



RETHINKING DRINKINGSM

ALCOHOL AND YOUR HEALTH



National Institute
on Alcohol Abuse
and Alcoholism

Rethinking Drinking is designed for U.S. adults who drink alcohol. It provides evidence-based information about alcohol and health along with tips, tools, and resources for those who want to cut down on or quit drinking.

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RETHINKING DRINKING

Do you enjoy a drink now and then? Many of us do, often when socializing with friends and family.

For anyone who drinks, *Rethinking Drinking* offers valuable, research-based information. Let's take a look at your drinking patterns and how they may affect your health. *Rethinking Drinking* can help you get started.

The first part of this booklet, *How Much Is Too Much?*, answers many questions about alcohol use. The second part, *Thinking About a Change?*, offers tips, tools, and resources for people who choose to cut down or quit. Persistence pays off. Even for people with alcohol use disorder (AUD), studies show that most do recover.

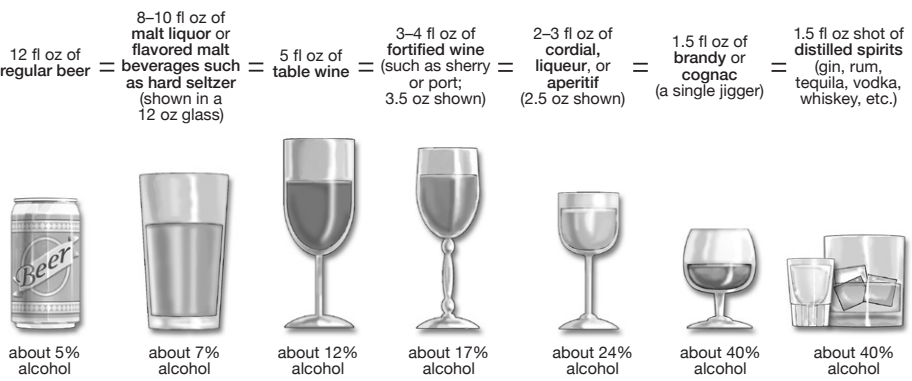
What is alcohol use disorder?

AUD is characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. It is a spectrum disorder and can be mild, moderate, or severe and encompasses the conditions that some people refer to as *alcohol abuse*, *alcohol dependence*, or the colloquial term *alcoholism*. AUD can cause lasting changes in the brain that make patients vulnerable to relapse. The good news is that no matter how severe the problem may seem, most people with AUD can benefit from treatment with behavioral therapies, medications, or both.

HOW MUCH IS TOO MUCH?

WHAT’S A “STANDARD DRINK”?

In the United States, a “standard drink” (also known as an alcoholic drink-equivalent) is defined as any beverage containing 0.6 fluid ounces or 14 grams of pure alcohol. Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink equivalent.



Each drink shown above represents one U.S. standard drink and has an equivalent amount (0.6 fluid ounces) of “pure” ethanol. Each beverage portrayed above represents one standard drink (or one alcoholic drink equivalent), defined in the United States as any beverage containing 0.6 fl oz or 14 grams of pure alcohol. The percentage of pure alcohol, expressed here as alcohol by volume (alc/vol), varies within and across beverage types. Although the standard drink amounts are helpful for following health guidelines, they may not reflect customary serving sizes.

HOW MANY DRINKS ARE IN COMMON CONTAINERS?

The table below shows the approximate number of standard drinks (or alcoholic drink equivalents) found in common containers.

regular beer (5% alc/vol)	malt liquor (7% alc/vol)	table wine (12% alc/vol)	80-proof distilled spirits (40% alc/vol)
12 fl oz = 1 16 fl oz = 1⅓ 22 fl oz = 2 40 fl oz = 3⅓	12 fl oz = 1½ 16 fl oz = 2 22 fl oz = 2½ 40 fl oz = 4⅔	750 ml (a regular wine bottle) = 5	a shot (1.5 oz glass/50 ml bottle) = 1 a mixed drink or cocktail = 1 or more 200 ml (a “half pint”) = 4⅓ 375 ml (a “pint” or “half bottle”) = 8½ 750 ml (a “fifth”) = 17

The examples shown on this page serve as a starting point for comparison. For different types of beer, wine, or malt liquor, the alcohol content can vary greatly. Some differences are smaller than you might expect, however. Many light beers, for example, have almost as much alcohol as regular beer—about 85 percent as much, or 4.2 percent versus 5.0 percent alcohol by volume (alc/vol), on average.

