

Options for people who are thinking about their drinking



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Introduction: How this booklet will help you or someone you care about

For many people, drinking alcohol is connected to positive events. We drink to relax, to celebrate, to be social with family and friends, and for other reasons. But for some people, alcohol can become a concern.

Unfortunately, alcohol problems are often stigmatized in our society, which can make it hard for people to learn about their options for help.

That's why we created this booklet. It will help you look at how drinking is affecting your life so you can decide if you want to make a change. It also explains the many options available to help you.

You may find this booklet helpful if:

- You have questions or concerns about your drinking—or the drinking of someone you care about.
- Drinking is getting in the way of your goals, hopes, and dreams.
- Someone you trust is concerned about your drinking.
- Shame or guilt has kept you from telling anyone that you're concerned about your drinking.
- You want information on how to cut down or stop drinking.
- You want to learn about new treatments and other options.
- You've tried treatment but are looking for something different.

The choice is yours: Cut back, stop, or make no changes right now

It used to be that people who had problems with alcohol were given one choice: to stop drinking. Their only options were to get help through traditional “alcohol rehab” or a program like Alcoholics Anonymous (AA). We now have many options that are known to be effective.

Some people choose to drink less, while others decide that stopping alcohol altogether is the best choice for them. After going through this booklet, you might not want to make any changes—that's up to you. No matter what you decide, it's important to remember that you have many options. This booklet will help you understand your options so you can make the choice that's right for you.

What to keep in mind as you get started...

- Drinking can cause problems for anyone.
- Some people manage their drinking problems by cutting down. Others decide to stop.
- Many treatments are available—including counseling and newer medications that won't make you sick if you drink.
- Finding the people in your life who won't judge you can help you make changes.

How to use this booklet

This booklet can help you or someone you care about make two important decisions:

- Do you want to cut down, stop drinking, or make no changes right now?
- If you decide to cut down or stop, what types of help or support do you want to try, if any?

You may want to talk with a health care provider or other person you trust as you go through this booklet. Here is an overview of what it will cover:

Part 1: Which choice is best for you?

First you will go through some questions and examples to help you decide if you want to change your drinking. Part 1 will help you consider things like how drinking affects your life, what matters most to you, and whether making a change could improve your life.

Part 2: What are your options?

If you decide you want to cut down or stop drinking, Part 2 will guide you through your many options for help and support, including:

- Counseling (one-on-one or couples)
- Medications—including newer ones that won't make you sick if you drink
- Group-based alcohol treatment
- Peer support programs
- Making changes on your own

Part 3: What do you want to do?

The last step is to consider which of these options appeal to you most and why. Part 3 will help you put together a plan for the things you want to try.

Most people can change their drinking with help and support. But no one approach works for everyone. You may decide that getting treatment through counseling, medication, or a group-based program is the level of support you need. Or you may be able to make changes on your own, or with help from peer support or someone you trust. Many people find that a mix of different options works best.

Only you can decide which approach is right for you. A worksheet at the end will help you summarize your thoughts and make your decision.



Joe's story

"It got to a point where my drinking just didn't feel healthy, and I wanted to cut back. I talked with my girlfriend and she was really supportive. 'Just tell me what you need and how I can help,' she said. I started keeping track of how much I was drinking and the money I was spending at the bar on weekends. I was shocked! My girlfriend helped me stick to my goals to cut back. She planned dates that didn't include alcohol, like going to movies. I've cut back and have already noticed that I feel better and have more energy, especially on Monday mornings. I've even started going to the gym again."

Part 1: Which choice is best for you?

Is drinking causing problems for you?

As you start to consider whether you want to change your drinking, take a look at how alcohol is affecting your life. Below are some common problems that people have related to drinking. Go through the list and check any that are true for you.

- I sometimes drink too much—either more than I planned to or for longer than I wanted to.
- I've wanted to cut back or stop drinking, but I haven't been able to.
- I spend a lot of time drinking or feeling hungover.
- I sometimes can't think about anything but drinking or have a strong urge to drink.
- Drinking or feeling hungover is making it hard for me to take care of my responsibilities.
- I still drink even though it's causing problems with my family and friends, or at work or school.
- I still drink even though it's causing me health problems or making them worse.
- I've stopped doing things I enjoy because of my drinking.
- I sometimes do dangerous things after drinking, like driving or having unsafe sex.
- I sometimes can't remember what I've said or done while drinking.
- I need to drink more than I used to in order to feel the effect I want.
- When I don't drink, I sometimes feel on edge, have trouble sleeping, notice other problems, or feel like I'm not myself.
- I've had legal, financial, or other problems.



Sara's story

"When my teenage son was getting into trouble, I would lock up the liquor cabinet so he and his friends wouldn't raid it when we were out. A couple of times I sort of panicked when I could not find the key when I got home from work and wanted a drink. After this happened a few times I got the feeling that maybe this wasn't a good sign. I didn't feel like my drinking was totally out of control, and I wanted to be able to have a drink when I wanted it. But it sort of felt like my drinking was becoming more in control of me than I'd like."

Your story

Are there ways that alcohol is having an impact on your life? If so, write them here:

How would changing your drinking help you?

Take a look at any items you checked on page 3 and start to think about why you might want to change your drinking. Consider what's important to you and how making a change could help.

Some people decide to cut down or stop drinking because they want their energy back. Others want to improve their relationships, save money, or get healthier. The personal stories on the next few pages are examples of the different reasons that people decide to make a change. Read through them and make notes if you have similar reasons for considering a change.



Cara wanted to make a change for her family

*“For as long as I can remember, drinking is how I handled my stress and worry, especially after hard days at work. But then my spouse told me I couldn’t be counted on as much and that it might be affecting our young daughter. I want to be a good parent—to be the kind of person I want her to become. **I talked to my doctor and she referred me to a counselor. It’s been helpful to talk to someone about my stress and how it affects my drinking.** We have also worked on other ways to manage my worry. I don’t want to stop drinking, so we have come up with things I can do to help me drink less. I feel good about how much I’ve been able to cut down. There are days I still drink more than I would like, but my counselor is supportive. She gives me hope that I can continue making healthy changes for myself and for my family.”*

Which relationships are most important to you? Is your drinking affecting those relationships? If so, how?

