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Harm Reduction and Addiction Recovery: An Interview with Ken Anderson

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Introduction

Recent years have witnessed considerable discussion among addiction treatment professionals and recovery support specialists on the question of whether (and the degree to which) recovery principles and practices can be integrated with harm reduction principles and practices. To further explore this question, I co-authored a paper on how such integration was taking place in the City of Philadelphia (click here) and began a series of interviews with people who are exploring such integration from both the recovery support and harm reduction ends of the spectrum. Also of interest has been how such integration might manifest itself within the mutual aid context. To illuminate this, I recently (December, 2014) had the opportunity to interview Ken Anderson, founder of the Harm Reduction, Abstinence, and Moderation Support (HAMS) network. Please join us in this discussion.

Personal Story

***Bill White*:** Ken, perhaps we could start with the personal story that leads into the founding of the Harm Reduction, Abstinence, and Moderation Support (HAMS) network.

***Ken Anderson*:** I'll be happy to. My parents and all four of my grandparents were religious teetotalers. They believed you would go to hell if you drank alcohol and they had all kinds of other prohibitions such as no card playing or dancing. It was a very strict environment, which I rebelled against. Although I'd tasted alcohol in my teens, it was not until I went to college that I drank on a regular but normal basis. I would consider that period a fairly normal college drinking pattern. Then while in Japan for six years, I

had an unhappy relationship without access to any counseling or psychotherapy and started drinking heavily.

When I came back to the United States, I continued to drink heavily and was plagued with insomnia and depression. The heavy drinking continued until I was finishing my masters' degree in linguistics. I was not getting my dissertation finished and I realized I needed to cut back my drinking. So I decided I would drink one day a week and abstain six days a week. When I sought support for this, I found Moderation Management (MM). The group was actually meeting in Minneapolis at the time where I was living. Audrey Kishline [the founder of MM] was actually living there at the time. The first MM meeting I ever went to, there were only two people there, me and Audrey. I told her my plan of getting intoxicated once a week and abstaining six days, but she insisted this was not moderate drinking because I would be exceeding MM limits on number of drinks per day. I insisted that what I was proposing would be much better than my current state of drinking and passing out every night. We went back and forth debating what would work for me. That was my first experience with MM, and I actually did very well. I finished my masters' thesis and got my MA in Linguistics.

Then I worked part-time at the public library shelving books, which was not a very demanding job and I started drinking a lot again. I got in trouble for coming in to work hung over and still smelling of alcohol in the morning. When I got the ultimatum to go to AA or to be fired, I said, "I can't go there. I have tried that before and it did not work for me." (Anytime I've been connected with AA, I drank more than otherwise. It's always been I can't deal with being told that alcohol's powerful and I am powerless. It doesn't make any sense to me. Why would that make me not drink—if I believed that alcohol's more powerful than I am, then I can't stop. How can I possibly stop?) Well, I wound up unemployed and homeless.

I then sought sober housing from the county, but was told I could not get this until I went to treatment and AA. So I ended up in "wet housing" and lived there for two years. A lot of the guys living there were really good guys--heavy drinkers, but not as heavy as I thought they would be. Many did not drink every day. The program still conveyed the message, "Unless you want to go to AA, you are a bunch of worthless drunkards." There were some awful things that happened while I was there. Shortly after I arrived, there was a man that was having really major withdrawal in the bathroom. My friend there kept going to the office and saying, "You have to call the ambulance. He's going to die. He's having withdrawals." And the fellow in the office, kept saying, "No, we can't afford to call the ambulance for anybody." This guy was dead in the morning and was hauled out in a body bag. Not all the staff were as insensitive as this one, but this conveys some of the problems that can be found in such programs. Although some wet housing programs such as the one in Seattle meet the highest ideals of harm reduction, others like the one I lived at in Minnesota are operated by people who don't get the harm reduction concept at all. Another issue there was that you were not allowed to have a bank account. If you worked, you were expected to turn over 100% of your earnings to the house, which meant that you could not save money for a rent deposit and move out. If you expressed an interest in leaving, they said, "Well, if you want to do that, you have to go into our Christian Recovery Center." I didn't want anything to do with that. It was the whole religious thing that made me want to drink in the first place. So, it was very hard to get out of there, but finally did.