Although the U.S. standard drink (alcoholic drink equivalent) amounts are helpful for following health guidelines, they may not reflect customary serving sizes. In addition, while the alcohol concentrations listed are “typical,” there is considerable variability in alcohol content within each type of beverage. To find out how much alcohol is really in your drink, check out the drink size and cocktail content calculators on the ***Rethinking Drinking website***.

WHAT ARE THE U.S. GUIDELINES FOR DRINKING?

The *2020–2025 Dietary Guidelines for Americans* states that adults of legal drinking age can choose not to drink or to drink in moderation by limiting intake to 2 drinks or less in a day for men and 1 drink or less in a day for women when alcohol is consumed. Drinking less is better for health than drinking more. There are some adults who should not drink alcohol, such as women who are pregnant. Adults who choose to drink, and are not among the individuals listed below who should not drink, are encouraged to limit daily intakes to align with the Dietary Guidelines. People who do not drink should not start drinking for any reason.

WHEN IS DRINKING IN MODERATION STILL TOO MUCH?

According to the *2020–2025 Dietary Guidelines for Americans*, certain individuals should not consume alcohol. It’s safest to avoid alcohol altogether if you are:

- ▶ Taking medications that interact with alcohol
- ▶ Managing a medical condition that can be made worse by drinking
- ▶ Under the age of 21, the minimum legal drinking age in the United States
- ▶ Recovering from AUD or unable to control the amount you drink
- ▶ Pregnant or might be pregnant

In addition, certain individuals, particularly older adults, who are planning to drive a vehicle or operate machinery—or who are participating in activities that require skill, coordination, and alertness—should avoid alcohol completely.

WHAT IS ALCOHOL MISUSE?

Alcohol misuse, which includes binge drinking and heavy drinking, increases your risk of harmful consequences, including AUD. The more drinks on any day and the more alcohol misuse over time, the greater the risk. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as

a pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08 percent—or 0.08 grams of alcohol per deciliter—or higher. For a typical adult, this pattern corresponds to consuming 5 or more drinks (male), or 4 or more drinks (female), in about 2 hours.

NIAAA defines heavy drinking as follows:

- ▶ For men, consuming more than 4 drinks on any day or more than 14 drinks per week
- ▶ For women, consuming more than 3 drinks on any day or more than 7 drinks per week

WHAT ARE THE HARMS?

There is a wide range of short- and long-term consequences associated with alcohol misuse. For some individuals, any amount of drinking could be potentially harmful.

Fatalities and injuries. Alcohol-related deaths are increasing in the United States. Alcohol is a factor in about 30 percent of suicides, about 40 percent of fatal burn injuries, about 50 percent of fatal drownings and of homicides, and about 65 percent of fatal falls. Around 29 percent of all motor vehicle traffic fatalities involve alcohol. The rate of alcohol-related emergency department visits increased by nearly 50 percent from 2006 to 2014, and about one-third of injuries treated at trauma centers are alcohol related. In addition, a significant number of sexual assaults involve alcohol use.

Why do women face higher risks for alcohol-related consequences?

A growing body of evidence indicates that women who drink are at increased susceptibility to short- and long-term alcohol-related consequences, including liver disease, cardiovascular disease, neurotoxicity, and alcohol-related memory blackouts, compared to men. One reason for this is that alcohol resides predominantly in body water, and pound for pound, women have less water in their bodies than men. This means that after a woman and a man of the same weight drink the same amount of alcohol, the woman's BAC will tend to be higher, putting her at greater risk for harm.

Other biological differences may contribute as well. While alcohol misuse by anyone presents a serious public health concern, women face alcohol-related problems sooner and at lower drinking levels than men. Women who drink are also at greater risk for developing breast cancer than women who do not consume alcohol.

