

# 3 When Is Drug Use Harmful?

*The poison is in the dose.*

—Attributed to PARACELSUS,  
16th-century Swiss-German physician

There is a fine line between a medicine and a poison. In the right doses, plant-based drugs (alcohol, opioids, morning glories, mushrooms, or cannabis—marijuana to us older folks) and laboratory-produced drugs (methamphetamine, ecstasy, ketamine, or LSD) can deliver life-changing medicine or mood-enhancing experience. Take too much and you can die, develop a chronic illness, kill someone else, or wreck your or your family’s life. How much is too much? *It depends*. This chapter will introduce you to how to analyze how much is too much for *you*.

Harm comes not only from a substance itself but also from society’s response to certain drugs. As often stated by Ethan Nadelmann of the Drug Policy Alliance, “More harm has been done by the *War* on Drugs than was ever done by the *use* of drugs” [emphasis ours]. The fact that in America we have deemed certain drugs illegal (most of which are less harmful than the legal ones, alcohol and tobacco) means that millions of Americans have lost their families, their livelihoods, and in many cases their freedom.

Harm also comes from the secrecy that surrounds the use of illegal drugs—the fact that they are produced in labs that have no quality control and could contain any toxic substance, the fact that they are often consumed quickly in unclean conditions, and the fact that the dosage of the active ingredient is always uncertain means that millions of drug users risk serious consequences with each episode of use. As we write, drug users are being harmed by drugs that are not what they say they are. Produced in factories all over the world, an ecstasy pill might be anything but. Recently heroin has contained large amounts of fentanyl, a much stronger opioid, which has caused thousands of overdoses. And synthetic marijuana, such as K2 or Spice, or “designer” drugs such as bath salts can cause severe psychotic reactions.

Finally, harm comes from the fact that we usually pay attention only to “addiction” or prohibition. In so doing, we miss the opportunity to give

people, including and especially teenagers, real and scientific information about drugs—the benefits *and* the risks. In their ignorance of this information, people are much more likely to get into trouble with the most innocent of experiments.

Drugs are complicated. Not only do they have benefits, but they also cause harm. Harm is what we usually focus on—*overdrinking* and virtually any use of other drugs are deemed alcoholism or addiction. We gave you a chapter on benefits before this one so that you could get firmly grounded in your reasons for using *that make sense*. Harm almost always comes after, sometimes long after, one has enjoyed the benefits of using.

Harm almost always comes after one experiences the benefits of using drugs.

Even after harmful effects emerge, a drug can continue to be useful. Harm reduction pays attention to the nuances of each person's unique relationship with drugs and to each person's situation. The associate attorney working 80 hours a week downs a few whiskeys on weeknights to relieve tension because there is no time for the gym. It is only after three cups of coffee the next morning that he is on his game again. On weekends, however, he runs, plays tennis, and has dinner with the woman he is dating. Over dinner they share a bottle of great wine. Whiskey never crosses his mind. *Harm is also highly personal*. Another attorney, also working long hours, is shy and not particularly athletic. He continues to drink throughout the weekend and ends up staying at home watching TV. He may or may not be drinking *more* than the first person, but he is more likely to suffer as a result of his drinking because alcohol holds a more central place in his life.

Harm is relative. **It depends.** This chapter will help you begin to sort out whether or not your use is harmful for *you*. Here you might run into information that you have been avoiding. It's not easy to look closely at the details of your drug use for fear of discovering something you didn't want to know. So take it slow. Put the book down for now if you're not ready to focus on the problems you're experiencing. Come back later.

## Do You Have to Be an *Addict* to Be Harmed?

*No!* And this tired old word is full of judgment and stigma. It draws a sharp line between use and misuse and creates a dichotomy that draws our attention to addiction or to illegal use, regardless of whether that use is harmful. It precludes the reality that the same drug in the same amount can become

harmful for one person and not another, that neither of these people needs to be considered (or be) an addict, and that harm can coexist with benefits. Finally, it's hard to take an honest look at yourself when you start out feeling like a second-class citizen!

What *is* true is that harm can occur with *any* use of drugs or alcohol, not just “addictive” use. The (primarily) young men who have died during fraternity drinking bouts at colleges were probably not dependent on alcohol. Although they were drinking way too heavily on those occasions, they may not have been chronic or heavy drinkers in general. In fact, if they *had* been regular heavy drinkers, they might *not* have died: their ability to tolerate large amounts of alcohol, to “handle their liquor,” would have been stronger. They died because they drank more than their central nervous system could tolerate.

The (primarily) young women raped at college drinking parties are probably not “alcoholic.” They are participating in a drunken ritual called a college party. They might also be mixing drugs, whether knowingly or not. Under the influence of alcohol, they become a commodity to be used and abused.

