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Mindful Moderate Drinking— How to Drink Less, Enjoy it More, and Reduce the Risks

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By Arnold Washton, PhD and Michael Ascher, MD

While it might be a little jarring to hear this coming from two addiction specialists on the front lines of clinical practice, alcohol can be a positive force in many people's lives. Practitioners like us see a very skewed sample of drinkers— mostly those with severe alcohol problems that cause severe consequences. Not surprisingly, in our work with patients we concentrate more heavily on the real and present dangers of drinking than on the many positive reinforcing effects of alcohol.



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used appropriately, alcohol can enhance landmark experiences, facilitate connection between strangers, help people relax and enjoy the moment, and create an atmosphere where new ideas and new connections spontaneously occur. Even the tea-totaling Shambhala Buddhists teach a class on mindful drinking because they consider it to be a tool to loosen the subtle cling of the ego (but only for the most highly evolved practitioners who have sufficient mastery over alcohol to turn a would-be poison into a positive force).

The fact is, only a small fraction of the vast alcohol-consuming population ever develops significant problems related to drinking. And, studies show that the overwhelming majority of people who do develop some type of problem with alcohol do not suffer from a moderate or severe alcohol use disorder or what was previously referred to as “alcoholism” or “alcohol dependence.”

So, what is the right role for alcohol in a person’s life? And how can those concerned about their drinking continue to enjoy the benefits and pleasures of alcohol without putting themselves at risk of suffering negative consequences? Here is the bottom line: The key to maintaining a healthy relationship with alcohol is to be mindful of when, where, why, how much, and how quickly you drink; to know when it’s time to say “when” or take a vacation from drinking; and, to have a set of personal guidelines for managing your alcohol consumption within reasonable limits. Since this is easier said than done, we offer some potentially helpful insights and tips.

How Much is “Too Much”?

There is no widely accepted medical definition of “moderate” drinking, but according to the National Institute of Alcohol Abuse and Alcoholism (NIAAA), “low-risk” alcohol use is defined as up to two drinks daily for healthy adult men and one drink daily for healthy adult women. (One drink equals one 12-ounce bottle of beer, one 5-ounce glass of wine, or 1.5 ounces of 80-proof distilled spirits). The NIAAA considers significantly exceeding these limits to be “heavy” or “at-risk drinking.” Keep in mind that these are *upper limits*— not recommended levels of drinking— based on actuarial statistics about the relationship between levels of alcohol consumption and certain types of health problems. People can still have alcohol-related problems within these limits, particularly if they drink too quickly, have medical or mental health problems, take medication that interacts adversely with alcohol, or are elderly. Risk factors can vary from person to person based on a variety of personal, genetic, and environmental variables. For example, people with depression, anxiety, trauma, or a family history of alcoholism may develop problems at lower levels of drinking than those not having these risk factors.

Mindful Moderate Drinking

Drinking mindfully is the key to drinking moderately. Mindful moderate drinking, as contrasted with thoughtless habitual drinking (which we often describe as “auto-pilot” drinking), means being fully conscious of your drinking in real time being mindful of how each drink is affecting your mood, behavior, thoughts, and body. Outlined below are some guidelines and strategies that can help facilitate mindful

more than you intend to on certain occasions. *Caution:* If you have any reason to think that you might be physically addicted to alcohol and at risk of suffering withdrawal symptoms (e.g., shakes, agitation, extreme anxiety, insomnia, seizures, etc.), it is essential that you consult a medical doctor before you significantly reduce your alcohol intake or stop drinking abruptly. Also, if you have tried repeatedly to moderate your drinking without success and simply find it too difficult to implement strategies like the ones listed below, then you might consider taking a break from drinking for a few weeks or months and/or seeking consultation from a healthcare professional. An addiction specialist that practices within a harm reduction model can help you decide whether a professionally-guided attempt at moderation or abstinence makes the most sense for you. In addition, U.S. Food and Drug Administration (FDA) approved medications such as oral naltrexone, long-acting injectable naltrexone (Vivitrol), and acamprosate can help to reduce alcohol cravings and the urge to overdrink for a subset of individuals.

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Ten Tips for Mindful Moderate Drinking

1. Keep track. There are now many apps you can use to track your drinks, blood alcohol concentration (BAC), and alcohol-related caloric intake. Having this objective data during and after an episode of drinking can help you to gain a more realistic view of your consumption. Invest in a personal mobile breathalyzer such as BACtrack S80 and set a goal of not exceeding a certain BAC when you are drinking. Here are some helpful apps: DrinkSmart, IntelliDrink, Drinkaware, DrinkControl, Drinks Meter, Drink Coach, Moderate Drinking App, BAC Alcohol Calculator, R-U-Buzzed?, Alc Calc Pro, Drinking Buddy, and AlcoDroid Alcohol Tracker. Another useful app developed to help breastfeeding women who drink understand when their breast milk is free of alcohol is Feed Safe.
2. Pace and space. Drink slowly and have no more than one drink per hour, especially during the first hour. Also, when you're counting drinks, keep in mind that martinis and many other mixed drinks contain at least 2-3 drink units per serving.
3. Avoid drinking with heavy drinkers. However, if you do find yourself out with heavy drinkers, try having a club soda with lime in your hand so you can skip the next round and deflect unwanted attention.
4. Don't drink past your "off" switch. In other words, stop drinking before you stop thinking. In general, men lose their off switch after 3-5 drinks and women after 2-4 drinks, when consumed in less than 3-4 hours.



and then intersperse non-alcoholic beverages like water in between drinks.

6. Pinpoint your heavy drinking triggers and plan ahead. Make a list of the people, places, and circumstances that have led to heavy drinking in the past, and try to avoid them.
7. Don't drink when you're emotionally upset. Using alcohol to self-medicate negative emotions is a setup for overdrinking.
8. Be careful about interactions with Rx medications. Discuss with your doctor the risks of drinking while you are taking any prescription drugs, over the counter medications, dietary supplements, or herbal remedies.
9. Safety first. Plan your transportation and make sure a reliable ride is always within reach. Uber and Lyft, are must-have ride-sharing apps.
10. Think about tomorrow. If you have to be at work or have something else important to do first thing in the morning, then plan to stop drinking early enough so you can be on your game the next day.

Dr. Washton is an addiction psychologist and book author in private practice in New York City and Princeton NJ. Dr. Washton has served as advisor and consultant to professional sports teams, foreign governments, media organizations, multinational corporations, the U.S Food and Drug Administration, the U.S. State Department, and subcommittees of the U.S. Senate and House of Representatives. He has also served as a Clinical Professor of Psychiatry at New York University School of Medicine in the Division of Alcohol and Drug Abuse, and as Principal Investigator of research grants from the National Institute on Drug Abuse and several major pharmaceutical companies. Dr. Ascher is a board-certified general and addiction psychiatrist who serves as a clinical assistant professor in psychiatry at the University of Pennsylvania Perelman School of Medicine, Philadelphia, and is in private practice.

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