While in the wet housing program, I realized I needed to do something to put the brakes on my drinking before it got completely out of control, so I got re-involved online with Moderation Management. I started commuting to one of the suburban

libraries where there was easy computer access that allowed me to be online for hours a day. I got heavily involved with Moderation Management and became their Online Director while I was still homeless. The leaders of MM then brought me to New York City for a visit in 2003. We met at the Harm Reduction Coalition, which was my first encounter with the idea of harm reduction and such things as needle exchange programs. When I got back to Minneapolis, St. Paul area, I volunteered for a couple of years at the Minneapolis needle exchange program, Access Works.

Online, I started developing the whole harm reduction approach to alcohol problems, based on a lot of ideas I had been exposed to in the needle exchange program. It all focused on meeting people where they're at, encouraging and acknowledging every positive change, no matter how small. This was rather different from the MM program, which was more focused on "Okay, here's your drinking limits, it's four per day for men and fourteen in a week, and for a woman, it's nine in a week, and three in a day, and if you exceed either the daily or weekly limits, you don't belong here, you belong in an abstinence program." My view was, okay, you're drinking and getting drunk seven days a week and now you want to take one day off. Well, that's a good thing. Now, you do have to be careful if you have withdrawal, but if you're not having withdrawal, it's very good to take a day off and if you want to cut back from having twelve drinks every day to eleven drinks every day, that's a good change, too. If you want to stop drinking and driving but still continue drinking the same amount, that's a good change." I started encouraging everyone.

I ended up moving to New York City while still working as Online Director for Moderation Management, but they had a change of administration and I clashed with the new administrator, who didn't like the harm reduction approach I was advocating and wanted to adhere more to the basic MM program. That clash led to me split with MM in August of 2006, and I created the HAMS program. HAMS become independent of MM in January 2007, was incorporated in August 2007, and was granted 501 (c) 3 status in November 2007.

The HAMS Network

***Bill White*:** Could you describe HAMS for our readers who are unfamiliar with it?

***Ken Anderson*:** HAMS is a program that encourages any positive change in your drinking habits--from safer drinking to reduced drinking to quitting altogether.

***Bill White*:** What are some of the different approaches or tools of HAMS?

***Ken Anderson*:** Well, HAMS has seventeen "elements" (See Appendix). They are not "steps" because they can be done in any order, you can pick the ones you like, and you don't have to do the others. If you do one and it works and it changes all your problems, you're done. You don't have to do any others. The elements include strategies such as doing a cost-benefit analysis—the pros and cons of your current habits. People often do this several times in their journey. It's interesting because it changes; you'll feel one way when you're starting and look at it quite differently six months or five years later. People find this evidence-based approach to behavioral change very useful. Another one of the elements is to keep a drinking diary, chart or calendar. It's like a food diary that some people keep in Weight Watchers. This is another one that is very evidence-based; when people start recording their drinking numbers, the drinking changes even before they try to start cutting back. Because of the heightened consciousness of what they're doing, people start cutting back automatically. It's interesting because, originally, this tool was intended to get a baseline. People like Mark and Linda Sobell

discovered in their research back in the '70s that as soon as people start writing down how much they were drinking, they start cutting back. It's a very useful tool and then when you are consciously trying to cut back and writing down, too, it is quite effective.

We incorporate the idea of relapse prevention as described by Alan Marlatt. Our central message is don't beat yourself up if you're not perfect. Most people don't meet their goal on the first try, and slips are common. The more you make yourself miserable and call yourself a failure and a worthless person, the more you're going to feel rotten and the more you're going to want to drink. It's much better to forgive yourself and get right back on your plan, whether your plan is to quit, to cut back, be safe, or whatever.