Harm can occur with any use of drugs or alcohol, not just “addictive” use.

In the same way, your first experiment with heroin could be your last. You meant no harm; you just didn't have *tolerance*—your body's ability to handle (adapt to) the effects of drugs that increase the more you use. (When people say they can “hold their liquor,” they are talking about tolerance.) Most people know by now that a single dose of heroin or speed, if injected with a shared needle, can result in HIV or hepatitis C. Experimenting just that one time can mean risking serious, possibly lifelong, harm. Typically, ecstasy is used on an occasional social basis, not in a frequent “addictive” pattern. But it may still cause depression during withdrawal. And if you mix it with too much alcohol and too little water when you're dancing, it can cause fatal kidney failure due to dramatically high body temperature.

So, no, you don't have to be an “addict” to be harmed. And you can prevent harm by knowing what you are using and how to use it. Harm is an individual thing. **It depends.**

## The Continuum of Drug Use

Most people use alcohol and other drugs—occasionally or routinely—without suffering significant harms and without misusing. We've been told by the press, by some professionals, by our parents, and by lawmakers that

drug use is dangerous and that experimentation is the first step down the road to ruin. But this dichotomous paradigm is misleading because it makes all use seem dangerous. This is not only inaccurate, but if the goal is to scare us away from using, it hasn't worked. And by denying accurate information about drugs to people who are going to use, regardless of what anyone says, we expose them to far greater risk than necessary.

In harm reduction, we think of your drug use on a *continuum* from occasional to moderate to heavy to chaotic (out of control) rather than an “I am or I'm not” dichotomy. We'll help you focus on what you use, how much, and whether you have risk factors to consider—an illness, emotional vulnerability, or other complicating factors—that would make your use of a drug heavy when for someone else it might be moderate. We identify the specific risks of each drug so that you can evaluate. Finally, we help you put it all together, to figure out the pattern of use for each of your drugs. Each pattern might have harms associated with it, but in general, the farther up the stairs you go in the picture on page 45, the more likely you are to encounter harm. The continuum that we use has been developed over the years by combining information from the Harm Reduction Coalition and from various writers in the harm reduction field.

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## **Steps in the Continuum**

### **No Use**

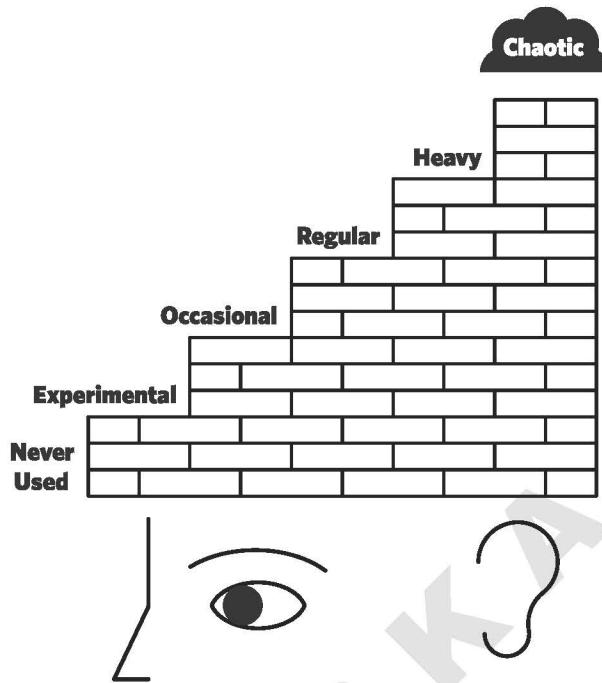
You do not use psychoactive substances. Depending on your culture or your health, you may or may not count coffee, tea, or chocolate as psychoactive.

### **Experimental**

You are curious about the effects of a drug or you are with people who invite you to get high with them. You use once or a few times. You don't maintain a supply.

### **Occasional**

You may or may not have a particular pattern. You use occasionally at parties, events, or holidays—cocktails after work or beer watching a football



game, “poppers” (amyl nitrite) during sex, ecstasy at a dance club, or other people’s cigarettes. You also *don’t use* at events where others are because you don’t feel like it. You use alone for a particular effect, such as smoking pot to make reading science fiction more interesting.

### Regular

Using becomes more predictable. A pattern has been established. You go out drinking every weekend. You smoke weed whenever you’re stressed from work, and that’s about every other day. Or maybe it’s once a month. Otherwise, you smoke when you’re with friends at a party. You snort meth when you go to clubs, and that’s almost every weekend except when you visit your parents. You take pills or shoot heroin every day. You may use recreationally, or your drug or drugs might be serving as an emotional “crutch” (*coping mechanism* is the term we prefer).