How might your important relationships—with your partner, children, other family, or friends—improve if you cut back or stopped drinking?



Andrew decided to change to improve his health

*“No one knew I had a problem with drinking, and I was too embarrassed to say anything—even to my partner. I thought I should be able to handle it on my own, but I couldn’t. I felt alone. I stopped exercising and gained weight. My work was starting to suffer, and I felt guilty. Then, I was seeing my doctor for my high blood pressure and decided to say something. It was a relief to finally tell somebody. We talked about different options. **I decided to try a medicine that could help with urges to drink, and that has helped a lot. I’m also trying group counseling, which my Employee Assistance Program helped me find.** The group is making me feel less alone, and I get to hear what works for other people. After cutting down for a few months, I’ve decided to stop drinking. It’s just easier for me. I feel like I’m getting back in control of my life. My blood pressure and weight are both improving. I’m feeling better now and am more productive at work, as well.”*

Do you have health problems that are made worse by your drinking—like high blood pressure, diabetes, or depression? Or do you feel like your drinking might be harming your health in other ways? If so, how?

How might your health improve if you cut back or stopped drinking?



Jackie started thinking about a change when her friend expressed concern

“I always thought my drinking was normal. I drink less than most people I know. Then my good friend told me, ‘You need to change. You do and say mean things when you drink, and then you don’t remember.’ I decided to talk to my pastor, someone I trusted. I told him I was worried about my drinking, and he didn’t judge me. He suggested a few AA meetings for only women that others had found helpful. Although I wasn’t planning to stop drinking, he encouraged me to try just one meeting to see what it was like. I went and was surprised. Everyone was so welcoming and accepting. I heard positive stories from women who were like me. They were happy and successful in their careers and relationships. I never thought I would choose stopping, but it has changed my life. Getting support from this amazing group of women and my pastor was what I needed.”

Are people you trust expressing concern about your drinking? What have they said to you about how drinking affects your life?

How might things improve if you cut back or stopped drinking?



Dan decided to change because his drinking made him feel out of control

*“My father was an alcoholic. From my work as a nurse, I know what that looks like, and it’s not me. I can get angry when I drink, though. One night, I was drinking and arguing with my girlfriend. I got so angry I almost lost control. I felt so guilty that I could have hurt someone I love. The next day, she left me. I tried cutting back on my own. It worked for a week or so, but it didn’t stick. After that I got a DUI. It was a wake-up call. **I didn’t want anyone at work to know, or my doctor. And I didn’t want my treatment in my medical record or for my insurance company to know. I finally talked to my sister. She helped me find an outpatient treatment program near me that I could afford to pay for myself.** The privacy felt worth it. It was an evening treatment group once a week so I could continue to work. I learned how to avoid high-risk situations. That was a year ago. I haven’t had a drink since, and I feel better.”*

Are there times when your drinking feels out of control? Have you done things that you regret when you drink? Has anything bad happened to you because of drinking?

How might things improve if you cut back or stopped drinking?

Are there other reasons you drink?

Sometimes people drink because it seems to help them cope with difficulties in their life. Go through the list below and think about whether you sometimes drink to cope with difficulties such as:

- Pain
- Worry
- Grief or loss
- Social anxiety
- Financial difficulties
- Loneliness or boredom
- Stress at school or work
- Stress in relationships
- Depression
- Getting older and feeling isolated
- Other: _____

If you checked any items above, take a few minutes to think about the questions below:

How does drinking help you cope?

Are there ways that drinking is no longer helping?



Hannah's story

"Sometimes I drink too much or forget what happened after a night out with my friends. That made me realize that my drinking might be a problem. Drinking helps me cope with all the pressures of school, my job, and social anxiety. But I'm an athlete. Health is important to me. Drinking is just part of that picture. I decided to make changes because I want to stay healthy."

What are your other reasons for change?

Do you want to save money? Lose weight? Do a better job at work? Think about what else is going on in your life that might get better if you cut down or stopped drinking. Write your thoughts here:

Focus on your main reasons for change

Take a few moments to think about all the reasons you might want to change your drinking and what you hope will improve in your life. Knowing your goals will help you decide what you want to do. Check off your main reasons for considering a change:

- I want to improve my relationships with friends and family.
- I want to be healthier.
- People I trust are concerned about my drinking.
- My drinking feels out of control.
- I want to do a better job at school or work.
- I want to find other ways to cope with my problems besides drinking.
- Other (for example, save money, increase energy): _____

Thinking about stigma, guilt, and shame

Drinking is common and often part of celebrations. At the same time, drinking problems are very stigmatized in our culture. Because of this stigma, many people who want to change their drinking describe feeling ashamed that they can't do it on their own or guilty that they can't control their drinking.

You may also feel that some people in your life are judging you if you choose to cut down or stop drinking. It's possible that people — even some health professionals — may judge the option(s) you choose.

However, there are lots of people who will not judge you and who will offer support. They may be family and friends, health professionals, or people who have personal experience with making changes to their drinking. There are also anonymous ways to find support and hope.

It might be helpful to write about your thoughts and experiences here:

Talking to someone you trust can be a source of support

Think about who you might trust to talk with about your drinking. Talking with family, friends, clergy, a counselor or health care provider, or someone else you trust can help you figure out which choice is right for you. You might even choose to look through parts of this booklet with them.

Try to think of people in your life who are hopeful and non-judgmental and who will have faith in you. Sometimes people who have changed their own drinking are most accepting, non-judgmental, and therefore helpful. Some people find others they can trust through peer support or online programs. Write down the names of a few people you could talk to:

Cutting down versus stopping

Some people can stick to their goals of cutting down. Others find they can't and decide to stop. As you consider whether cutting down or stopping is a good choice for you, it's important to remember:

- Stopping drinking is the safest option for people who have health problems like diabetes and liver disease, or who take medications that interact with alcohol.
- Cutting down is most effective when people can drink less than the "recommended limits" below.
- For people who have a hard time controlling their drinking, research shows that stopping works best.
- Over time, drinking causes brain changes that can make it hard to stop after 1-2 drinks (see more about this on the next page).

Consider the recommended limits

Research has shown that drinking above certain levels often leads to problems with relationships, work, and health. We call these levels "recommended limits." They are based on what is considered a "standard drink," described in the sidebar to the right. In general, the more you drink, the greater the risk.