Alcohol-related blackouts. Blackouts are gaps in a person’s memory for events that occurred while they were intoxicated. These gaps happen when a person drinks enough alcohol to temporarily block the transfer of memories from short- to long-term storage—known as memory consolidation—in a brain area called the hippocampus.

Health problems. Drinking is associated with a number of health problems and can make certain chronic health problems worse. Half of liver disease deaths in the United States are caused by alcohol, and alcohol-associated liver disease is increasing, particularly among women and young people.

Research has shown an important association between alcohol consumption and breast cancer—for each 10 grams of alcohol consumed (less than 1 standard drink) per day, a woman’s chance of developing postmenopausal breast cancer increases by around 9 percent. Individuals who carry certain gene variants associated with alcohol-related flushing (e.g., the ALDH2-2 variant) are at an elevated risk of esophageal cancer from alcohol consumption. Research has also shown that alcohol misuse increases the risk of liver disease, cardiovascular diseases, depression, and stomach bleeding, as well as cancers of the oral cavity, esophagus, larynx, pharynx, liver, colon, and rectum.



Why is being able to “hold your liquor” a concern?

For some people who drink, it takes quite a few drinks to “get a buzz” or feel relaxed, and they may be less likely to show signs of intoxication compared to others. This is sometimes called being able to “hold your liquor” or “drink someone under the table.” Often these individuals are unaware that their body’s lower response to the intoxicating effects of alcohol isn’t protection from alcohol problems but instead is a reason for caution.

These individuals tend to drink more, socialize with people who drink a lot, and develop a tolerance to alcohol (i.e., it takes more and more alcohol to feel or act intoxicated). As a result, they have an increased risk for developing AUD. Someone who misuses alcohol, especially over the long-term, can experience permanent liver, heart, or brain damage. And all people who drink, regardless of the amount, need to be aware that critical decision-making abilities and driving-related skills are already diminished long before a person shows physical signs of intoxication.

People who misuse alcohol may also have problems managing conditions such as diabetes, high blood pressure, pain, and sleep disorders. And people who misuse alcohol are more likely to engage in unsafe sexual behavior, putting themselves and others at risk for sexually transmitted infections and unintentional pregnancies.

Birth defects. Prenatal alcohol exposure can result in brain damage and other serious problems in babies. The effects are known as fetal alcohol spectrum disorders, or FASD, and can result in lifelong physical, cognitive, and behavioral problems. Because there is no known safe level of alcohol for a developing baby, women who are pregnant or might be pregnant should not drink.

AUD. Please see page 2 for a definition of AUD. Some signs of AUD are continuing to drink even though it is causing trouble with your family or at work, drinking more than you intended, having to drink more than before to get a desired effect, being unable to stop drinking after repeated attempts, or continuing to drink despite negative consequences. Signs of AUD may also include drinking to alleviate negative emotions such as feeling "low," anxious, uneasy, unhappy, unwell, dissatisfied with life, or other negative emotions that were caused or worsened by alcohol misuse. Learn more about the symptoms of AUD below and on the next page. Having any of these symptoms may be a cause for concern. The more symptoms one has, the more urgent the need for change.

Beyond these physical and mental health risks, frequent alcohol misuse also is linked with personal problems, such as losing one's driver's license or having relationship troubles.

WHAT ARE THE SYMPTOMS OF AUD?

Having even a couple of symptoms—which you might not see as trouble signs—can signal a drinking problem. It helps to know the signs so you can make a change early. Doctors diagnose AUD when a patient has two or more of the symptoms listed on the following page. AUD can be mild (the presence of two to three symptoms), moderate (the presence of four to five symptoms), or severe (the presence of six or more symptoms).

Note:

The questions listed on the next page are based on symptoms of AUD in the American Psychiatric Association's *Diagnostic and Statistical Manual (DSM) of Mental Disorders, Fifth Edition*. The DSM is the most commonly used system in the United States for diagnosing mental health disorders.



See if you recognize any of these symptoms—or others, such as feeling low, dysphoria, or malaise—in yourself. And don't worry—even if you have a symptom, you can take steps on your own or with help to reduce your risk of AUD and other alcohol-related consequences.

