

December 1, 2011

As part of a large community study funded by a federal grant (National Institute on Alcohol Abuse and Alcoholism), which was conducted in 48 states, we sent participants materials that they could complete on their own to help them decide if they wanted to change their drinking. The results showed that individuals who wanted to change their alcohol use found these study materials to be very helpful

The materials used in the study are available and can be downloaded from our website (www.nova.edu/gsc). On the web page scroll to the bottom to Self-Help and Forms and click on Online Forms or go directly to http://www.nova.edu/gsc/online_files.html and you will find the materials. The materials have been slightly modified to accommodate their being used on a website.

These results are similar to those we used in another study we conducted several years ago in Canada [Sobell, L. C., Sobell, M. B., Leo, G. I., Agrawal, S., Johnson-Young, L. & Cunningham, J. A. (2002). Promoting self-change with alcohol abusers: A community-level mail intervention based on natural recovery studies. *Alcoholism: Clinical and Experimental Research*, 26, 936-948].

Please note that although many people who have completed the materials similar to those on our website have helped many people changed their drinking on their own, some individuals have also reported that they need additional help and have sought professional assistance. For those who live in South Florida our Healthy Lifestyles Guided Self-Change Clinic at Nova Southeastern University provides brief motivational counseling for those that want to change their drinking. All services are available in English and Spanish. Se ofrece terapia en español. The program does not use confrontation and emphasizes self-determination. Fees are on a sliding scale, and all services are confidential. For more information about the program for yourself or others or to schedule an appointment, call the Program Coordinator at 954-262-5873 or email us at gsc@nova.edu.

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MY CURRENT USE OF ALCOHOL

Answer the following questions and insert your answers into the graphs on the next 2 pages.

The 3 questions below are about your alcohol use in the last 3 months. For these questions, please report your drinking in terms of STANDARD DRINKS.

1 STANDARD DRINK EQUALS



12-ounce bottle or can of regular beer



5-ounce glass of regular (12%) wine



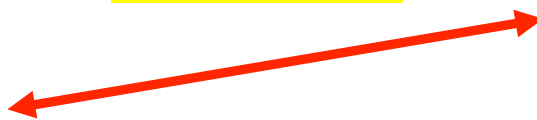
1-1/2 ounces of hard liquor straight or in a mixed drink

Question #1: In the last 3 months, on average I drink _____ days per week (from 0 to 7)

Question #2: In the last 3 months, on days when I drank, on average I drank _____ standard drinks per drinking day.

Question #3: In the last 3 months, how many drinks did you consume on average each week? **To get the answer, multiply your answer to Question 1 X Question 2.**