Strategies and Mechanisms of Support

***Bill White*:** I know that the elements are conveyed through the chat rooms and the group support. Could you describe some of these support mechanisms?

***Ken Anderson*:** Yes. We have real time chat that's at 9:00 p.m. eastern time, seven days a week. We have an e-mail group with the Yahoo Groups that is a listserv. You send in your message and it goes to every member of the group and anyone can answer. These forums allow people to raise questions and discuss issues of common concern. We're not experts on everything and we can't do psychotherapy, but we offer a supportive environment to discuss a wide variety of problems of living. We don't really have a lot of things that would be declared to be outside issues. As long as people are comfortable with them any and all subjects are welcome. The e-mail group is a self-governing organization so people can vote on what they want to do and what topics they are willing to talk about. We've even talked about politics and religion in the past, those taboo subjects. As long as people are happy and comfortable talking about them, it's okay. If people say, "Now, this is bothering me," we'll say, "Okay, we're going to drop the subject and move on." We operate only with some very general guidelines that are posted on our website.

HAMS Staffing and Funding

***Bill White*:** Does HAMS have a staff or is it mostly run by volunteers?

***Ken Anderson*:** I'm the only paid staff member and my salary is $300 a month. So, you can tell I'm not making a living from this (laughs). It is nice to have a paid Executive Director on paper, at least, for times when you're applying for funding. Funders often ask, "Do you have a paid Executive Director?" We can respond, "Oh, yes, we do." Underpaid, of course. We currently have four volunteers who host chats four nights a week so that I don't have to show up personally every night.

***Bill White*:** Where does the funding come from that supports HAMS?

***Ken Anderson*:** Our financial statements and our form 990 are online on the website. In the 2013-2014 fiscal year, our biggest source of income was our Google Adwords Grant, which actually isn't a grant but is an in-kind donation of online ads that display when you do a search. We had over $96,000 worth of free ads—our biggest source of income. Then, we received close to $16,000 in royalties on our book sales, and we had close to $2,000 in miscellaneous donations.

HAMS Resources

***Bill White*:** Ken, you referenced the royalties. Could you describe the kinds of books or products that HAMS provides?

***Ken Anderson*:** Well, the major product is the book *How to Change Your Drinking*, which is available in paperback and also on Kindle, The book sells for seventeen dollars in paperback and it sells for eight dollars in the Kindle edition. The book has an

introduction by Patt Denning of the Harm Reduction Therapy Center, San Francisco and a preface by the late Dr. Alan Marlatt who was at the University of Washington, Seattle. Other materials are available on our site at http://www.hamsnetwork.org/

***Bill White*:** Alan Marlatt and Pat Denning exerted a great influence on the emergence of harm reduction as a social movement. Are there other people that have really been influential to the work of HAMS?

***Ken Anderson*:** There's our Professional Advisory Board members who include Mary Ellen Barnes, Ph.D, Dan Bigg, Eric Conrad, Amy Lee Coy, Lance M. Dodes, M.D., Rae Eden Frank, Gabrielle Glaser, David J. Hanson, Ph. D., Daliah Heller, Ph. D., MPH, Tom Horvath, Ph. D., Adi Jaffe, Ph. D., Lee Ann Kaskutas, Dr. P. H., Marc Kern, Ph. D., Marc Lewis, Ph. D., Brian Murphy, LCSW, M Ed, Stanton Peele, Ph.D., J.D., Amanda Reiman, MSW, PhD, LeAnn Sharpe LCSW, Henry Steinberger, PhD, Tommi Stevens, Sima Stillings, MSW, LICSW, ACSW, SAP, MAC, Jenifer Talley, Ph. D.,Andrew Tatarsky Ph.D., Sheila Vakharia, Ph. D., William White, MA, Edward W. Wilson, Ph.D, and Adam Zimbardo, MFT.