In the past year, have you (check all that apply):

- ☐ Had times when you ended up drinking more, or longer, than you intended?
- ☐ More than once wanted to cut down or stop drinking, or tried to, but couldn't?
- ☐ Spent a lot of time drinking, being sick from drinking, or getting over other aftereffects?
- ☐ Wanted a drink so badly you couldn't think of anything else?
- ☐ Found that drinking—or being sick from drinking—often interfered with taking care of your home or family? Or caused job troubles? Or school problems?
- ☐ Continued to drink even though it was causing trouble with your family or friends?
- ☐ Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?
- ☐ More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or engaging in unsafe sexual behavior)?
- ☐ Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had an alcohol-related memory blackout?
- ☐ Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?
- ☐ Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, dysphoria (feeling uneasy or unhappy), malaise (general sense of being unwell), feeling low, or a seizure? Or sensed things that were not there?

If you don't have any symptoms, then staying within the limits provided in the *2020–2025 Dietary Guidelines for Americans* on page 4 could reduce your chances of having problems in the future. If you do have any symptoms, then alcohol may already be a cause for concern. The more symptoms you have, the more urgent the need for change. A healthcare professional can look at the number, pattern, and severity of symptoms to see whether AUD is present and help you decide the best course of action.

Thinking about a change? The next section may help.

THINKING ABOUT A CHANGE?

IT'S UP TO YOU

It's up to you as to whether and when to change your drinking. You don't have to wait until you develop AUD or other alcohol-related problems to evaluate your relationship with alcohol. Even participating in events such as Dry January and Sober October can offer the opportunity to take a break from alcohol to understand how it is affecting your life. Other people may be able to help, but in the end, it's your decision. Weighing your pros and cons can help.

Pros: What are some reasons why you might want to change your drinking?

- | | |
|--|--|
| ☐ To improve my health | ☐ To avoid more serious problems |
| ☐ To improve my relationships | ☐ To meet my own personal standards |
| ☐ To avoid hangovers | ☐ _____ |
| ☐ To do better at work or in school | ☐ _____ |
| ☐ To save money | ☐ _____ |
| ☐ To lose weight or get fit | ☐ _____ |

Cons: What are some possible barriers or reasons you might not want to change your drinking?

- | | |
|---|--|
| ☐ I'd need another way to unwind. | ☐ Change can be hard. |
| ☐ It helps me feel more at ease socially. | ☐ _____ |
| ☐ I wouldn't fit in with some of my friends. | ☐ _____ |

Compare your pros and cons. Put extra checkmarks by the most important one(s). Is there a difference between where you are and where you want to be?



Ready ... or not?

Are you ready to change your drinking? If so, choose whether to cut down or quit, and make a change plan. Don't be surprised if you continue to have mixed feelings. You may need to remake your decision several times before becoming comfortable with it.

If you're not yet ready, consider these suggestions in the meantime:

- ▶ Keep track of how often and how much you're drinking.
- ▶ Notice how drinking affects you.
- ▶ Make or remake a list of pros and cons about changing.
- ▶ Deal with other priorities that may be in the way.
- ▶ Ask for support from your doctor, a friend, or someone else you trust.
- ▶ Review this booklet from time to time to refresh your memory about these tips.

TO CUT DOWN OR TO QUIT ...

If you're considering changing your drinking, you'll need to decide whether to cut down or quit. It's a good idea to discuss different options with a healthcare professional, a friend, or someone else you trust. **Please note**, when someone who has been drinking heavily for a prolonged period of time suddenly stops drinking, the body can go into a painful or even potentially life-threatening process of withdrawal. Symptoms can include nausea, rapid heart rate, seizures, or other problems. Seek medical help to plan a safe recovery. Doctors can prescribe medications to address these symptoms and make the process safer and less distressing. Quitting is strongly advised if you:

- ▶ Have tried cutting down but cannot stay within the limits you set.
- ▶ Have had AUD or now have any symptoms (see pages 7–8).
- ▶ Have a physical or mental health condition that is caused or being worsened by drinking.
- ▶ Are taking a medication that interacts with alcohol.
- ▶ Are or might be pregnant.

