine, many not until 10 PM or later. Now, if the time between dinner and socializing, i.e., “imbibing,” is 3+ hours, the student is essentially drinking on an empty stomach. Suggest that students eat dinner later on nights they intend to go out and “snack” before leaving (and through their time out).

## Smoking-Related Tips

1. When working with cigarette smokers trying to quit or simply cut back, try this trick. Have the smoker carry either cigarettes or lighter/matches, but not both. As many committed smokers tend to light a cigarette without even thinking about it, having to “bum” a cigarette or “a light” results in having to make a conscious decision to “have that smoke.” Confrontation with the “intent to smoke” may be enough to delay if not avoid the “next one.”
2. Step-Down Smoking - Encourage students to *Step Down* their use of cigarettes the old-fashioned way. If a student is cutting back or quitting, suggest placing a visible mark on all the cigarettes in a pack that indicates the point where the cigarette is to be extinguished. Start with a mark about halfway down the cigarette. For the second week, place the mark halfway between the first point and the tip, the next week do the same until the student is extinguishing the cigarette after the first drag. Not only does this increase the ease of withdrawal when cutting back or quitting, it also prevents the student from smoking the more dangerous portions of the cigarette—the further down the cigarette one smokes, the greater the consumption of the residues trapped by the unburned tobacco.
3. A Simple Way to Reduce Smoking - Most smokers smoke two types of cigarettes—*gotta have* and *wanna have* smokes. Gotta have smokes are those that committed smokers find to be the greatest challenge to give up (and therefore present the greatest threat to success when quitting). Because these cigarettes are SO important, many smokers relapse because they are not ready to avoid these smokes. Although the definition of gotta have is idiosyncratic or unique to each smoker, they are often the cigarettes one smokes with coffee (or a beer), after meals, when talking on the phone, when driving to work, etc. Generally these gotta have cigarettes represent about a quarter of the cigarettes a smoker consumes in a typical day. What remains are wanna have or *convenience* cigarettes. These are less important and therefore more susceptible to elimination because they are much less significant to the smoker. Consequently, if smokers can cut intake by 50 to 75% without too much difficulty simply by eliminating

- their less important smokes, their sense of self-efficacy, i.e., their sense of “I can do this,” is enhanced. Once smokers reduce intake successfully as planned—eliminate gotta have cigarettes—and recognize their ability to make a change, they are empowered and much more likely to take on the gotta have cigarettes.
4. Focus on the Process Rather Than the Change-Many students that try to change high-risk behavior find the change difficult to maintain for any extended period of time: Remember that believing that a thing can be done results from focusing on the process or steps in changing rather than the final goal of the change. For example, instead of considering can I stop smoking? focus on not carrying a lighter—which necessitates asking for a light which make the act of smoking a conscious choice rather than unconscious habitual act. Thinking about reducing or eliminating drinking, then focus on avoiding the places you are tempted to drink rather than wondering if you can avoid drinking, etc.

## Eating-Related Tips

1. Invite clients to “count calories” consumed when drinking: #of drinks X occasions/wk X wk/yr X calories/drink yields some rather interesting totals, generally quite shocking to most drinkers. Now ask the individual to research the “calories burned” performing a favorite exercise and then consider the “cost/benefit” ratio of investing the requisite number of hours needed to burn off the year’s alcohol calories. To facilitate this process, visit N.I.A.A.A.’s [calorie calculator](http://www.collegedrinkingprevention.gov/students/calculator/alcoholcalc.aspx) □  
<http://www.collegedrinkingprevention.gov/students/calculator/alcoholcalc.aspx>
2. Over Eating and/or Eating Fast - If working with a student intending to reduce the amount of food consumed at a meal, invite the student to pay attention to how often the food is chewed before being swallowed—suggest they chart this for several days. Review this number and ask if it seems like a small or large number. Whatever the response ask that the student double the number of times each mouthful of food is chewed before being swallowed. Not only will this likely result in less food being eaten—in part because by slowing the eating process, once food is swallowed there is more opportunity for the body to recognize that hunger has been satiated—but may well aid digestion, etiquette and enhancing eating as a social experience.