Stanton Peele has been a really important influence on me ever since I read his books right after I got out of treatment. Stanton Peele's an important person. Andrew Tatarsky's work is also very important. Others that come to mind who've personally influence me are Lee Ann Kaskutas, Gene Hayman and this guy ***Bill White***, who's on our Advisory Board and who's written a great book called, *Slaying the Dragon*, which I reference all the time. There are all kinds of people that I've been influenced by, not all of whom would consider themselves harm reductionists, but they're important scholars and have added a great deal to our knowledge.

HAMS and the Harm Reduction Coalition

***Bill White*:** HAMS has been part of the Harm Reduction Coalition for some time. One of the things that might surprise some of our readers was that White House ONDCP Director Michael Botticelli, a person in long-term addiction recovery, presented the keynote at the 2014 is last conference. It wasn't long ago that no government official was even allowed to use the term *harm reduction*. What do you think was the significance of Director Botticelli's presence at the conference?

***Ken Anderson*:** It was a very good thing. Two years ago then Director Gil Kerlikowske had sent a video address, but this year was the first time the drug czar was there in person. There's definitely a move towards incorporating harm reduction into the mainstream. There are still a lot of issues being raised in these discussions. The drug czar talked about eliminating all non-medical use of prescription drugs, which is not the way harm reductionists views things. It's not even the way the APA views drug abuse. The APA views drug abuse as problematic substance use and in the new edition of the DSM-5, they've removed legal problems as a problem because they say that's about the law not about personal problems caused by drugs. That's a problem caused by laws and their enforcement. So, recreational drug use is actually recognized by the APA as legitimate and, when we start looking at the numbers, which SAMHSA has published recently, seventy-five to ninety percent of people using drugs use them recreationally. Only twenty-five to ten percent have substance abuse or substance dependence, or in the new definition, a substance use disorder. It's a small number that fall into that category. The distinction is that harm reductionists want to reduce the harm associated with drug use rather than eliminate drug use per se.

The Harm Reduction and Abstinence Divide

***Bill White*:** Ken, could you share your reflections on the historical divide between harm reduction and abstinence-based treatment and recovery support?

***Ken Anderson*:** Um, that's a big question. Yow. You have to look at the history of various things that were going on, which is something I've been looking at again recently. It probably starts with Marty Mann founding the National Council of Alcoholism and saying, "We have a solution to alcohol problems. The solution is basically the Twelve-Step program and the understanding of alcoholism as a disease—what became the whole mainstream model of alcoholism treatment in the U.S. This spawned what became a big recovery movement that was nicely described in Andrew Meacham's book, *Selling Serenity.* We went from not having a separate section for recovery in bookstores to every bookstore having one. But when we started looking at the research, this mainstream approach basically only appeals to a rather small segment of people with a substance abuse problems. There's a much larger segment of the population that really don't seem to benefit from this approach of abstinence, Twelve-Step spirituality, turn your life over to God, etc.

A second social force was born in the 1980s during the AIDS crisis and the rise of needle exchange programs. Some of the ideas for this new approach came from people like Edith Springer., Alan Marlatt and Dave Purchase (who is probably the first guy doing needle exchange out of his backpack in Tacoma, Washington. Dave was a biker ex-junkie who saw his friends dying from AIDS and said, "We have to stop this." It wasn't the scholars that really started this, it was former and active drug-users that said, "We have to save each other because nobody else is doing it." Abstinence-based treatment programs weren't making a dent in the AIDS epidemic, but the gay rights movement and syringe exchanges did. This harm reduction approach collided with abstinence-based addiction treatment and with Twelve-Step people who believed that people either did the 12 Steps or died. But research tells us that people with addiction have a very high remission rate. The normal outcome of addiction is for people to get older and resolve addiction on their own without treatment or Twelve-Step groups. Hopefully, good treatment shortens the course a lot and it gets to some of the people that wouldn't be helped otherwise, but traditional treatment and harm reduction offer two very different views of alcohol and drug problems.