If none of the conditions above apply to you, then talk with your doctor to determine whether you should cut down or quit based on factors such as:

- ▶ A family history of alcohol problems.
- ▶ Your age.

Don't wait for a crisis or to "hit bottom."

When someone is drinking too much, making a change earlier is likely to be more successful and less destructive to individuals and their families.

- ▶ A history of drinking-related injuries.
- ▶ Symptoms such as a sleep, pain, or anxiety disorder and sexual dysfunction.

If you choose to cut down, see the *2020–2025 Dietary Guidelines for Americans* on page 4 and seek advice from a healthcare professional if needed.

PLANNING FOR CHANGE

Even when you have committed to change, you still may have mixed feelings at times. Making a written “change plan” will help you to solidify your goals, why you want to reach them, and how you plan to do it. A sample form is provided on page 18, or you can fill out one online at the ***Rethinking Drinking*** website.

STRATEGIES FOR CUTTING DOWN

Small changes can make a big difference in reducing your chances of having alcohol-related problems. If one approach doesn’t work, try something else. Below are some specific strategies to try. Check off perhaps two or three to try in the next week or two, then add others as needed. If you haven’t made progress in cutting down after 2 to 3 months, consider quitting drinking altogether, seeking professional help, or both.

Reminder strategies

Change can be hard, so it helps to have concrete reminders of why and how you’ve decided to do it. Some standard options include carrying a change plan in your wallet or posting sticky notes at home. If you have a computer, smartphone, or other mobile device, consider these ideas:

- ▶ Fill out a change plan online at the ***Rethinking Drinking*** website, email it to your personal (non-work) account, store it in a private online folder, and review it weekly.
- ▶ Store your goals, reasons, or strategies as notes in your smartphone or other mobile device so you can retrieve them when an urge hits.
- ▶ Set up automated phone, smart device, or electronic calendar alerts that deliver reminders at a time of your choosing, such as a few hours before you usually go out.
- ▶ Create passwords that are motivating phrases in code, such as 1Day@aTime or 1stThings1st! The act of typing in your password each time you log in reinforces the motivational message.

☐ **Keep track.**

Keep track of how much you drink. Find a way that works for you, such as using a small card in your wallet (see pages 19–20 for samples), checkmarks on a kitchen calendar, notes in a smartphone or other mobile device, or notes on paper. Making a note of each drink before you drink it may help you slow down when needed.

☐ **Count and measure.**

Know the standard drink sizes so you can count your drinks accurately (see page 3). Measure drinks at home. Away from home, it can be hard to keep track, especially with mixed drinks, and at times, you may be getting more alcohol than you think. With wine, you may need to ask the host or server not to “top off” a partially filled glass. Drink size and cocktail calculators are available on the ***Rethinking Drinking website***.

☐ **Set goals.**

Decide how many days a week you want to drink and how many drinks you'll have on those days. It's a good idea to have some days when you don't drink.

☐ **Find alternatives.**

If drinking has occupied a lot of your time, then fill free time by developing new, healthy activities, hobbies, and friendships, or by renewing ones you've missed. If you have counted on alcohol to make you more comfortable in social situations, manage moods, or cope with problems, then seek other, healthy ways to deal with those areas of your life.

☐ **Avoid triggers.**

What triggers your urge to drink? If certain people or places make you drink even when you don't want to, try to avoid them. If certain activities, times of day, or feelings trigger the urge, plan something else to do instead of drinking. If drinking at home is a problem, keep little or no alcohol there.

☐ **Plan to handle urges.**

When you cannot avoid a trigger and an urge hits, consider these options: Remind yourself of your reasons for changing (it can help to carry them in writing or store them in an electronic message you can access easily, such as on a smartphone or other mobile device). Or talk things through with someone you trust. Or get involved in a healthy, distracting activity, such as physical exercise or a hobby that doesn't involve drinking. Or, instead of fighting the feeling, accept it and ride it out without giving in, knowing that it will soon crest like a wave and pass.

☐ Know your “no.”

You’re likely to be offered a drink at times when you don’t want one. Have a polite, convincing “No, thanks” ready. The faster you can say no to these offers, the less likely you are to give in. If you hesitate, it allows you time to think of excuses to go along.

