

February 16, 2013

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 that are contained in this pdf have been slightly modified to accommodate their being used in one document.

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



Question #1: In the last 3 months, on average I drank \_\_\_\_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.

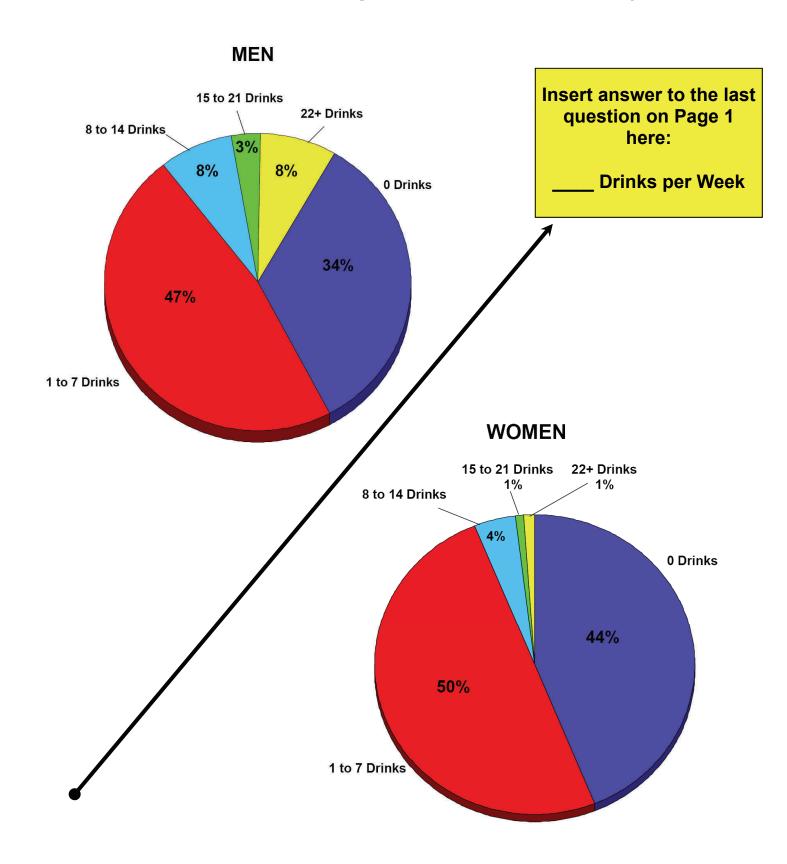
Question 1 Answer \_\_\_\_ = \_\_\_ Drinks Per Week

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?

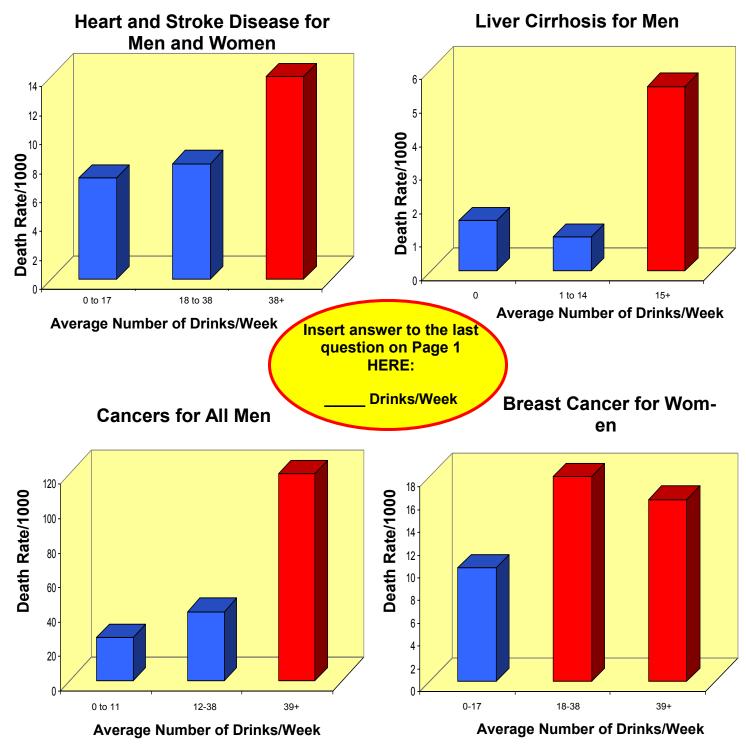


<sup>\*</sup> From the 2000 National Alcohol Survey (N=7,612) Alcohol Research Group, Berkeley, CA.