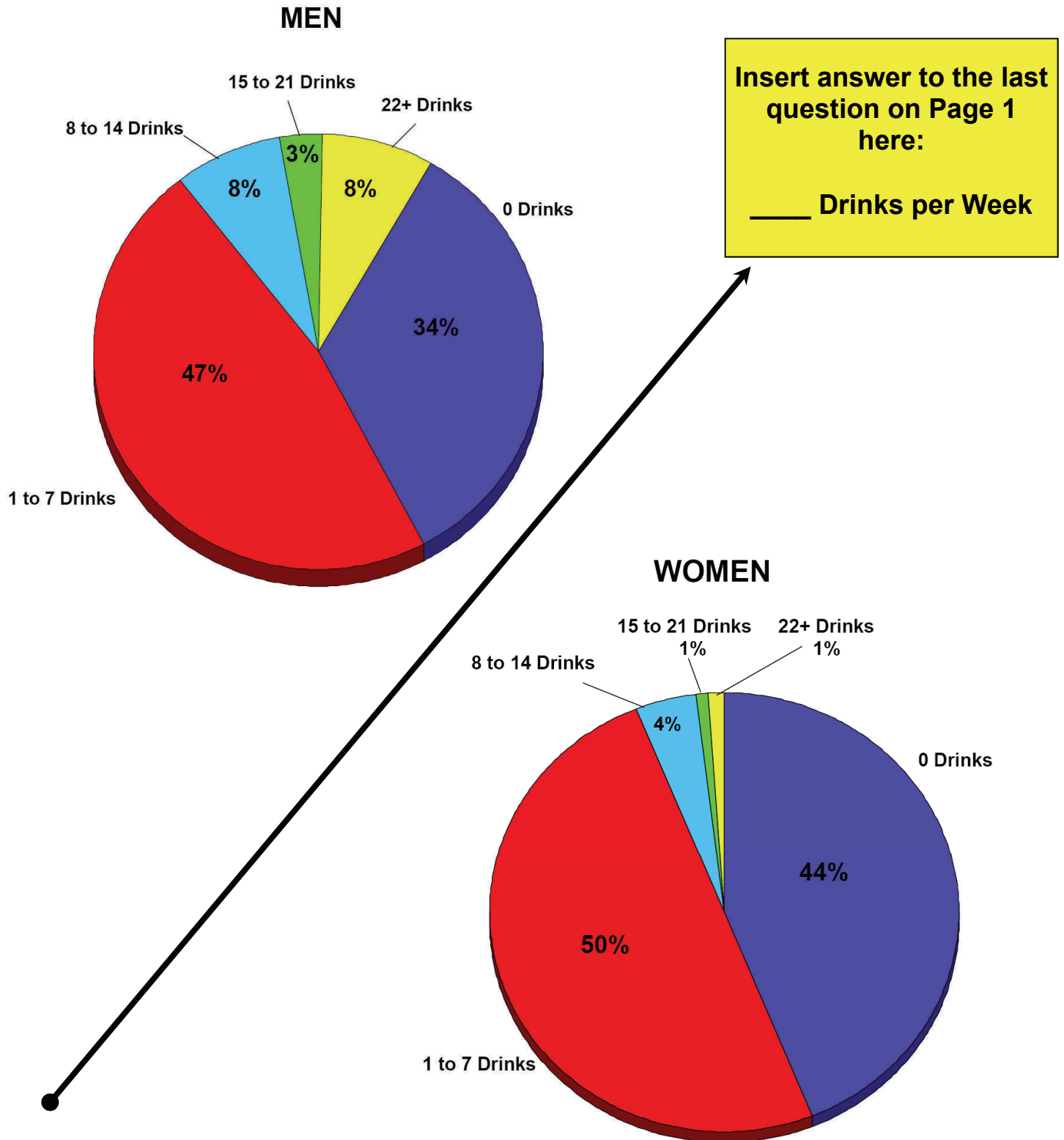
Question 1 Answer _____ **X** **Question 2 Answer** _____ = _____ **Drinks Per Week**



Now insert the **# of Drinks Per Week** that you have just calculated in the boxes on **PAGE 2** and **PAGE 3** where it says _____ **Drinks Per Week**

Number of Drinks Consumed in a Week

Where Does Your Drinking Over the Past 90 Days Fit In?



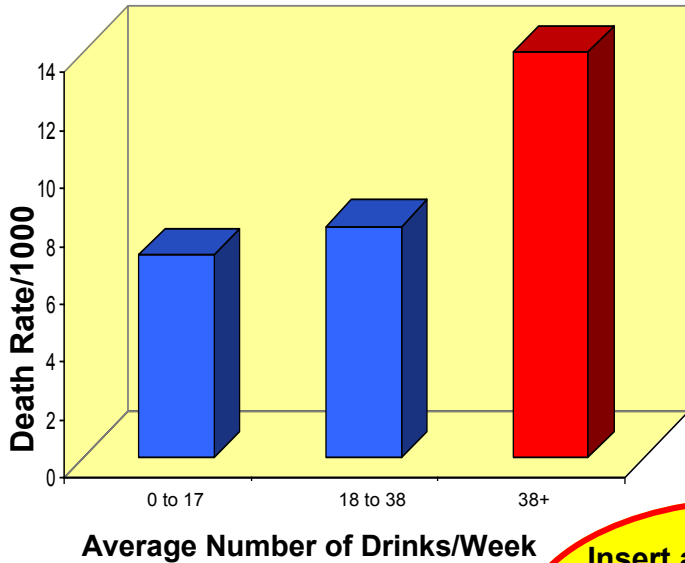
* From the 2000 National Alcohol Survey (N=7,612) Alcohol Research Group, Berkeley, CA.

WHERE DOES YOUR DRINKING FIT IN?