Tools to help you manage urges to drink and build drink refusal skills are available on the ***Rethinking Drinking*** website.

SUPPORT FOR QUITTING

If you think you might have AUD and decide to stop drinking completely, don’t go it alone.

EVIDENCE-BASED TREATMENT APPROACHES

Evidence-based treatment approaches (medications, behavioral therapy, and mutual-support groups) are available to help people stop drinking. One size doesn’t fit all, however. It’s a good idea to do some research to find peer, social, and professional support options that appeal to you, as you are more likely to stick with them. You may find that a treatment strategy that combines evidence-based approaches can be effective for you. For guidance, visit the **NIAAA Alcohol Treatment Navigator®** (see page 15) and review current choices in the booklet ***Treatment for Alcohol Problems: Finding and Getting Help***. (See also the *Resources* section on the inside back cover.) Chances are excellent that you’ll pull together an approach that works for you.





Peer Support (Mutual-Support Groups)

Consider seeking help from your faith leader or joining Alcoholics Anonymous (AA) or another mutual-support group. People in recovery who attend groups regularly do better than those who do not. Mutual-support groups can vary widely, so search around for one that's comfortable. You'll get more out of it if you become actively involved by having a sponsor and reaching out to other members for assistance.

There are many options for mutual-support groups, with AA being the most common. (See the *Resources* section on the inside back cover.) Meetings either occur in person or online and involve participants sharing their personal histories with drinking and recovery, encouraging progress along “12 steps,” many of which, but not all, have a strong spiritual component. Because group dynamics can vary from meeting to meeting, people often visit several meetings before they find one where they feel comfortable.

Professional Support

Recent advances in treatment of AUD have provided more choices for patients and healthcare professionals. In addition to the summary below, you can visit the **NIAAA Alcohol Treatment Navigator** to learn more and search for

Feeling depressed or anxious?

It's common for people with alcohol problems to feel depressed or anxious. Mild symptoms may go away if you cut down or stop drinking. See a doctor or mental health professional if symptoms persist or get worse. If you're having suicidal thoughts, call your healthcare provider or go to the nearest emergency room right away. You can call or text the 988 Suicide & Crisis Lifeline or chat at **988lifeline.org**. Effective treatment is available to help you through this difficult time. Information about depression, anxiety, and other mental health topics is available from the **National Institute of Mental Health**.



evidence-based treatment options near you (see the *Resources* section on the inside back cover). Evidence-based AUD treatment settings come in many forms and include:

- ▶ Outpatient. Regular office, virtual, or telehealth visits for counseling, medication support, or both.
- ▶ Intensive outpatient or partial hospitalization. Coordinated outpatient care for complex needs.
- ▶ Residential. Low- or high-intensity programs in 24-hour treatment settings.
- ▶ Intensive inpatient. Medically directed 24-hour services; may manage withdrawal.

Medications to treat AUD. The U.S. Food and Drug Administration has approved three medications for treating AUD: naltrexone, acamprosate, and disulfiram.

NIAAA Alcohol Treatment Navigator

This is a one-stop resource for learning about treatment, how to recognize high-quality treatment providers, and how to search several national directories of treatment programs and specialists.

<https://alcoholtreatment.niaaa.nih.gov>





Naltrexone and acamprosate can help a person quit drinking by offsetting changes in the brain caused by AUD. Disulfiram works by causing unpleasant reactions when a person drinks while taking this medication. None of these medications is addictive. They can be combined with mutual-support groups or behavioral treatments. See the *Resources* section on the inside back cover for more information.

Behavioral treatments. Research has shown that behavioral treatments, including cognitive-behavioral therapy, motivational enhancement, marital and family counseling, or a combination of approaches, can be very effective in treating AUD.

Getting help in itself appears to be more important than the particular approach used, as long as it offers empathy, avoids heavy-handed confrontation, strengthens motivation, and provides concrete ways to change drinking behavior. Visit the **NIAAA Alcohol Treatment Navigator** for information about finding a treatment provider, or see the *Resources* section on the inside back cover of this booklet for a list of organizations to help you find a psychiatrist, psychologist, social worker, or other treatment professional.