Recommended limits

For women under 65 years old:

- Per week: No more than 7 drinks total
- Per day: No more than 3 drinks in any one day

For men under 65 years old:

- Per week: No more than 14 drinks total
- Per day: No more than 4 drinks in any one day

For men and women over age 65:

- Per week: No more than 7 drinks total
- Per day: No more than 3 drinks in any one day

Thinking about cutting down? Here's what to know about a "standard drink":

- Drinks come in various sizes and have different amounts of alcohol in them. So if you're keeping track of how much you're drinking, it's important to know what counts as a "standard drink."
- We usually measure the size of a drink in ounces (oz.). The concentration of alcohol is usually shown on the label as a percent and is often called "ABV" for "alcohol by volume."
- Here are some examples of what counts as one standard drink based on drink size and ABV:
 - A 12 oz. can or bottle of beer that is 5% ABV.
 - A 5 oz. glass of wine that is 12% ABV.
 - A 1.5 oz. shot of hard liquor that is 40% ABV.
- If you're drinking a larger serving than what's listed above (such as an 8 oz. glass of wine), it counts as more than 1 standard drink.
- In addition, if your drink has a higher ABV than what's listed above (such as a beer that is 7% ABV), it counts as more than 1 standard drink.
- Page 29 has more detailed information about how to calculate standard drinks.

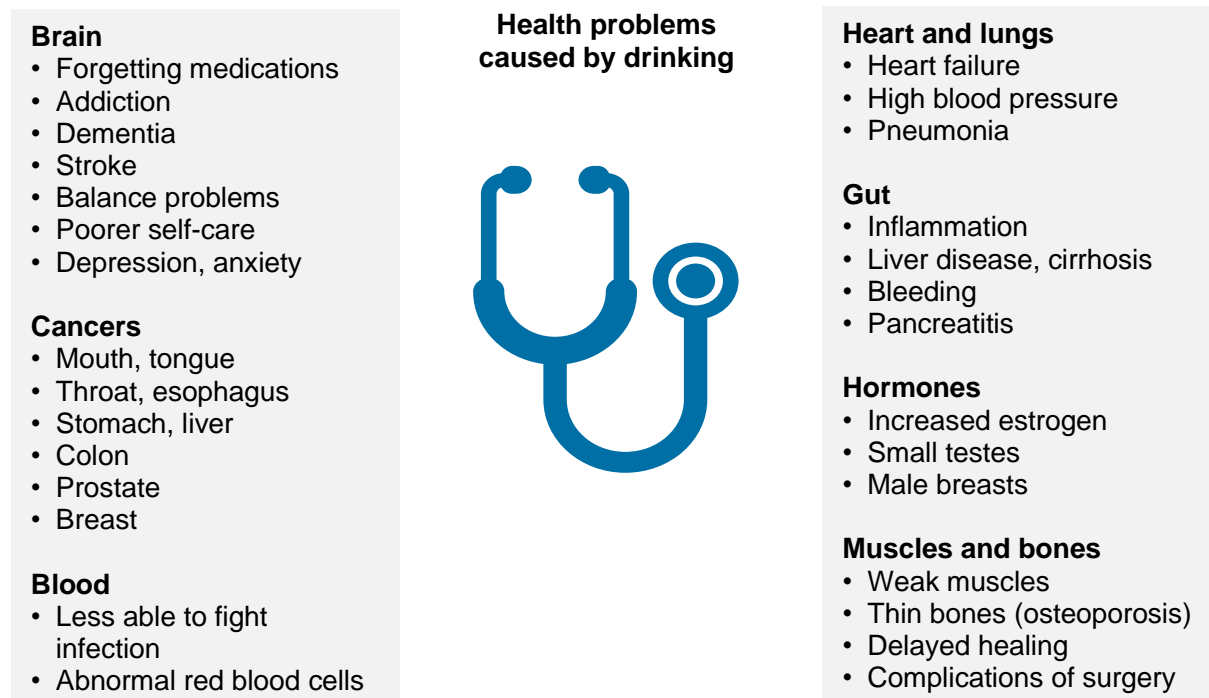
Why are the drinking limits so low?

Many studies show that people who drink more than 1 or 2 drinks a day are more likely to get breast cancer, liver cancer, and to die from all causes.

Experts think that women are at higher risk because on average they are smaller, have lower muscle mass, and may break down alcohol differently.

How does alcohol use affect your body?

Everybody is different. Your genetics play a major role in your specific health risks due to drinking. Some people develop liver disease. Others develop high blood pressure, stroke, or a weak heart muscle, also called heart failure. For others, the brain and nervous system are most affected. Injuries after drinking are very common, especially if you drive or do sports. The figure below includes a list of other health problems caused by drinking.



Addiction to alcohol – a medical disorder due to brain changes

Alcohol use can lead to changes in the brain, or what is called addiction. The risk of developing these brain changes is partly due to genetics and partly due to how much you drink. We know that drinking above recommended levels makes these changes more likely to occur.

Changes in the brain that lead to addiction usually start gradually and are mild at first. They can make it harder to control your drinking or make you feel worse when you don't drink. Often people may not notice the changes, but over time they can become worse. The best way to lower your risk of addiction is to drink below recommended limits.

Thinking about the choice you want to make

Before you read about your treatment options in the next section, take some time to think about which choice is right for you: Do you want to cut back, stop drinking, or not make any changes right now? Which option will help you have the health and life you want? Remember, everyone is different and will have their own reasons for wanting to change or not.

Reasons some people decided to cut down...

- “My problems did not seem big enough to have to stop drinking.”
 - “I was able to drink less before. I just needed to find ways to do it again.”
 - “There are a lot of things I like about drinking. But I wanted to lose weight.”
 - “I wanted to see if cutting down would work for me. I really liked having a glass of wine with dinner, so I set a goal to make that my limit.”
 - Why you might choose to cut down: _____
-

Reasons some people decided to stop drinking...

- “I realized I had many health problems. Stopping was safest for me.”
 - “I could not control my drinking once I had that first beer.”
 - “I cut back and felt much better, but it was hard work. In the end it was just simpler to stop.”
 - “It’s hard to stop when all your friends drink. But I saw my cousin’s life get better when she stopped. And she was still fun to be around. Spending time with her and her friends who didn’t drink helped me decide I wanted to stop.”
 - “I realized alcohol problems ran in my family, so I decided to stop.”
 - Why you might choose to stop: _____
-

Reasons some people decided not to change their drinking...