# 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.



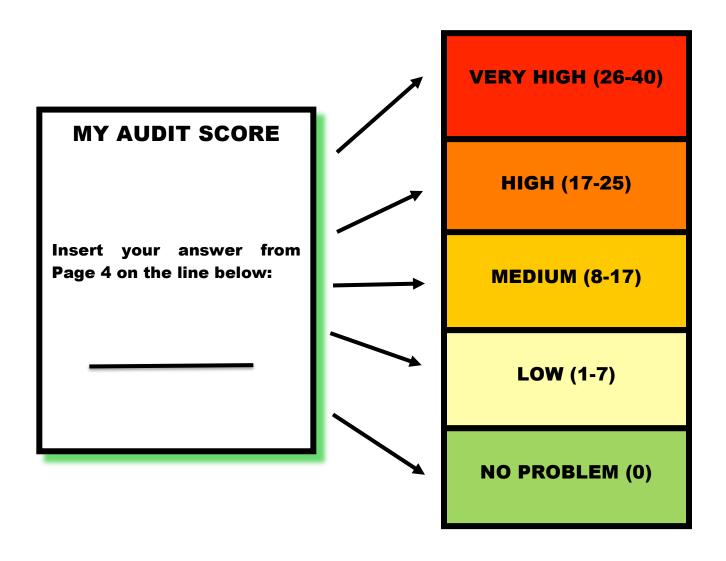
\*(Blackwell et al., 1980; Dryer et al., 1980; Klatsky et al., 1990; Hiatt & Bawol, 1984)

#### **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 yo                    | u have a drink contai  | ning alcohol?             |                    |              |                          |
|-----|------------------------------------|------------------------|---------------------------|--------------------|--------------|--------------------------|
|     | 0                                  | 1                      | 2                         | 3                  |              | 4                        |
|     | never                              | monthly or less        | 2 to 4 times/month        | 2 to 3 times       | /week 4      | 4 or more times/week     |
| 2.  | How many drinks                    | s containing alcohol d | lo you have on a typica   | l day when you a   | ıre 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 yo                    | u have 5 or more drir  | nks on one occasion?      |                    |              |                          |
|     | 0                                  | 1                      | 2                         | 3                  |              | 4                        |
|     | never                              | less than monthly      | monthly                   | weel               | kly          | daily or almost daily    |
| 4.  | How often during                   | g the last year have y | ou found that you wer     | e not able to stop | drinking o   | nce you had started?     |
|     | 0                                  | 1                      | 2                         | 3                  |              | 4                        |
|     | never                              | less than monthly      | monthly                   | weel               | kly          | daily or almost daily    |
| 5.  | How often during                   | g the last year have y | ou failed to do what w    | as normally expe   | cted from y  | ou because of drinking?  |
|     | 0                                  | 1                      | 2                         | 3                  |              | 4                        |
|     | never                              | less than monthly      | monthly                   | weel               | kly          | daily or almost daily    |
| 6.  | How often during drinking session? |                        | ou needed a first drink   | in the morning to  | o get yours  | self going after a heavy |
|     | 0                                  | 1                      | 2                         | 3                  |              | 4                        |
|     | never                              | less than monthly      | monthly                   | weel               | kly          | daily or almost daily    |
| 7.  | How often during                   | g the last year have y | ou had a feeling of gui   | lt or remorse afte | er drinking? |                          |
|     | 0                                  | 1                      | 2                         | 3                  |              | 4                        |
|     | never                              | less than monthly      | monthly                   | weel               | kly          | daily or almost daily    |
| 8.  | How often during you had been dri  |                        | ou been unable to rem     | ember what happ    | ened the r   | night before because     |
|     | 0                                  | 1                      | 2                         | 3                  |              | 4                        |
|     | never                              | less than monthly      | monthly                   | weel               | kly          | daily or almost daily    |
| 9.  | Have you or som                    | eone else been injure  | ed as a result of your d  | rinking?           |              |                          |
|     | 0                                  |                        | 2                         |                    | 4            |                          |
|     | no                                 | yes                    | , but not in the last yea | ar yes, durir      | ng the last  | year                     |
| 10. | Has a relative or you cut down?    | friend or a doctor or  | other health worker be    | een concerned ab   | out your dr  | rinking or suggested     |
|     | 0                                  |                        | 2                         |                    | 4            |                          |
|     | no                                 | yes                    | , but not in the last yea | ar yes, durir      | ng the last  | year                     |

# 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:
  - o Women drink no more than 3 drinks in a day AND no more than 7 drinks in a week.
  - o 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)
  - o 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.