## General Tips

1. In Pursuit of Objectivity - Have you ever invited someone to *objectively* consider his or her substance using behavior only to have the individual accuse you of being biased or pursuing a hidden agenda? Consider this exercise: Invite the individual to visualize placing a hand in a basin of very warm, but not hot, water—actually doing this experiment is even better. Now ask that the other hand

be imagined in a second basin of cold water. Next, ask the person to imagine moving the hand in the hot water into a third basin filled with room temperature water and evaluate its temperature...“it is cold!” And when the hand from the iced water is placed in the third bowl...“it’s warm.” Which hand is *accurately* assessing the ambient water temperature? The answer is both are because truth is relative. How many committed drug users evaluate their use objectively? Not many. Most evaluate use subjectively. As a matter of fact, the term *use* itself is subjective and leads to a perception of “*not using*” that seems all but ludicrous. This exercise will not turn a committed marijuana smoker around the bend towards recovery, but it may help demonstrate just how *subjective* the reasons for continued use may be.

2. Most people can place themselves on an imagined continuum of *likelihood of changing*. Ask a student the likelihood, on a scale of 1 to 10, that drinking or smoking or *using* behavior will change in the near future—most students with no real intention of changing will say, “2 or 3.” Now ask the student, “What would have to happen for your answer to become ‘4 or 5?’” Now you have some *talking points*. For more on this, visit the <http://www.aafp.org/afp/20000301/1409.html> page on change and scroll down to, *Changing Behavior for Your Health*.
3. Employing Everyday Technology - Many (most?) students today carry a cell phone. Most of this technology includes calendar functions that allow a student to program the delivery of a text message 24/7. Suggest to a student that on dates when drinking is likely to take place, that they program their phone to deliver a harm-reduction message. The more creative the message, the more likely it is that it will be considered. How many of you remember the old late night news tag line...“It’s 11 O'clock. Do you know where you children are?” Got you thinking, eh?
4. Understanding Change - One roadblock to establishing change as routine behavior is often the belief that the changed behavior is somehow wrong because it feels weird or awkward. To illustrate this point and invite consideration of early discomfort in behavior change as normal, invite students/clients to interlace the fingers on both hands. Once done, ask them to note which fingers are on top of which...left on right or vice versa? Next, ask them to unlace their finger, pause for effect, and then have them re-lace their fingers the other way, i.e., the opposite of the first lacing. With their fingers laced this new way, ask how it feels. Guaranteed you will get responses like, “uncomfortable,” “weird,” and “strange.” Keep asking for adjectives until someone says, “wrong.” Jump on this with a statement like, “...yes, it feels wrong.” Pause again for effect and then ask, “By the way, is there a “right way” to lace your fingers?” Most everyone will chuckle and reply that there is not. Now ask what would happen if they were given an incentive to practice lacing their fingers the new way for 6 months, say a quarter or 1 point on their class grade, etc. Next, ask, “if some fool then asked you to lace their fingers in 6 months, how would they likely respond?” Most will respond, “the new way” to which you respond, “Yes, because the new way has become the

regular way.” Use this as the threshold to a discussion about why change “feels” wrong when it is simply “different” and how this can block progress towards a desired change in behavior.

5. Decision making (This tip comes from Margo Matt at Villanova University) – In a conversational tone during the small talk that frequently begins a counseling session, work in an announcement that you recently found a really cute, “sexy,” white, low-mileage 2-seater sports car at a local dealership—make it any make/model you like. Casually mention that when you inquired as to the price you were astounded to learn that it was a mere fraction of what you had anticipated the price to be. Then, with a modest look of suspicion, mention that when you asked the dealer why the price was so low he proceeded to mention that although the vehicle had but a single previous owner, a middle-aged college professor, she reported developing some “minor concerns” that prompted her to trade the car in. Then announce that when asked about these “concerns,” the dealer reluctantly divulged that the previous owner had had the electrical system, on-board computer, and braking systems all checked out...several times, but was unable to locate the source of an infrequent but unexplainable “loss of brakes” when driving.

Pause for a moment...for effect...and then ask your student, “What do you think I should do?” Ms. Matt reports that almost always students “counsel the counselor” to *not* buy the car. If you get this advice, look somewhat disappointed and say, “Yeah, but it is so cute...and such a good buy.” To which the student will likely make some comment about the risk inherent in such a purchase. Once uttered, pause again, for effect, and slowly let a smile form on your face and then say, “So you think considering the risk associated with driving the car should be a key factor in the decision I make about buying it?” When the student nods in the affirmative, use this to segue to a discussion about the risk associated with drinking...or smoking, eating, or “whatever.”