- “I needed time to think and talk about it with my partner. I wanted to make a decision together.”
 - “I decided to keep track of how much I drink to see if it was really an issue.”
 - “I used to drink to help me sleep. I wanted to get help for my sleep first and then see if my drinking improves on its own.”
 - Why you might choose not to make changes right now: _____
-

Part 2:

What are your options?

If you are considering changing your drinking, you have many options. This section will help you understand these options:

- Counseling (one-on-one or couples)
- Medications
- Group-based alcohol treatment
- Peer support programs
- Making changes on your own

Part 3 of this booklet will help you consider which option(s)—if any—you want to try. You may find one option that appeals to you more than the others. If you find it's not working as well as you would like, you can add an option or switch to another option.

Where and how to find help

The options above may be available in your health care provider's office or in the community near where you live or work. Some may not be available everywhere. Selecting the best option for you will depend on your needs and preferences and what is available near you. Cost is also important to consider: If you have insurance, how much will it cover? How much will you have to pay yourself? Are there free or publicly funded options?

- Your health care provider, counselor, or primary care team can sometimes provide treatment (counseling or medications) or help you find services.
- If you have health insurance, or an employee assistance program (EAP) through work, contact them to see what is covered for you. They can give you names of clinicians for counseling or medications, as well as treatment programs or local peer support groups.
- Peer support or online programs can be free or low-cost options.
- Use this confidential and anonymous website to find local treatment facilities: <https://findtreatment.samhsa.gov/>. Or call 1-800-662-4357 (toll free, in English or Spanish) to ask about treatment or finding local treatment programs.
- Use NIH's Alcohol Treatment Navigator to find local options for counseling, group-based treatment, or addiction doctors: <https://AlcoholTreatment.niaaa.nih.gov>

Combining options is often helpful

- The longer you've been drinking and the more problems you have due to drinking, the more types of support you may want.
- Medication—added to another treatment—can help you cut down or stop.
- People often combine counseling with medications and peer support.

Counseling: One-on-one or couples

Research has shown that many different types of counseling can help people cut down or stop drinking. Each of these proven approaches work equally well for people in general.

Who can counseling help?

One-on-one counseling or couples counseling can be helpful for anyone having problems with alcohol.

Counseling may be especially useful if you drink to cope with grief, pain, worry, mood swings, stress, or other issues.

How does it work?

For most types of counseling, you get better by practicing new ways of doing things between counseling sessions. It's more than just "talk therapy." The skills or strategies you learn from counseling will continue to help you even after you stop treatment.

How long does treatment last and how often do I go?

- Counseling appointments usually last 30 minutes to an hour.
- People usually have an appointment every 1 to 2 weeks.
- Most people benefit from attending 4 to 20 counseling sessions.

Types of counseling proven to work for changing drinking

Counseling options for people who want cut down or stop drinking:

Cognitive Behavioral Therapy (CBT) is one type of counseling that can give you personalized strategies that can help you cut down or stop drinking.

- Strategies may include ways of thinking and behaving differently in situations where you are tempted to drink.
- Your counselor will coach you through trying them out and making them a regular part of your life, usually by practicing them as homework.

Behavioral Couples Therapy is focused on decreasing drinking and on improving your relationship with your partner.

- You and your partner attend counseling together. The counselor helps the two of you identify next steps to support your goal to change your drinking.
- The counseling often includes homework assignments to increase positive feelings, trust, shared activities, and helpful communication.
- If you want your partner to support you in changing, this can be a good option.

Other types of counseling that focus on stopping drinking:

Community Reinforcement Approach is an expanded version of CBT.

- It uses family, social, recreational, and work activities to support you in stopping drinking.
- The goal is to modify your activities to support your enjoyment of life without drinking.

Twelve Step Facilitation is a type of one-on-one counseling that supports you in going to 12-step peer support groups (like Alcoholics Anonymous). You work with a counselor through the first 4 steps over 12 appointments.

Counseling that helps you decide what you want to do:

Motivational Enhancement Therapy (MET) starts with an assessment and gives you personalized feedback on your drinking. Then you talk with your counselor about your pros and cons of making a change and they support you in making a plan.

Finding trained counselors:

- **A counselor who is right for you is someone you feel comfortable with, who understands your concerns, and is encouraging.**
- Ask the counselor if they have been trained to treat people wanting to change their drinking. The counselor may have a PhD or master's degree in psychology, counseling, or social work.
- Ask the counselor to describe what approaches they use or if they use any of those listed above. Most counseling is not advertised by a specific name. Many counselors blend approaches.

What do you like or dislike about counseling as a treatment option?



Helen's story

"Now that I am a widow and my children are grown, I spend a lot more time alone. I'm still dealing with losing my husband, and there are days I miss him so much it hurts. Drinking became something I did to try to enjoy myself. But then I started drinking every day. And after I had had a drink, I didn't want to do much else. I sometimes didn't even want to talk to my grandkids when they called. So I decided to start seeing a counselor. She helped me realize that I was drinking to deal with my loneliness and grief. Now, instead of drinking when I feel lonely, I call and make plans with a friend."

Medications to help you cut back or stop

Naltrexone, acamprosate, and topiramate are newer medications that can help you cut back or stop drinking. You might be surprised to learn that these newer medications don't make you sick if you drink.

Naltrexone, acamprosate, and topiramate work by decreasing your desire to drink. They may help with changes in the brain that heavy drinking can cause over time. They are usually used in addition to another treatment to help you make changes in your life. They have not been studied when used alone. Naltrexone and acamprosate are both approved by the Food and Drug Administration (FDA) to treat alcohol problems.

Naltrexone

- Naltrexone is often used first because it is only taken once a day.
- It helps to stop drinking for 4-7 days before starting naltrexone, if you can.
- If you have depression, taking naltrexone and an SSRI antidepressant can be helpful.
- If you have trouble taking pills daily, you can get a naltrexone shot once a month. The shots are more expensive so insurance may require "pre-authorization."

You should not take naltrexone if you:

- Take opioid pain medications (because it blocks the effects of opioids).
- Have severe liver disease.
- Are pregnant.