## **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** Increased control over my life More relaxed Support from family and More fun at parties Don't have to think about my friends Decreased job problems problems Improved health and finances Disapproval from friends/ ⊌ • Increased stress/anxiety family Feel more depressed Money problems Increased boredom Damage close relationships

Increased health risks

# Benefits of

# **Decision to Change Exercise: Your Turn**

YOUR TURN
Compare the costs and benefits
of changing your drinking

| Changing | Not Changing |
|----------|--------------|
|          |              |
|          |              |
|          |              |
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#### 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**

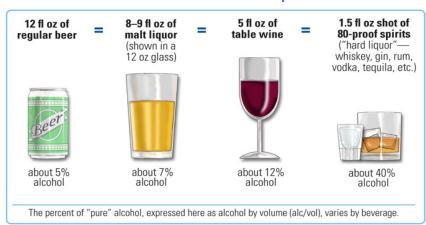
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| 3 |      |  |
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#### Instructions

- This log is to record your daily alcohol use, and if you are a smoker, the number of cigarettes you smoked each day.
- For alcohol use, we want you to write in the number that best reflects the number of standard drinks you drink each day. Using the chart below, if you drink 2 beers and a glass of wine you would write 3 for 3 standard drinks. If you do not drink, write 0.
- For smokers, just write in the number of cigarettes you smoked each day.

#### **One Standard Drinks Equals**



#### **Weekly Log**

| Da  | ay of the<br>Week | Date (mo/dy/yr) e.g.,<br>2/14/13 | # Standard Drinks<br>Consumed | # Cigarettes<br>Smoked |
|-----|-------------------|----------------------------------|-------------------------------|------------------------|
| 1.  | Mon.              |                                  |                               |                        |
| 2.  | Tues.             |                                  |                               |                        |
| 3.  | Wed.              |                                  |                               |                        |
| 4.  | Thurs.            |                                  |                               |                        |
| 5.  | Fri.              |                                  |                               |                        |
| 6.  | Sat               |                                  |                               |                        |
| 7.  | Sun.              |                                  |                               |                        |
| Wee | kly total add     | columns 1 thru 7                 |                               |                        |

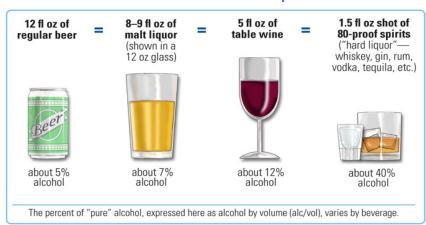
Men: If you are drinking more than 14 standard drinks per week or more than 4 drinks in a day, your drinking is considered to be at risky levels.

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| 2.  | Tues.             |                                  |                               |                        |
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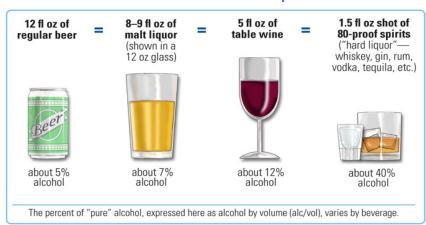
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| 5.  | Fri.              |                                  |                               |                        |
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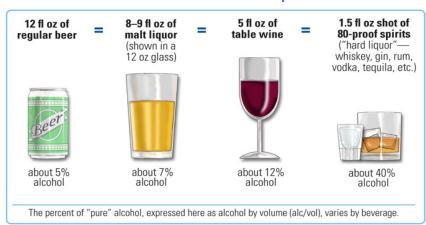
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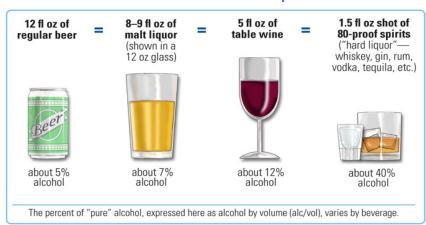
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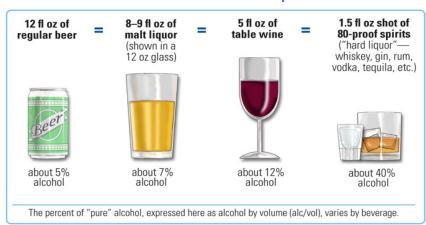
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