### Heavy

Here is where *it depends*. “Heavy” depends on your health, on the norms of your group or culture, and on whether you have complicating emotional

or medical issues that make your choice of drug riskier. Simply put, you use more than you “should.” This evaluation is often a confusing and very subjective one. If you have hepatitis C, two beers is probably more than you “should” drink. If no one else in your social group smokes pot every day, you might be considered a heavy user if you do, but not if they do. Daily heroin use could be considered “regular” or “heavy” depending on whether it interferes with the other activities in your life.

## Chaotic

*Chaotic* is the word that harm reduction uses to describe what most people mean when they say “addiction.” You use heavily, your focus is dominated by your drugs, your life is unraveling, and you are suffering mental, emotional, or physical harm.

## **Safe, Moderate, and Controlled Use**

These are the most important concepts in harm reduction. They are the goals that most people we know strive for. Any of the patterns of use above, with the likely exception of chaotic, can be controlled. All, including chaotic, can be safe. Occasional or regular use can be moderate. Standards of moderate alcohol use have been developed by an organization called Moderation Management ([www.moderation.org](http://www.moderation.org)), and responsible drinking standards have been published by the U.S. government ([www.rethinkingdrinking.niaaa.nih.gov](http://www.rethinkingdrinking.niaaa.nih.gov)). Other resources are books like *Responsible Drinking* and the Responsible Drinking website ([www.responsibledrinking.org](http://www.responsibledrinking.org)); the Guided Self-Change program ([www.nova.edu/gsc/index.html](http://www.nova.edu/gsc/index.html)); CheckUp and Choices ([www.checkupandchoices.com](http://www.checkupandchoices.com)); and the HAMS network (Harm Reduction, Abstinence, and Moderation Support), which puts all options for drinking in one very flexible and supportive program ([www.hamsnetwork.org](http://www.hamsnetwork.org)).

Drug users can and do infer their own standards of moderate use from these guidelines. While heavy use falls outside the bounds of moderate, it can still be intentional, controlled, and safe—getting drunk at a wedding or a wake, really really stoned at a concert, intensely high on LSD, or totally tweaked out at a party. The medical, psychological, and relationship risks associated with heavy use can be evaluated using a cost/benefit analysis, and you have the right to enjoy yourself as you wish. Regardless of your pattern, you can still protect your safety and that of others. Throughout the rest of this book, we will refer often to safety, moderation, and control.

## **Substance Use Disorders and Substance Misuse**

The American Psychiatric Association renamed the disorders formerly called *substance abuse* and *substance dependence* as *substance use disorders* and created subcategories of *mild*, *moderate*, and *severe*. This is a better categorization than abuse and dependence because it allows for a gradual evolution along the continuum of severity. There are a total of 11 symptoms in four categories (impaired control, social impairment, risky use, and pharmacological criteria), and the more symptoms you have, the more severe your substance use. Examples of symptoms include:

- You continue to use despite negative consequences (such as a DUI, missing work, getting into fights, depleting your bank account).
- You might be physically dependent. In other words, you have developed tolerance to the drug (your body has adapted to the drug), and you go into withdrawal if you stop.
- You crave your drugs and go out of your way to get them.
- Your life becomes organized around using.
- You try to cut back or quit and can't.

We and others in the harm reduction world use the term *substance misuse* to describe use that has become problematic. We find that it is a more neutral term than the more commonly used term *abuse* and adequately captures problems with substances. It also avoids the medical term *disorder*. The advantage of having the descriptive and plain-spoken terms *use* and *misuse* in our continuum is that we can be more precise. For example, heavy and chaotic use would certainly qualify as patterns of misuse. Regular use of one drug or another might qualify as misuse, too, if it incurs negative consequences. So could occasional use, if it is used in such a way as to cause an accident or overdose.

You might have had some thoughts about where your drug use falls along the continuum as you read the preceding descriptions. But what if you use more than one drug, as many of us do? We've learned that, contrary to the theory of "cross-addiction," people are often at different points on the continuum with each drug they use (see the box on the next page).

## **Where Do You Fall on the Continuum?**

Let's say, for example, you use four different drugs: alcohol, cocaine, pot, and caffeine.