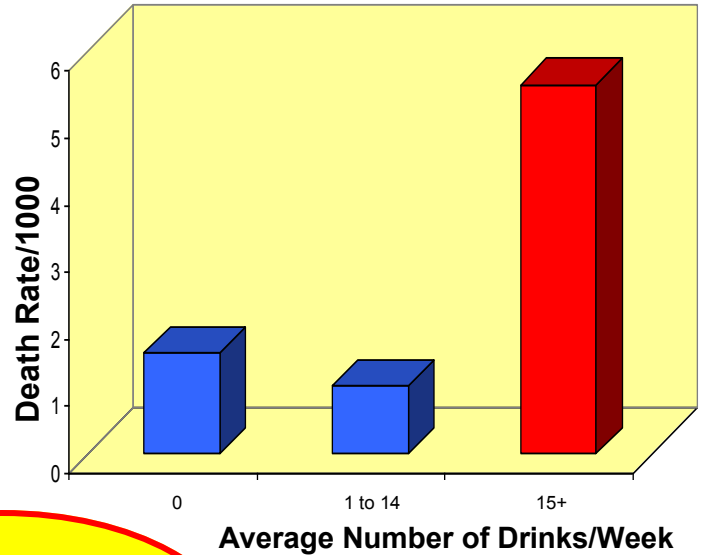
HEALTH RISKS*

Does your current drinking place you at risk for health problems? Examine the relevant graphs below to see your possible risk levels.

Heart and Stroke Disease for Men and Women

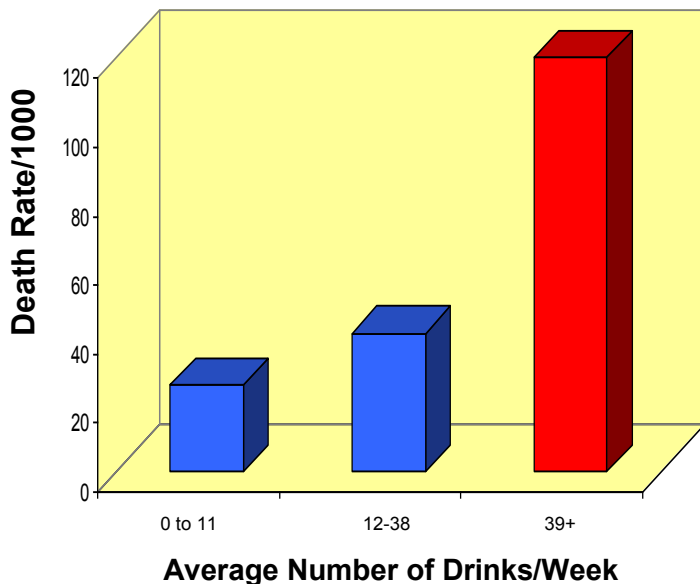


Liver Cirrhosis for Men

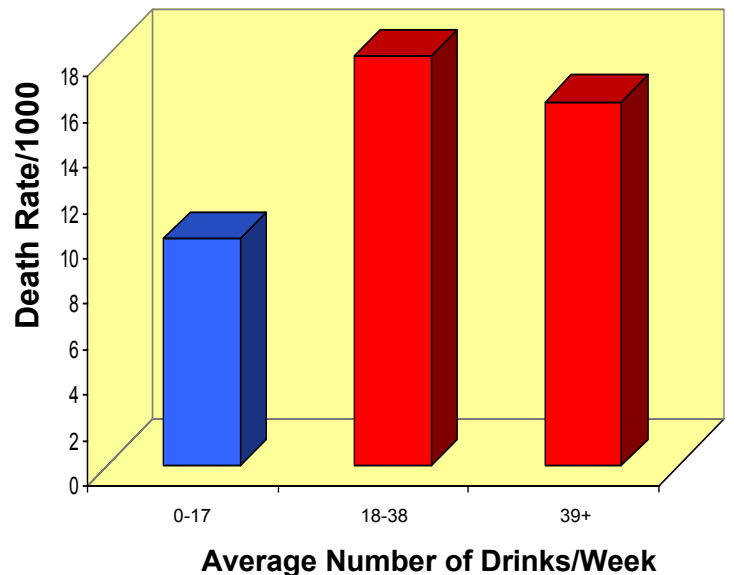


Insert answer to the last question on Page 1 HERE:
 _____ Drinks/Week

Cancers for All Men



Breast Cancer for Women



*(Blackwell et al., 1980; Dryer et al., 1980; Klatsky et al., 1990; Hiatt & Bawol, 1984)

AUDIT Questionnaire

Instructions: Read each question and circle the answer that is most correct for you. All the questions refer to your alcohol use over the **past year**.

1. How often do you have a drink containing alcohol?

0	1	2	3	4
never	monthly or less	2 to 4 times/month	2 to 3 times/week	4 or more times/week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

0	0	1	2	3	4
none	1 or 2	3 or 4	5 or 6	7 to 9	10 or more

3. How often do you have 5 or more drinks on one occasion?

0	1	2	3	4
never	less than monthly	monthly	weekly	daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?