Social Support (Friends and Family)

One potential challenge when people stop drinking is rebuilding a life without alcohol. It may be important to:

- ▶ Educate family and friends
- ▶ Develop new interests and social groups
- ▶ Find rewarding ways to spend your time that don't involve alcohol
- ▶ Ask for help from others

When asking for support from friends or significant others, be specific. This could include:

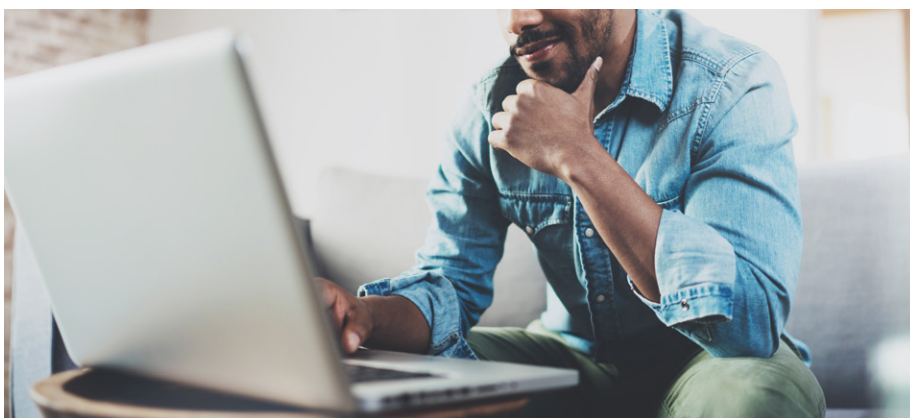
- ▶ Not offering you alcohol
- ▶ Not using alcohol around you
- ▶ Giving words of support and withholding criticism
- ▶ Not asking you to take on new demands right now
- ▶ Going to a group like Al-Anon

Don't give up.

Changing unhealthy behaviors such as smoking, overeating, or drinking too much can take a lot of effort, and you may not succeed with the first try. Setbacks are common, but you learn more each time. Each try brings you closer to your goal. Whatever course you choose, give it a fair trial.

If one approach doesn't work, try something else. If a setback happens, get back on track as quickly as possible. In the long run, your chances for success are good. Research shows that most people who drink heavily, even those with AUD, can cut back significantly or quit.

For tools to help you make and maintain a change, visit the ***Rethinking Drinking website***.



APPENDIX

WRITING A CHANGE PLAN

Even when you have committed to making a change, you may still have mixed feelings at times. Making a written “change plan” will help you to solidify your goals, why you want to reach them, and how you plan to do it. A sample form is provided below.

Change plan:

Goal (select one)

- ☐ I want to drink no more than ___ drink(s) on any day and no more than ___ drink(s) per week. (See page 4 for the *2020–2025 Dietary Guidelines for Americans*.)
- ☐ I want to stop drinking.

Timing

I will start on this date:

Reasons

My most important reasons for making these changes are:

Strategies

I will use these strategies (see pages 11–13):

People

The people who can help me are (list names and how they can help):

Signs of success

I will know my plan is working if:

Possible roadblocks

Some things that might interfere and how I'll handle them:

DRINKING TRACKER CARDS

If you want to cut back on your drinking, start by keeping track of every drink. Below are two different forms you can cut out or photocopy and keep with you. (These are also available on the **Rethinking Drinking website**.) Either form can help make you aware of patterns, a key step in planning for a change. Try one form, or try both to see which is more helpful.

The 4-week tracker card is a simple calendar form. If you mark down each drink before you have it, this can help you slow down if needed. The drinking analyzer card can help you examine the causes and consequences of your drinking patterns.



4-week tracker

GOAL: No more than ____ drinks on any day and ____ per week.

Week starting	Su	M	T	W	Th	F	Sa	Total
___ / ___								
___ / ___								
___ / ___								
___ / ___								



Drinking analyzer

Date	Situation (people, place) or trigger (incident, feelings)	Type of drink(s)	Amount	Consequence (what happened?)
___ / ___ / ___				
___ / ___ / ___				
___ / ___ / ___				
___ / ___ / ___				
___ / ___ / ___				
___ / ___ / ___				
___ / ___ / ___				



DRINKING TRACKER CARDS (continued)

These are the same cards as on the previous page. If you cut one out of this booklet, you will have the drinking analyzer on one side and the 4-week tracker on the other side.