Side effects and risks of naltrexone:

- 2 out of 3 people don't have any side effects from naltrexone. Side effects are often mild, temporary, or may be reduced with lower doses.
- The most common side effects include headache, nausea, vomiting, dizziness, loss of appetite, tiredness, sleepiness, and anxiety.
- Tell your health care provider if you have depression and/or suicidal thoughts.



Juan's story

"I've had a hard time sleeping since I got home from being stationed overseas. Drinking at night became a way to help me fall asleep. At first, it didn't seem like a big deal. But I started noticing that I had a lot less energy and motivation. I was even having a hard time keeping up in our daily training drills. I tried to cut back on my own, and then started counseling, but the desire to drink was so strong that I always gave in. My friend told me how medication had helped him stop drinking, so I gave it a try. It really helped take the edge off my cravings. It let me focus on practicing what I was learning in counseling, without being distracted by my cravings. I was able to get back into the habit of falling asleep without alcohol, and I feel like my old self again."

Acamprosate

Acamprosate works as well as naltrexone if you want to cut down or stop drinking. Because it has to be taken 3 times a day, it is usually tried if naltrexone doesn't work or if you can't take naltrexone.

You should **not** take acamprosate if you:

- Have severe kidney disease.
- Are pregnant.

Side effects and risks of acamprosate:

- Like naltrexone, most people don't have side effects.
- The most common side effects are diarrhea, nervousness, and fatigue—and these often decrease over time.
- Tell your health care provider if you have depression and/or suicidal thoughts.

Topiramate

Topiramate also helps you cut down or stop drinking. It is often used as a second option (after naltrexone) because it is taken twice a day. Although topiramate is not FDA-approved for alcohol problems, multiple studies have shown that it works well. It is FDA-approved for other conditions, like seizures and nerve pain.

You should **not** take topiramate if you:

- Have glaucoma, have gout, have kidney stones, or are taking lithium.
- Are pregnant.
- Have dementia or memory problems.

Side effects and risks of topiramate:

- Topiramate is started at low doses and increased slowly to limit side effects. The most common side effects are upset stomach and difficulty with memory.
- Side effects often go away in the first 2 weeks.
- Tell your health care provider if you have depression and/or suicidal thoughts.

Other medications that won't make you sick if you drink

If you can't take naltrexone, acamprosate, or topiramate—or if they don't work for you—other medications have shown promise for decreasing drinking in early studies. Gabapentin increased the number of people who reduced their heavy drinking or stopped drinking in several studies. Other medications have worked in small studies or certain groups of people: valproic acid, ondansetron, and prazosin.

Medication that makes you sick if you drink

Disulfiram (also known as Antabuse)

Disulfiram is a pill you take once a day to help keep you from drinking. Disulfiram keeps you from drinking because you know that you will get sick and vomit if you drink alcohol. Some things to consider about disulfiram:

- It does not help with changes in the brain caused by heavy drinking over time.
- It's important to have someone you trust to support you in taking it each day.
- Most U.S. experts recommend trying naltrexone, acamprosate, or topiramate first, unless disulfiram worked well for you in the past.

You should not take disulfiram if you:

- Are still drinking, have had a drink recently, or plan to drink.
- Have severe heart disease or psychosis.
- Are taking metronidazole or cough syrups that contain alcohol.
- Are pregnant.
- Might forget whether you took your medicine.
- Might forget to avoid alcohol products that contain alcohol (such as mouthwash).

Common questions about medications

How can I get the medication?

Ask your health care provider to prescribe or to refer you to a specialist who can prescribe addiction medications. Medications are usually used with support from a nurse or counselor, or with support through a group-based alcohol treatment program. Your provider might ask you to choose one of those options along with the medication.

How long do I take them?

If the medication doesn't cause severe side effects, you should take them for at least 6-12 months. Some people take them for longer. Counseling, group-based treatment, or peer support will help you learn strategies to avoid alcohol or limit your drinking if you stop the medications.

Can I work while on these medications?

Yes. These medications won't interfere with your ability to work unless you have unusually severe side effects.

Will they interact with other medications?

Naltrexone will block the effects of opioid pain relievers, and should never be used by people who take or often need opioids. Talk to your doctor about other medications that you should avoid.

Are these medications addictive? Will they cause me to withdraw if I stop them?

No, they are not addictive. You can stop taking the pills any time you want without withdrawal symptoms from the medication.

Do I need to have blood tests before I take them?

Yes. You would need liver and/or kidney tests before taking most medications.

What do you like or dislike about medication as a treatment option?

Are you concerned about feeling sick if you stop drinking ("alcohol withdrawal")?

- Some people who drink heavily experience alcohol withdrawal if they stop.
- Talk to your health care provider if you think alcohol withdrawal may be a concern. They can help you decide if a medication for withdrawal is a good choice.
- Common symptoms of withdrawal are shakes, nausea, vomiting, headaches, sweating, and feeling irritable.
- Alcohol withdrawal can lead to dangerous seizures ("convulsions") and confusion. If untreated, severe withdrawal ("DTs") can kill you.
- Naltrexone, acamprosate, and disulfiram do not help you with withdrawal symptoms.
- Other medications can prevent dangerous withdrawal. This is sometimes called "detox." Medical supervision or monitoring by family or friends is important.
- Medications used to treat withdrawal don't help you change your drinking, so it's important to plan for other support afterwards.

Group-based alcohol treatment programs

Most group-based treatment programs focus on stopping drinking. These programs are sometimes called “rehabilitation programs” or “rehab,” and they vary in the level of support and cost.

The three main types of group-based alcohol treatment programs are:

- Outpatient (usually weekly visits)
- Intensive outpatient (usually several times a week)
- Residential (inpatient), where you stay overnight during the program.

Outpatient treatment often works best because you learn to manage your problems with alcohol in the situation in which you live.

Many group-based treatment programs are staffed by chemical dependency professionals who may have had personal experience overcoming drinking problems. They often do not have clinical counseling degrees, but they can help you develop strategies to change your drinking.

How do these programs work?

Most alcohol treatment programs use group counseling, often with a focus on the 12-step approach of Alcoholics Anonymous (AA). The difference between these treatment programs and AA is that the group treatment programs are led by a paid professional (usually a chemical dependency professional) who follows a specific treatment plan. Most programs also start with a personal assessment of how drinking is affecting your life.