***Bill White*:** How do you view the increasing calls for collaboration between harm reduction and recovery advocates?

***Ken Anderson*:** Well, I think a lot of people have changed on both sides. In particular, people are recognizing that there's room for and a need for multiple approaches. Different people respond to different things. It's about meeting people where they're at. It's about respecting people's rights to make their own choices and that includes all their own choices. If you choose to be in a Twelve-Step program, that's your right and if that's working for you, we respect the fact that you're successful with that. The basic harm reduction philosophy in its essence is supportive of everyone who succeeds with whatever path they're taking. So, these approaches should not be in conflict. I think there's a much greater willingness on both sides currently than there ever has been before to work together and to meet the individual where they are at and to provide them with what they need at the moment.

***Bill White*:** Do you see a day when full recovery will be a more visible option within harm reduction programs and harm reduction will be a more visible option within mainstream treatment programs?

***Ken Anderson*:** I think recovery has always been visible in needle exchange programs. Anytime I've worked there, about half the people I've worked with as staff or volunteers are in the traditional Twelve-Step recovery. This brought me into more acceptance of this approach. In my earlier days, I was very anti-Twelve-Step. Although sometimes, I'm still critical, but I've become much more accepting.

Recovery within a Harm Reduction Perspective

***Bill White*:** How has the increased contact across these boundaries influenced your understanding of recovery?

***Ken Anderson*:** This is one of the things I'm thinking about right now. I'm wondering how willing the recovery movement will be to embrace all forms of recovery, including non-abstinent recoveries that include moderation outcomes and other harm reduction outcomes. The recovery movement is fond of claiming twenty-three-and-a-half million Americans in recovery based on the survey question, "Did you once have a problem with drugs or alcohol that is no longer a problem for you?" Well, we know from the statistics from all the research studies that about half the people who overcame their drug and alcohol problems did so by cutting back rather that stopping use. The recovery movement loves that twenty-three-million figure. Are they willing to embrace the Americans within that number who are moderating their use? I'd love to go to Faces and Voices of Recovery and see both the claim of twenty-three-million people in recovery AND the statements that half of them are moderating and that over ninety percent of all people in recovery achieved this without a Twelve-Step program.

Policy Recommendations

***Bill White*:** You presented some of these ideas at the last Harm Reduction Conference, including your vision and recommendations for where we need to go as a country. Would you share any of those other thoughts?

***Ken Anderson*:** Well, we definitely need to change how we treat drug use. We need to recognize that just as there are recreational, social drinkers, there are recreational drug users. Not only do they exist; they are the majority among users. We need to stop criminal sanctions for people using drugs, for buying drugs, for selling drugs. Drugs need to be sold legitimately. People that want to use them should be allowed to legally do so with the proviso that drug use does not excuse people from responsibility for committing crimes. If you kill somebody when you're driving drunk, you should get the same penalty as if you kill someone when you're driving sober. If you violate a law and that actually harms someone, there should be punishment for that. But drug use itself should not be criminalized.

I am a huge advocate for the reduction of drunk driving, but I think our current policies are half-assed because they only focus on the drinking half of the equation as being the problem instead of looking at both drinking and driving. For example, Japan has 2,100% fewer drunk driving fatalities than the US because everyone takes the train to and from the bars and drinking and driving is unthinkable to the average Japanese citizen. I personally would like to see the breathalyzer ignition interlock made standard equipment on every automobile in the US so that no one could drink and drive. After all, we did it with seatbelts. We could greatly reduce all auto accidents, not just those involving alcohol, by raising gas taxes, closing more streets to automobile traffic, and using the money raised to build public transportation. If you want to drive like a maniac go rent time on a speedway and do it there, not in my neighborhood where I am walking to the store as a pedestrian.