Drinking analyzer

Date	Situation (people, place) or trigger (incident, feelings)	Type of drink(s)	Amount	Consequence (what happened?)
___ / ___ / ___				
___ / ___ / ___				
___ / ___ / ___				
___ / ___ / ___				
___ / ___ / ___				
___ / ___ / ___				
___ / ___ / ___				



4-week tracker

GOAL: No more than ___ drinks on any day and ___ per week.

Week starting	Su	M	T	W	Th	F	Sa	Total
___ / ___								
___ / ___								
___ / ___								
___ / ___								

RESOURCES

Comprehensive resources

NIAAA Alcohol Treatment Navigator. This is a one-stop resource for learning about treatment, how to recognize high-quality treatment providers, and how to search several national directories of treatment programs and specialists. <https://alcoholtreatment.niaaa.nih.gov>

Treatment for Alcohol Problems: Finding and Getting Help. Search for and download this booklet at <https://www.niaaa.nih.gov> or call 888-MY-NIAAA (888-696-4222) to request a print copy.

Professional help

Your primary care or mental health provider. Primary care and mental health providers can provide treatment for AUD.

Specialists in alcohol-related treatment. Contact your primary care provider, health insurance plan, local health department, or employee assistance program for information about specialty treatment.

Other resources include:

Professional associations of medical and nonmedical specialists

American Academy of Addiction Psychiatry
<https://www.aaap.org>
401-524-3076

American Society of Addiction Medicine
<https://www.asam.org>
301-656-3920

American Board of Preventive Medicine
<https://certification.theABPM.org/physician-lookup>
312-939-2276

American Psychological Association
<https://www.apa.org>
<https://www.apa.org/about/apa/organizations/associations>
1-800-374-2721

National Association of Social Workers
<https://www.helpstartshere.org>

Treatment facilities

NIAAA Alcohol Treatment Navigator
<https://alcoholtreatment.niaaa.nih.gov>

Substance Abuse Treatment Facility Locator
<https://www.samhsa.gov/find-treatment>
1-800-662-HELP (1-800-662-4357)

Mutual-support groups

Alcoholics Anonymous (AA)
<https://www.aa.org>
212-870-3400

LifeRing
<https://lifering.org>
1-800-811-4142

Moderation Management
<https://www.moderation.org>
chicago@moderation.org

Secular AA
<https://aasecular.org>
323-693-1633

SMART Recovery
<https://www.smartrecovery.org>
440-951-5357

Women for Sobriety
<https://www.womenforsobriety.org>
215-536-8026

Groups for family and friends

Al-Anon Family Groups
<https://www.al-anon.org>
1-888-425-2666 for meetings

Adult Children of Alcoholics
<https://www.adultchildren.org>
310-534-1815

SMART Recovery for Families
<https://www.smartrecovery.org/family>
866-951-5357

Information resources

National Institute on Alcohol Abuse and Alcoholism
<https://www.niaaa.nih.gov>
301-443-3860

National Institute on Drug Abuse
<https://nida.nih.gov>
301-443-1124

National Institute of Mental Health
<https://www.nimh.nih.gov>
1-866-615-6464

Substance Abuse and Mental Health Services Administration's National Helpline
<https://www.samhsa.gov/find-help/national-helpline>
1-800-662-HELP (1-800-662-4357)

For additional resources, visit <https://www.RethinkingDrinking.niaaa.nih.gov>

“Sometimes we do things out of habit and we don’t really stop to think about it. This made me think about my choices.”

“I thought the strategies for cutting down were really good. It gives you tools to help yourself.”

These are comments from individuals who drink alcohol and who reviewed *Rethinking Drinking* in focus testing. We welcome your comments as well. Send an email to **niaaaweb-r@exchange.nih.gov** or call 301-443-3860.

For an online version of this booklet with interactive features and additional resources, visit **<https://www.RethinkingDrinking.niaaa.nih.gov>**.

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