Group counseling can be helpful because sharing with and learning from others who have similar concerns about drinking can add to what you learn from counselors. It can also help you feel less alone with your problems. These programs often use approaches that have not been studied in scientific research, but many people report that they are helpful.

After initial treatment leads to early changes, it helps to have a peer support program or to continue in a treatment “aftercare” program with less frequent visits.

Treatment programs sometimes offer other types of counseling, including one-on-one, couples, and family. Be sure to ask about other services they may offer, including:

- Medication treatment for alcohol and related mental health conditions.
- Help with other problems like: unemployment, housing, family issues, financial assistance, clothing, food, and other safety needs.

Types of group-based treatment

Outpatient treatment is the most commonly used and widely available. It's the least expensive of the three options, but it also provides less support.

- If you've never been in alcohol treatment, this is often a good place to start.
- Treatment is usually 1 hour or more per week for at least 3 months.
- Most insurance plans will cover it.

Intensive outpatient treatment is the second-most commonly used and widely available. It's more expensive than regular outpatient treatment, but it provides more support.

- If you feel like you would do better with more structure, or if you have already tried a regular outpatient program, this may be a good choice for you.
- Treatment is usually 3 days per week for up to 3 months. Each session lasts about 3 hours.
- Each day of treatment will include several group counseling sessions. One-on-one counseling happens periodically.
- Most insurance plans will cover it.

Residential or inpatient treatment is not as common or as widely available as the other two options. It's the most expensive and provides the highest level of support.

- If you feel like you need a highly structured, alcohol-free setting, or you are overwhelmed by problems in your life and need intense support, this may be the best place to start.
- Treatment usually spans from 28 to 90 days at a live-in facility.
- It usually combines several group sessions per day with peer support and one-on-one counseling.
- Inpatient treatment just gets you started. Transitioning to outpatient care or peer support is important afterwards to sustain changes you have made over time.
- Insurance coverage varies for inpatient treatment. Call your insurance provider to see what is available for you. Many people pay for it out of pocket.

Other important things to know

- If you are able to pay out of pocket for group-based treatment, then your treatment won't be recorded in your medical or insurance records. This is an important consideration for people who are concerned about privacy.
- Treatment programs usually do not offer medical management of withdrawal. For help with that, you would need to talk to your health care provider.
- People often think inpatient treatment works better than outpatient. But outpatient treatment actually works just as well or better for most people.
- Cost does not reflect how effective a program is.
- Problems with alcohol can be a long-term issue for many people. You will need a long-term approach. A treatment program can help you get started.

What do you like or dislike about group-based treatment?



Keisha's story

"My problems with alcohol go all the way back to high school. My friends and I would binge drink on the weekends, and it seemed normal because so many people did it. But after I moved out and got my own place, I started drinking more and more often. I had a hard time holding down a job because I was hung over so often. It got so bad that I tried a peer support program, and that really helped for a while. But as soon as I would hit a rough patch, I'd start drinking again. I realized I needed something more, so I tried intensive outpatient treatment. It really helped me get my feet under me. After finishing treatment, I went back to my peer support program to help keep up my momentum. I finally feel like I've made a change for good."

Peer support programs

Peer support options are free and typically anonymous. They are also called “mutual help.” This section describes the following programs.

If you want to cut down:

- Moderation Management

If you want to stop drinking:

- Alcoholics Anonymous (AA)
- LifeRing
- SMART Recovery
- Women for Sobriety

Who can these programs help?

Peer support programs can help anyone who wants to cut down or stop drinking. They are especially helpful for people who want completely confidential or free help with drinking. Many group-based alcohol treatment programs will ask you to attend peer support meetings during treatment.

How do they work?

Peer support programs provide a positive, supportive, and non-judgmental environment to help you make changes and maintain them.

People who use peer support often say how helpful it is to talk with people who have made changes and do not judge them. It helps them stay hopeful, and that is key. Many people who were not enthusiastic about meetings at first, later say that the support made a big difference.

Meetings are a good place to meet other people who also want to cut down or stop drinking. Some programs will help you find new ways to deal with stress and urges to drink. They can also support you getting back on track if you are having a hard time sticking to your goals.

Important things to know about peer support...

- Peer support programs are free and fit different schedules.
- Because most programs are anonymous, peer support can be a good choice for people who are concerned about privacy.
- You can use a program on its own or combine it with counseling, medications, and/or group-based alcohol treatment.
- It also works well for ongoing support after you finish treatment.



Alex's story

“They say if you don't like one meeting, try another. That was really true for me. Each group has its own personality, so don't judge them all after going to one or two. Ask a group-based treatment program or counselor if they know a good program or meeting for you to try. What's important is that you feel it's a positive experience for you. If it's not, try another group until you find one that fits.”

Peer support programs to help you cut down or stop drinking

If you want to cut down:

Moderation Management is a peer support group that helps people trying to reduce drinking to below risky levels (see page 11 for recommended limits).

- Emphasis on self-control and choice.
- Not spiritually based.
- More online-based groups than in-person groups.
- Good for people who want help through online resources and forums.
- Online and in-person meetings can be found on their website: www.moderation.org

If you want to stop drinking:

Alcoholics Anonymous (AA) is the most widely known and has the most meetings: more than 60,000 groups in the U.S. and over 117,000 groups worldwide.

- Helps you connect with other people who have similar goals to stop drinking.
- Emphasis on working through the 12 steps at your own pace.
- Provides hope and support through sponsorship, finding others who have been through similar experiences, and learning from their stories.
- References spirituality (a “higher power”) which is helpful for many but uncomfortable for others.
- Depending on location, there are meetings for different groups: non-smokers, young people, men only, women only, LGBTQ friendly, agnostics, etc.
- Online resources include 24-hour email support, online meetings, and forums in different languages: www.aa.org

LifeRing is based on research-based treatment strategies.

- An alternative to 12-step organizations and spiritually based groups.
- Aligned with cognitive behavioral therapy.
- Focused on self-empowerment and choosing your personal recovery plan.
- More than 100 in-person groups nationwide.
- Online meetings (video/voice and text), email groups, forums, and one-on-one email or letter communication available.
- Learn more online: www.lifering.org

Self-Management and Recovery Training (SMART Recovery) has adapted research-based treatment strategies for a peer support group and has more than 1,000 meetings worldwide.