Another huge problem is that our federal government actively opposes anything involving safer substance use. E-cigarettes are a perfect example; even though the studies indicate they are at least a hundredfold safer than conventional cigarettes our government has fought them tooth and nail because they allow people to enjoy the drug nicotine safely. Our government demonizes people who reduce their cigarette smoking instead of praising them for making an improvement. The only drugs that our government likes are the ones that are still under patent to the pharmaceutical companies and making them billions. Why should we put adults in prison for self-medicating their ADHD with methamphetamine yet allow psychiatrists to make money by prescribing the exact same methamphetamine to six year old children under the brand name Desoxyn?

Personal Reflections

***Bill White*:** You've been involved in the harm reduction movement for quite some time. What do you feel best about in terms of your involvement in this movement?

***Ken Anderson*:** What I feel best about is the personal transformation that took place in me when as a volunteer, I learned to say, "Thank you for using clean syringes." To be totally non-judgmental and to accept people on their own terms was very personally transformative for me.

***Bill White*:** Has harm reduction provided you a sustainable framework to resolve the alcohol problems you described experiencing at the beginning of the interview?

***Ken Anderson*:** Yes it has. For thirteen years, I've been very stable. My preferred drinking pattern is to abstain six days a week and to drink one day. Sometimes, I'll vary that and abstain five days and drink two days. And there are also times when I vary that and abstain all seven days. But most of the time, it's six days off and one day on. When I drink, I drink to intoxication. I buy a fifth of whiskey. I take it home. I eat well, get well-hydrated, watch the movies, and drink it over a period of about eight hours or so, go to sleep, and then I'm done for the week. It's time to get back to work. This is definitely not a moderate drinking pattern, but it's definitely a pattern that works for me. It's much better than when I was drinking a fifth four nights a week or drinking half a liter seven nights a week or some of my earlier patterns, which were much heavier use. It's a great reduction. And it's always planned so it's not on a work night. I never leave the house when I'm drinking. So, I don't worry about drinking and driving or any of that. I have not gotten into trouble while drinking in many, many years. I've been pretty stable for about the last twelve years and I'm in a pattern that works for me, although some people would say that I haven't recovered—that I'm still a binge drinker. Well, why should I change to satisfy them when I am satisfied myself?

***Bill White*:** Ken, thank you for taking the time to share your work with HAMS and your views on harm reduction.

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HAMS Seventeen Elements

1. Do a Cost Benefit Analysis (CBA) of your drinking
My Drinking CBA
Sample Drinking CBA
My Generalized CBA
Sample Generalized CBA

2. Choose a drinking goal--safer drinking, reduced drinking, or quitting
My Drinking Goal Worksheet
Sample Drinking Goal Worksheet

3. Learn about risk ranking and rank your risks
My Risk Ranking Worksheet
Sample Risk Ranking Worksheet

4. Learn about the HAMS tools and strategies for changing your drinking
The HAMS Toolbox

5. Make a plan to achieve your drinking goal
My Drinking Plan Worksheet
Sample Drinking Plan Worksheet

6. Use alcohol-free time to reset your drinking habits
My Alcohol Free Day

7. Learn to cope without booze
RET Worksheet

8. Address outside issues that affect drinking

9. Learn to have fun without booze
Alcohol-Free Fun Worksheet

10. Learn to believe in yourself
A Self-Confidence Enhancement Exercise

11. Use a chart to plan and track your drinks and drinking behaviors day by day
My Drinking Chart
Sample Drinking Chart
My Risk Tracking Chart
Sample Risk Tracking Chart

12. Evaluate your progress - honestly report struggles - revise plans or goals as needed

13. Practice damage control as needed Damage Control: Dealing With Slips, Recycling, And Ricochets

14. Get back on the horse

15. Graduating from HAMS, sticking around, or coming back

16. Praise yourself for every success!!

17. Move at your own pace--you don't have to do it all at once

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Here is a link to the HAMS presentation on Defining Recovery from the 10th National Harm Reduction Conference in 2014

http://www.hamsnetwork.org/10th-conference/