0	1	2	3	4
never	less than monthly	monthly	weekly	daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

0	1	2	3	4
never	less than monthly	monthly	weekly	daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

0	1	2	3	4
never	less than monthly	monthly	weekly	daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

0	1	2	3	4
never	less than monthly	monthly	weekly	daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

0	1	2	3	4
never	less than monthly	monthly	weekly	daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

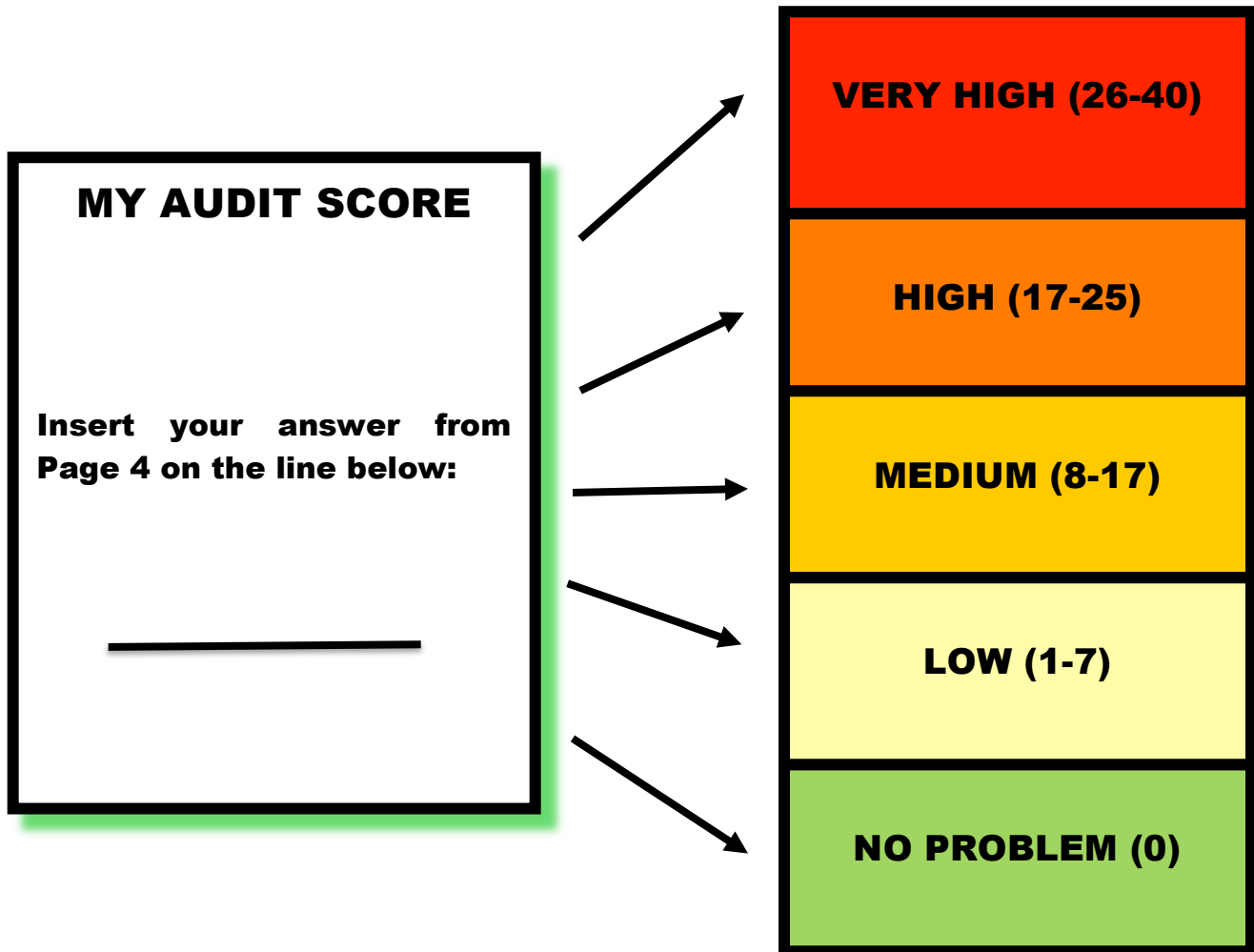
0	2	4
no	yes, but not in the last year	yes, during the last year

10. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?

0	2	4
no	yes, but not in the last year	yes, during the last year

Once you answer the 10 questions, add up the numbers you circled for each question and put your total score in the box on Page 5 where its says "MY AUDIT SCORE"

Where Does My Audit Score Fit In?



The AUDIT Questionnaire was developed by the World Health Organization to evaluate a person's alcohol use.