- An alternative to 12-step organizations and spiritually based groups.
- Focused on teaching self-empowerment and self-reliance through: 1) building and maintaining motivation, 2) coping with urges, 3) managing thoughts, feelings, and behaviors, and 4) living a balanced life.
- Aligned with cognitive behavioral therapy and motivational enhancement therapy (described on pages 15-16).
- Supports use of medication treatment for alcohol.
- May be led by trained professionals and/or peers.
- Find in-person and online meetings, forums, and chats online: www.smartrecovery.org

Women for Sobriety is dedicated to helping women overcome addiction to alcohol through self-discovery and peer support.

- An alternative to 12-step organizations.
- An organization of women for women.
- Encourages positive thinking, self-esteem, and emotional and spiritual growth.
- 100 in-person groups available nationwide.
- Most women get support completely through chat groups and phone sessions.
- Learn more online: www.womenforsobriety.org

What do you like or dislike about peer support programs?

Making changes on your own

There are many things you can do on your own to help you monitor, cut down, or stop drinking. These can be used alone or with any of the other options in this booklet. For example, you can work with your health care provider or counselor to set goals and keep track of how you're doing while you make changes.

Consider keeping track of how much you are drinking to measure your progress. This can be done with online tools, a journal, an app, or a calendar like the one on the next page. Some people like to track the money they spend or the calories in the alcohol they drink. Thinking about how you have successfully made other changes in your life may help.

Ways to cut down or stop on your own

- Space out your drinks: Have a beverage that doesn't contain alcohol before or in between drinks with alcohol.
- Eat before drinking to slow the absorption of alcohol.
- Decrease the amount of alcohol in each drink. For example, use a half shot or try beer with lower alcohol content.
- Set a goal for how many drinks you have in a single day or the amount of money you want to spend on alcohol in a day or week.
- Limit the days of the week that you drink.
- Stop having alcohol in your home.
- Make a list of things you enjoy doing that don't involve alcohol. Keep the list in a place where it will remind you to do something else when you feel like having a drink.
- Find people who have made changes who can support you (see the peer support programs section for more information).
- Rethinking Drinking is a free website that provides research-based tools for thinking about change. It will help you do a self-assessment and track your drinks. It also provides support for cutting down and stopping:
www.rethinkingdrinking.niaaa.nih.gov

Tips

- Measure your drinks.
- Track your drinking in a drinking diary, calendar, or app.
- Set small goals you know you can achieve.
- Tell a friend you trust.
- Choose a non-drinking reward for when you reach your goal.
- Monitor benefits: money saved, weight lost, goals reached, etc.

What do you like or dislike about making changes on your own?

Tracking your drinks

If it's helpful, you can use the calendar below to keep track of whether and how much you drink each day.

As a starting place, you can track the number and type of drinks without calculating standard drinks (see next page for more information).

For example, you could write down the number of beers or glasses of wine you drink each day. And for mixed drinks or shots, you could write down the number and whether they were singles or doubles.

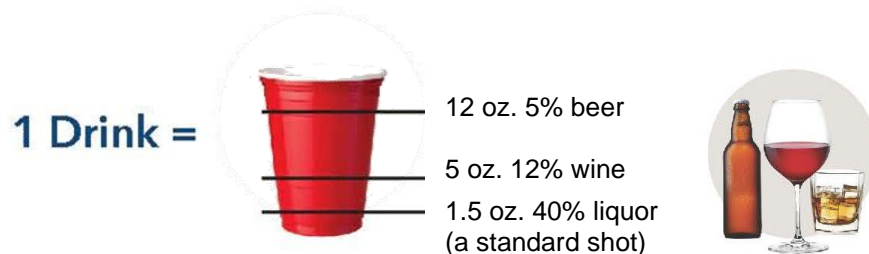
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Calculating standard drinks

Calculating standard drinks is helpful for knowing whether you are drinking below the recommended limits, and if you are decreasing or increasing your drinking over time.

As mentioned earlier, standard drinks are calculated based on the size of each drink in ounces (oz.) and the percent alcohol content, also called percent Alcohol By Volume (or ABV).

To count standard drinks use these measurements:



For example, one standard drink is equal to one 12 oz. can or bottle of beer that is 5% ABV. So it will count as more than one standard drink if:

- You drink 12 oz. of a stronger beer, like an IPA that is 7% ABV
- Your serving of beer is larger than 12 oz., for example if you order a pint (16 oz.) of beer at a restaurant.

Other examples:

- A standard size 750 ml bottle of wine that is 12% ABV is about 5 standard drinks.
- A standard size 750 ml bottle of hard liquor (also called a “fifth”) that is 40% ABV is about 17 standard drinks.

If you want to figure out how many standard drinks you are drinking each day, you can use this website at the National Institutes of Health (NIH):

<https://www.rethinkingdrinking.niaaa.nih.gov/Tools/Calculators/drink-size-calculator.aspx>

What we know about how well the different options work

Thanks to scientific research, we have information about how effective some options are at helping people change their drinking. But we don't have research results for every scenario. This section summarizes what we know—and what we don't know—about how well these different options work.

What we know from research

- Most people with serious drinking problems get better—but they take different paths to get there.
- No one treatment works best for everyone.
- People do not need to hit “rock bottom” before changing.
- Counseling proven to work by research (see pages 15-16) helps about 2 out of 3 people. Each of these proven approaches work equally well for people in general.
- Among people who take medications to help them stop drinking, naltrexone and acamprosate work equally well, and topiramate is also very effective.
- Among people who try group-based treatments, outpatient programs tend to work as well as or better than inpatient programs for most people.
- Extensive research has shown that Alcoholics Anonymous helps people who want to stop drinking. Other peer support programs have not yet been studied as much, but many people report that they are helpful.
- Programs that make you drink a lot until you get sick have not been shown to work as well as other approaches.
- Stopping drinking is the surest way to prevent future problems. Here is what research from the National Epidemiologic Survey on Alcohol and Related Conditions has shown about people who have a serious drinking problem:
 - Out of 100 people who had gotten better from a serious drinking problem by **stopping drinking**, 94 of the 100 report no drinking problems 3 years later.
 - Out of 100 people who had gotten better from a serious drinking problem by **cutting down below recommended limits** (defined on page 11), 78 of the 100 report no drinking problems 3 years later.
 - Out of 100 people who had gotten better from a serious drinking problem by **cutting down but still drink above recommended limits** (defined on page 11), 60 of the 100 report no drinking problems 3 years later.

