

# Trying to cut back on alcohol? Here's what works

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Credit: Gustavo Fring from Pexels

With everything going on over the past couple of years, many people have [changed their drinking habits](#).

We've seen an increased [demand for support](#), suggesting more people are trying to cut back or quit.

There are so many options for cutting back or quitting alcohol it's hard to know what will be most effective.

## **What works depends on how much you drink**

Most people successfully quit or cut back their [alcohol consumption on their own](#).

People who drink more frequently are much more likely to have [symptoms of dependence](#) and might find it more difficult.

You might be dependent if:

- you can't easily go a day without [drinking](#) alcohol, or find it hard to cut back
- a lot of your social activities include or are based around drinking
- you find yourself thinking about or wanting alcohol a lot
- you find it difficult to control the amount you drink once you start
- you need to drink a lot to feel the effects

you experience [withdrawal symptoms](#), even mild ones, such as feeling unwell or a slight shaking in your hands when you go a day or two without alcohol.

The more of these signs you have and the more severe they are, the more dependent you're likely to be. You can check your risk of dependence [here](#).

If you have a mild dependence on alcohol, you may be able to cut back

on your own. But if you are moderately dependent, you may need to get some kind of support.

If you are severely dependent, you should seek medical advice before you make any change to your drinking because stopping suddenly can cause severe health problems, including seizures and even death in some people.

For people who are severely dependent, the usual recommendation is to take a [permanent or temporary break](#) from alcohol. It may take six months to a year or more before you are able to start drinking again. Some people find it's better for them not to drink again at all. With severe dependence, there's a high risk of quickly going back to heavy drinking if you just try to cut back.

If you experience any symptoms of dependence, once you stop or cut back your drinking, you might need [specialist treatment](#) or [ongoing support](#) to prevent going back to heavy drinking.

## **'Cold turkey' or reduction?**

If you're not dependent, you should be able to either reduce the quantity or frequency of drinking or quit altogether. You may do this on your own or choose to get some support. If one method doesn't work, try a different way.

If you experience mild to moderate dependence, every time you have a drink it can become a trigger to drink more. So it's sometimes easier to increase drink-free days, rather than reducing the quantity on drinking days, or to quit altogether for a period of time.

People who are severely dependent usually require some kind of withdrawal support to stop drinking. It is usually better to stop altogether

("cold turkey") as long as you have medical support. You can undertake [withdrawal treatment](#) in a hospital, at home with the help of a [GP or nurse](#), or via [telehealth](#). [Alcohol withdrawal](#) typically lasts about five to seven days.

## Zero-alcohol drinks

Zero-alcohol drinks are [alcoholic drinks](#) with the alcohol removed but which retain a taste similar to the alcoholic version. There is now a huge variety of options for spirits, beer and wine.

If you are not dependent but are trying to reduce your alcohol intake for health or other reasons, these can be a good option. By replacing some or all of your usual alcoholic drinks with zero-alcohol drinks, you can still enjoy the social aspects of drinking without the health risks of alcohol.

If you are dependent on alcohol, the smell and taste of zero-alcohol drinks can act as a trigger for drinking alcohol. They might make it more difficult to make permanent changes to your drinking.

## Treatment apps and online support

A range of [computerized, web-based, and mobile apps](#) have been developed to support people cutting back or quitting alcohol. They have shown [promising results](#) in early trials. The benefit of these apps is accessibility, but the outcomes are modest and they seem to work best in conjunction with [professional support](#).

[Hello Sunday Morning](#)'s Daybreak program is a large online alcohol support community, accessed through a mobile and desktop app. It's designed for moderate drinkers who want to cut back or quit. Early research suggests it's effective in [reducing drinking](#), as well as improving

psychological well-being and quality of life.

Some previously face-to-face support groups like SMART Recovery and Alcoholics Anonymous have moved online, which has increased accessibility. These are typically more suited to people who are dependent on alcohol.

## Psychological interventions

**Brief interventions**—As little as five minutes of [advice from a GP](#) can reduce alcohol consumption by 30%, especially for people who are in the mild to moderate dependence category. So it's worth chatting to your doctor if you need a little help getting started.

**Counseling and psychological therapy**—The main [treatment](#) type to help with alcohol issues is counseling. Sessions are usually once a week with a qualified professional, such as a psychologist. Sometimes they are delivered in group settings. Counseling is suitable for any level of drinker who is trying to make changes.

Some of the main evidence-based counseling treatments in Australia are behavioral and cognitive therapies, such as cognitive behavioral therapy and mindfulness-based relapse prevention. These types of treatments have been shown to be at least [as effective as medication](#)

**Intensive group programs**—A number of more intensive group programs are suited to people who are dependent on alcohol or who are having significant problems, including:

- residential rehabilitation, which is usually for people who have tried other treatments unsuccessfully or who may be unsuitable for non-residential treatment because their home life is not supportive of making changes. It has been shown to be [effective](#)

- [in increasing abstinence](#) in dependent drinkers
- [day programs](#), which are similar to residential rehabilitation programs but participants live at home and go in each day. These are a relatively new treatment type and there is limited good quality research on their outcomes.

## Medication

A number of [medications](#) can help people who are moderately to severely dependent on alcohol. They tend to work best in conjunction with counseling.

- [disulfiram](#) is an older medication that works on the alcohol metabolism system and induces nausea and vomiting if alcohol is taken at the same time
- [acamprosate](#) can help prevent relapse in people who have already been through withdrawal
- [naltrexone](#) reduces cravings in heavy drinkers.

## Self-help groups

Alcoholics Anonymous's 12-step movement has a long history dating back to the 1930s, when there was very little available in the way of real [alcohol](#) treatment. There is relatively little research on AA and much of that has been conducted from within the organization. The [known outcomes are modest](#)—the success rate is estimated to be around 10% and the dropout rate appears high.

AA can be helpful for some people and also provides a very well-established peer support network if you need [support](#). It seems to be more effective in conjunction with professional treatment.

There are many options if you are trying to reduce your drinking and no single strategy works for everyone. The best approach is to start with something that looks appealing and feasible to get the outcomes you are looking for. If that's not effective, try something else or seek professional help.

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