Your AUDIT score shows whether your drinking should be considered a problem. Higher scores typically reflect concerns that are more serious.

SOME TIPS FOR CHANGING YOUR DRINKING

- **Keep a record of your drinking. Attached are 7 daily logs to help you monitor your daily alcohol use. Feel free to copy these if you need more logs.**
- **Always measure your drinks when pouring from a wine or liquor bottle.**
- **Practice saying “NO” to people who invite you to drink more than you plan.**
- **Choose beer and wine with lower alcohol content; use less liquor and more mix in your drinks.**
- **Pace your drinking; don’t drink more than 1 standard drink an hour.**
- **Alternate non-alcoholic drinks between alcohol drinks.**
- **Have some alcohol-free days each week.**
- **Plan in advance how to handle urges and drinking situations.**
- **Limit your drinking.** The National Institute on Alcohol Abuse and Alcoholism (NIH Publication No. 07-3769) recommends that:
 - Women drink no more than 3 drinks in a day AND no more than 7 drinks in a week.
 - Men drink no more than 4 drinks in a day AND no more than 14 drinks in a week.
- **Remember, not drinking is always an option.**
- **Decide ahead of time, when, where, and how much you will drink.**
- **Don’t drink as a way of solving problems, find alternatives or talk with someone.**
- **Don’t drink for reasons where you are likely to drink more and more.** With continued drinking experiences, many people are less affected than they used to be by the same amount of alcohol, leading them to drink more. This is called developing tolerance.
- **Evaluate your reasons for drinking:** To be able to limit your drinking, it is important to not drink for the effect; that is, don’t drink to feel a certain way, or you may find yourself drinking more and more.
- **For some people, not drinking is necessary. Don’t drink if you.....**
 - Have medical problems where drinking is not recommended (e.g., diabetes, liver problems).
 - Are pregnant or trying to become pregnant.
 - Are taking medications that interact with alcohol (ask your physician)
 - Have legal or social (e.g., spouse, on probation) reasons for not drinking.

Lastly, if you have any questions about alcohol use and whether might affect your health or medications you are taking contact your physician.

DAILY LOGS

One Standard Drink is equal to:



12 oz. can/bottle of beer,



5 oz. glass of 12% alcohol wine,



1-1/2 oz. of hard liquor (80-proof)

	Month/day	No. of Standard drinks	Where and With Whom?	What Prompted You to Drink
Monday	/			
Tuesday	/			
Wednesday	/			
Thursday	/			
Friday	/			
Saturday	/			
Sunday	/			

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Sunday	/			

Thinking About Changing Your Drinking

DECISIONAL BALANCE EXERCISE

THIS PAMPHLET WILL HELP YOU

- Think about the **costs and benefits** of changing your alcohol use, and
- Think about **factors that affect** your decision to change.

WEIGHING DECISIONS

- Weighing decisions, involves looking at the costs and benefits of the choices you can make.
- It is normal to have mixed feelings when making decisions to change.

DECISIONAL BALANCING

When people who change are asked what brought about the change, they often say they just **“thought about it,”** meaning that they evaluated the consequences of their current behavior and of changing before making a final decision.

This exercise is to help you look at the **good things and less good things** about changing your drinking.



Changing Your Drinking

To change, ***the scale needs to tip*** so the costs of drinking outweigh the benefits.

THINKING ABOUT DRINKING?

Ask yourself: **What do I stand to lose and gain by continuing my current drinking and by changing?**

DECISION TO CHANGE EXERCISE

People often find it helpful to write out the costs and benefits of their current behavior when thinking about changing. The example below will help you complete your own Decision to Change Exercise.

SAMPLE DECISION TO CHANGE EXERCISE

	Changing	Not Changing
Benefits of	<ul style="list-style-type: none"> • Increased control over my life • Support from family and friends • Decreased job problems • Improved health and finances 	<ul style="list-style-type: none"> • More relaxed • More fun at parties • Don't have to think about my problems
Costs of	<ul style="list-style-type: none"> • Increased stress/anxiety • Feel more depressed • Increased boredom 	<ul style="list-style-type: none"> • Disapproval from friends/family • Money problems • Damage close relationships • Increased health risks

Decision to Change Exercise: Your Turn

YOUR TURN
Compare the costs and benefits
of changing your drinking

Changing

Not Changing

Benefits of

Costs of

IT'S YOUR DECISION

The next page asks you to list the most important reasons why you want to change. **Changing is your decision.**

Three Reasons I Want to Change

1. _____

2. _____

3. _____