## The Myth of Cross-Addiction

The concept of cross-addiction suggests that if you are in trouble with one drug, you'll have trouble with any. We've found, however, that each drug people use might be in a different category on the continuum. Most treatment programs insist that people abstain from all substances that are potentially "addictive," not just their drug of choice. This is because of fear of cross-addiction. Yet in an analysis of a large-scale study of substance misuse, a modest minority (13%) of people who resolved one substance use disorder developed another. (People who were more vulnerable to developing another substance use disorder were male, younger, never married, younger when they developed a problem, and suffering from a co-occurring psychiatric condition.) There has been some speculation that the specter of cross-addiction could be a self-fulfilling prophecy, at least for some individuals. This would fall in line with research on the abstinence violation effect—the belief that "one drink leads to 1,000" increases the likelihood that it will be so.

- Alcohol: You drink socially and on the light side, never more than two drinks a few times a week. This is occasional use. Or, you don't drink alcohol every day, but when you do you drink *a lot*, black out, drive your car, and generally cause mayhem. That's chaotic use.
- You use cocaine occasionally (once a month), but when you do, you party for the whole weekend, sometimes missing work on Monday. This falls into the heavy category.
- Your pot use is more confusing. You smoke just a little every day, and you need it to relax. When you smoke, though, whatever other good ideas you had for the evening—doing your taxes, writing the paper that's due next week, cleaning the garage—vanish. You've been trying to cut down, but it's not really working. This could be heavy use or a substance use disorder.
- You may be physically dependent on caffeine, needing two or three big cups to get you going in the morning. That's "regular" on the continuum (with physical dependence thrown in). (Notice we're not using the term *addicted*?)

To figure out where your drug use falls along the continuum, fill out the worksheets on pages 51–52, using one for each drug you use. We've supplied



two copies here (see the end of the Contents for information on printing out additional copies). Notice, for example, the “complicating factors” are what we mentioned in the “heavy” section earlier in this chapter—things like drinking when you have hepatitis C or using way more than any of your friends do. Complications are anything else in your life that would affect, or be affected by, your drug use. We have filled out worksheets for Cheryl, Tyler, and Ruben as examples.

### Continuum of Drug and Alcohol Use Worksheet: Examples

#### Cheryl

Drug	Amount	Frequency	Complicating Factors	Level of Use
Alcohol	4–5 glasses of wine	5 nights/week	Trauma	Heavy
Opioid pills	2–4 pills	Daily		Regular/ heavy (physical dependence)

#### Tyler

Drug	Amount	Frequency	Complicating Factors	Level of Use
Speed	100 mg, and up to ½ gram on weekends	Daily	Loneliness	Regular/ chaotic on weekends
Alcohol	4 drinks on weekdays, up to 12 on weekends	Daily	Long-standing habit Loneliness	Regular/ chaotic on weekends

#### Ruben

Drug	Amount	Frequency	Complicating Factors	Level of Use
Ecstasy	2 pills	Once a week	Loneliness	Regular
Alcohol	5–10 drinks	3–4 nights a week	HIV	Heavy

Drug	Amount	Frequency	Complicating Factors	Level of Use
<i>Marijuana</i>	<i>4–5 “bowls”</i>	<i>Daily</i>	<i>Long-standing habit</i>	<i>Heavy</i>
<i>Cocaine</i>	<i>Up to 1 gram</i>	<i>3–4 nights a week</i>	<i>Depression and anxiety</i>	<i>Heavy/chaotic</i>

Now take the information for each drug you entered into the worksheets and plot your drug use on the worksheet on page 53 (or see the end of the Contents for information on printing out additional copies). Enter the name/s of your drug/s on the appropriate step and, in the blanks “under” the steps, write in the amount, frequency, and complicating factors. In this way, you can see at a glance where your drugs belong on the continuum. As your use changes, you can revise this again and again. (It will be easiest to do this if you use the form available online. Because you may want to add more information as suggested later in the chapter, if you decide to print the form and fill it out by hand, be sure to print it out full size, so it fills a whole page of paper.)

## Harm

There’s no doubt that drug use carries some risk. And because drug use is risky, harm can come to anyone who uses drugs or alcohol. Lest you sink into self-recrimination, let us remind you that many other things carry risk, too—skiing, mountain climbing, working 70 hours a week, eating large amounts of red meat, driving a car, or getting pregnant. So is your drug use harmful? It depends. As you reflected on in Chapter 2, it’s likely that your use of drugs was at first a solution for something, but perhaps now it has become the problem.

How do we define harm? Let’s start by favoring complexity over simplicity. If we simplify the definition of *harm* for a particular set of circumstances, we’re likely to overlook important complicating factors—“wild cards”

Many other things carry risk. So is your drug use harmful? It depends.

that have the power to turn risk into harm. Let’s say you’re not dependent on alcohol, but you have diabetes. You drink beer twice a week. Is that safe? Not necessarily—it could be lethal. Let’s say you have high blood pressure and you use cocaine just once. Is it safe? Maybe, but stroke is a risk for