What we don't know because it hasn't been studied yet

- Group-based treatments and peer support programs like Alcoholics Anonymous have not been studied in comparison to counseling or medications. So it's not possible to say which approach works better.
- No research has looked at how well medications work on their own without frequent medical check-ins. These check-ins help make sure patients are doing well with their medications and achieving their goals.
- No research has looked at how well other medications work in comparison to naltrexone and acamprosate.

What questions do you still have?

Part 3: What do you want to do?

Do you want to make a change?

Your choice

- I want to stop drinking.
- I want to cut down.
- I'm not sure yet.
- I don't want to make any changes right now.

Your reasons for making this choice

If you want to change, what do you want to try?

After going through Parts 1 and 2 of this booklet, you might already have a clear idea of what you want to try first. If so, you can skip to page 37 to fill out a brief plan for your next steps.

If you're not yet sure which option(s) you want to try, the next few pages will help you make that choice.

The most important thing to remember about changing your drinking is that you have other options if the first thing you try does not work for you. What matters most is that you find an approach that works well for your life.

Decide who—if anyone—you want to talk with to help you decide

An important next step is to think about who you are comfortable talking to about your drinking, so you can find support. Talking with someone who you trust can help you sort things out. It should be someone who is optimistic and has faith in you. It could be someone you know, like a family member, a friend, your health care provider or nurse, or your pastor, rabbi, or other spiritual leader. Or it might be someone you don't know, like a counselor, a peer at a support meeting, or a clinician at an employee assistance program (EAP).

Look back at your ideas for who to talk with on page 10. Then write down notes from your conversation(s) here:

Think about your values and priorities

If you're not yet sure what type of treatment or support you want to try, the questions below will help you think about what options might be right for you.

Social support

Change is easier with supportive people and activities in your life. Do you have the support you want or need to make a change? What activities could you do that don't involve drinking?

If you want more social support, consider:

- **group-based treatments**
- **peer support**
- **trying new activities or hobbies**

Write your thoughts here:

Privacy preferences

If privacy is important to you and you do not want your treatment documented in your medical record, you can get help outside a medical system. Consider:

- **peer support**
- **employee assistance programs**
- **making changes on your own**

With counseling and group-based treatment, the level of privacy can vary depending on who provides the treatment, where it is provided, and who pays for it (for instance, insurance vs. self pay).

Write your thoughts here:

Related problems

Do you drink to help with worry, depression, pain, or sleep problems? Do you have other drug use concerns? These problems may contribute to drinking and vice versa.

If you are concerned about these or other problems, consider **counseling** because it will help you address these problems at the same time as your drinking.

Write your thoughts here:

Practical matters

Do you have work or home demands that make it hard to have appointments? Will travel take a long time or cost a lot? Are there financial concerns that limit your options?

If cost, time demands, scheduling, and travel are concerns for you, consider low-cost, flexible options, such as:

- **online or in-person peer support**
- **employee assistance programs**
- **making changes on your own**

Medications can also be practical if you can get telephone support from a nurse or counselor for the changes you are making.

Write your thoughts here:

Past efforts or treatment

Have you ever cut down or stopped in the past? If so, what helped and what didn't? If you've had treatment or tried something else before, what did you like and what do you wish had been different? Try to build on past success and learn from things that didn't work.

If you have tried to cut down without success, consider stopping drinking with the help of formal treatment, such as:

- **counseling**
- **medication**
- **group-based programs**

Or, if one type of treatment hasn't helped, **try another or combine two.**

Write your thoughts here:

Health concerns

Do you have diabetes, high blood pressure, or other health problems that are made worse by your drinking? Do you feel like your drinking might be hurting your health in other ways?

If you have health concerns:

- Consider getting alcohol treatment from the **same provider who treats your other health problems**—so you can address all the problems at the same time.
- You can be prescribed **medications** by your health care provider or you may be able to get **counseling** from a social worker or psychologist in your health care provider's office.

Write your thoughts here:

What matters most to you?

Here is a snapshot of your different options for taking the next step. You can use it to compare your options based on the things that matter to you most.

I want...	Counseling	Medications	Group-based treatment	Peer support	Changes on my own
To cut down	√	All except disulfuram		Moderation Management	√
To stop drinking	√	√	√	√	√
To keep thinking about it	√			√	√
Options that are easy to find	In some places	√	√	√	√
Low-cost or free options	If Employee Assistance Program (EAP)			√	√
Options covered by health insurance	Typically	√	Typically		
Not to have to go to meetings or appointments		Fewer in-person appointments		Some available online	√
Options that won't go in my medical record	Some, including EAP		Sometimes	√	√
Options that my insurance company wouldn't know about	If self pay or EAP		If self pay	√	√
To meet others with similar experiences			√	√	
Options led by someone with personal experience	Sometimes	Sometimes	Often	√	
Options led by a health professional	√	√	Sometimes		
Options shown to work by research	√	√	Not yet certain	AA (others not yet certain)	Not yet certain

Summarize your thoughts and plan your next steps

Are you ready to decide what steps you'd like to take to get help with your drinking? If so, use this page to make notes about your plan. If you want, you can share it with a family member, your doctor, or another person you trust.

Remember your reasons for considering change (check all that apply):

- I want to improve my relationships with friends and family.
 - I want to improve my health.
 - People that I trust are concerned about my drinking.
 - My drinking feels out of control.
 - Other (for example, save money, increase energy): _____
-

I want to:

- Cut down
- Stop drinking
- I'm not sure yet: I want to think more about my options and decide later.
- Make no change at this time

I am most interested in (check all that apply):

- Counseling: Which type(s)? _____
- Medications: Which one(s)? _____
- Group-based treatment: Which type(s)? _____
- Peer support programs: Which one(s)? _____
- Making changes on my own

Someone I want to talk to about this is: _____

My next step will be: _____

Questions I still have:
