Developed by the Female Force Readiness Navy Medicine Operational Clinical Community

Addressing Female Alcohol Use

PROVIDER RESOURCE

Talking to patients about alcohol use can be a difficult topic to broach. This guide will prepare providers to talk to patients about alcohol and use motivational interviewing. It will familiarize providers with alcohol use assessment and treatment development, withdrawal syndrome and symptoms, and post-treatment clinical perspectives.

Section 1: Talking to Patients About Alcohol Use

Substance use is often considered a matter of willpower and a reflection of character, but evidence demonstrates that this is not accurate. When talking about alcohol, it is imperative to take a non-judgmental approach.

Considerations when first discussing alcohol use:

- Frame the discussion of alcohol within the context of the patient's individual health and goals:
  - Move away from referring to alcohol as a "problem" during examinations. Instead, introduce the topic of alcohol by discussing the patient's relationship with alcohol.
  - Evidence shows that there is NO such concept as "low-risk" alcohol use. All alcohol use has consequences, however, not every patient is experiencing an unhealthy level of alcohol use.
- Review what one standard drink consists of, the type of alcohol they drink, the number of drinks per drinking occasion, the frequency of drinking occasions, and the last date of alcohol use.
- **One standard drink is:**
  - 12 ounces (oz) of regular beer
  - 8 -10 oz of malt liquor (or "hard seltzer")
  - 5 oz of table wine
  - 1.5 oz of brandy or cognac
  - 2 – 3 oz of liqueur
  - 1.5 oz shot of spirits (gin, rum, tequila, vodka, etc.)

- Lastly, there are a few key aspects to look into when discussing the patient's relationship with drinking:
  - ❑ Why is drinking important to them?
  - ❑ What motivates them to drink?
  - ❑ What (if any) health impacts have they noticed with their drinking?
  - ❑ What reasons (if any) do they have for wanting to change their pattern of drinking?
  - ❑ What other issues (if any) do they notice with their pattern of alcohol use?

This line of questioning can provide an excellent opportunity to broach the topic and give the patient important information regarding alcohol and its impact.

Continuing the Conversation

Moving Beyond the First Discussion, Prior to Treatment:

- It is important to always pursue measurable goals, while full abstinence is associated with better health outcomes, a patient may not be ready to pursue that. Providers should recommend that patients aim for measurable goals in incremental reductions.
- If patients are not motivated to change their alcohol use, reviewing the introduction information in the above section may be helpful.
  - Not being ready to pursue change is a normal reaction. Providing information on alcohol and its impact can be the first step for a patient to build insight into their own relationship with alcohol.
- If the patient is seeking change, evaluate the severity of their use by focusing on DSM-5 criteria for alcohol use disorder.
  - Additionally, identify any comorbid conditions, medical or psychiatric. There may be underlying conditions or complications requiring attention.

Continuing the Conversation

Maintaining the Conversation During Treatment:

- The main goal is to provide support for the patient in their pursuit of their goals.
- Ask the patient about their **current pattern of alcohol use**, such as their last date of alcohol use, the number of drinks consumed during an occasion, and the frequency of drinking occasions.
- Provide the patient with **positive affirmations**, as they are an integral part of supportive conversations.
  - Affirmations include recognition of effort, appreciation of strengths, and utilization of positive reframes.
- Inquire about the patient's **engagement in mutual support groups**, such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).
  - Studies have found that the use of positive, sober peer support groups are a critical factor in supporting and maintaining recovery.

Sustaining the Conversation Post-Treatment:

- It is important to remember that recovery is never complete, it is an ongoing process.
  - Alcohol use disorder is a chronic condition like any other chronic medical condition – from hypertension to cancer.
- As the patient continues their recovery journey, consider the following ways to sustain conversations around alcohol use:
  - Continue to check in on the patient's patterns of alcohol use.
  - Re-evaluate goals around alcohol use with the patient.
  - Recommend sustained engagement with positive, sober peer-support groups.
  - Recommend short term (6-12 months) medication, as applicable (see page 6).
  - Support healthier habits, including lifestyle modifications such as exercise and diet.

Section 2: Utilizing Motivational Interviewing

What is Motivational Interviewing (MI)?

- Motivational Interviewing is a way of talking with patients about health behavior change so that the patient, not the clinician, voices the proponents for change.
  - MI is a patient-centered approach emphasizing empathy.
  - MI is an interviewing style, not a therapy.
  - MI is NOT a 'cookbook' with a verbatim 'recipe', it must be tailored to the specific patient and their relationship with alcohol.

The Four Techniques of MI (OARS)

Please note the below techniques are not sequential "steps". They are techniques meant to be interwoven throughout an MI approach with patients.

O

Open Ended Questions

- Asking questions that are difficult to answer with brief replies or yes/no

A

Affirmations

- Recognizing effort
- Appreciating strengths
- Using positive reframing

R

Reflections

- Repeating or rephrasing – simple
- Reflecting on feelings – complex

S

Summaries

- Bringing interview data together as a transition step towards treatment

The Four Foundational Processes of MI

1. **Engaging** – establishing a positive, helpful connection and a working relationship.
2. **Focusing** – developing and maintaining conversations about change in a specific direction.
3. **Evoking** – eliciting the patient's own motivations for change.
4. **Planning** – developing a commitment to change.

The Two Phases of 'Talk' in MI:

There are two phases of 'talk' that drive the four processes of MI, memorized through the acronym DARNCAT. These two phases are preparatory change talk, which encompasses the pre-contemplation and contemplation stages of change, and mobilizing change talk, which encompasses the preparation and action stages of change.

Preparatory Change Talk

D **Desire** – discuss with the patient how much 'want' they have to change.

A **Ability** – discuss with the patient their perceived strengths, weaknesses, and barriers to change.

R **Reasons** – discuss with the patient their personal views on the basis for change.

N **Need** – discuss with the patient why change is critical to achieve the desired goal.

Mobilizing Change Talk

C **Commitment** – establish the goal and plan with the patient.

A **Activation** – discuss starting the plan to achieve the patient's goal.

T **Taking Steps** – discuss the patient's full implementation of their change plan.

In Summary:

- When initiating pre-treatment conversations on alcohol use, MI can be a tool to ensure conversations are well-received and lead to positive behavioral changes.
- Motivational Interviewing is a conversation style that utilizes the OARS techniques to drive the four processes (engaging, focusing, evoking, planning) by using DARNCAT.

What Do We Mean When We Talk About Change?

There are four stages of change that patients go through when altering a health behavior.

1. **Pre-Contemplation:** the patient has not recognized the issue.
2. **Contemplation**: the patient recognizes the issue and is considering making a change.
3. **Preparation**: the patient begins to take steps towards change.
4. **Action**: the patient has begun implementing change.

How Do You Provide Expert Opinion and Information?

1. **Elicit:** gather knowledge and experience about a topic
2. **Provide**: give expertise information about a topic
3. **Elicit**: gather feedback on the information and the relation to change

Motivational Interviewing Resources:

- For an example skit for clinicians to model conversations on, please see the last page of this resource.
- For more information on MI please see the Agency for Healthcare Research and Quality.

American Society of Addiction Medicine Assessment

- One way to assess patient alcohol use is through the American Society of Addiction Medicine (ASAM) Criteria, which uses a multidimensional assessment to drive the development of an individualized treatment plan.
- The ASAM Level of Care Assessment is used to determine the recommended level of care and the ASAM Treatment Planning Assessment is used to develop the comprehensive treatment plan. Both assessments are multidimensional and consider the patient's biological, psychological, social, and cultural contexts.
    - For more information on the ASAM criteria and dimensions, please visit this link.
- The ASAM recognizes social determinants of health as factors that can have a profound effect on an individual's ability to engage in addiction treatment, adhere to a care plan, and maintain recovery.
- While active-duty service members often have access to healthcare, economic stability, access to education, a social community, and access to housing, we must still consider these factors from the patient's perspective.

United States Navy Assessment

While the ASAM has expanded the levels of care, per OPNAV 5350.4E, the US Navy and Marine Corps categorize level of care into the following:

- **Prevention/Early Intervention:** Prevention tactics utilize the Prime for Life®/MyPrime® curriculum to assess individual values and biological risk factors. The curriculum also assesses how personal choices drive one to or away from what they value and increase risk of alcohol and other substance misuse.
- **Level 1 - Outpatient (OP):** This treatment level helps the patient address major lifestyle, attitudinal, and behavioral issues that have the potential to undermine or inhibit one's ability to cope with major life tasks without the use of alcohol.
- **Level 2 - Intensive Outpatient (IOP):** This treatment level helps to stabilize, educate, and support the patient with achieving and maintaining abstinence through a continuum of high intensity individual and group counseling sessions aimed to increase coping and relapse prevention strategies.
    - Service includes the provision of essential educational and treatment components while allowing the patient to apply newly acquired skills within their own environments to maintain sobriety.
- **Level 3 - Residential Treatment:** This treatment level offers organized services that feature a planned and structured regimen of care in a 24-hour residential setting.
    - Sublevels within Level 3 exist on a continuum ranging from the least intensive residential services to the most intensive medically managed residential services.
    - Sublevels are based on the degree of medical and therapeutic supervision and the number of clinical services provided to patients.
    - Patients entering Level 3 treatment may have co-occurring, low to moderate acuity psychiatric and/or cognitive conditions not requiring active or integrated medical management.
- **Level 4 – Medically Managed Inpatient Treatment:** This level of care offers 24-hour nursing care and daily physician care for severe, unstable problems related to alcohol use. Available services include full resources for general acute medical or psychiatric care.
    - The length of stay at a medically managed inpatient treatment facility is determined by the clinical needs of the patient.

Clinical Treatment

There are several medications available for clinicians to prescribe to patients with unhealthy alcohol use.

<table>
<tr><th colspan="2">Medications Approved by the FDA to Treat Alcohol Use and Substance Use Disorder (SUD)</th></tr>
<tr><td rowspan="4">Naltrexone</td><td>Use:
• Lowers risk of heavy drinking, lowered number of returns to drinking after abstinence.</td></tr>
<tr><td>Mechanism:
• Blocks natural opioid receptors. Blocking the receptor lowers the positive, rewarding effect of alcohol consumption.
• Cravings occur because opioid receptors become “over-activated” with chronic consumption, so blocking receptors can reduce cravings.</td></tr>
<tr><td>Dosing:
• Available in a daily oral formulation (50mg oral tab) or a once-a-month injection (380mg injection in gluteal muscle).</td></tr>
<tr><td>Side Effects:
• The main side effects associated with this medication are nausea and fatigue.</td></tr>
<tr><td rowspan="4">Acamprosate</td><td>Use:
• Lowers risk of returning to drinking amongst abstinent drinkers.
• Best used once an individual has achieved some level of abstinence.</td></tr>
<tr><td>Mechanism:
• Modulates the GABA neurotransmitter and Glutamate neurotransmitter.
• Acamprosate moderates the balance of these neurotransmitters by moderating related nerve activity.
• Neurotransmitter imbalance to cravings, this medication alleviates this.</td></tr>
<tr><td>Dosing:
• Available in a daily oral formulation taken at least twice, if not three times daily.
• 666mg three times oral tab daily by mouth (total of 1998mg or 2g).</td></tr>
<tr><td>Side Effects:
• The main side effect associated with this medication is diarrhea.</td></tr>
<tr><td rowspan="4">Disulfiram</td><td>Use:
• Negative reinforcer to drinking.</td></tr>
<tr><td>Mechanism:
• Blocks activity of the Aldehyde Dehydrogenase enzyme.
• Alcohol is metabolized in our body and broken down to acetaldehyde. Aldehyde Dehydrogenase blocks the further break down of acetaldehyde into acetate, resulting in an excess of acetaldehyde when one drinks.
• Acetaldehyde produces severely uncomfortable, sometimes dangerous, effects of flushing, nausea/vomiting, throbbing headache, trouble breathing, weakness, vertigo, sweating, etc. making it a negative reinforcer that promotes abstinence.</td></tr>
<tr><td>Dosing:
• Available in a daily oral formulation (250 – 500mg oral tab).</td></tr>
<tr><td>Side Effects:
• The main side effect associated with this medication is toxic buildup of acetaldehyde in the body.</td></tr>
</table>

There are other medications that while not approved for alcohol use specifically, may be helpful.

<table>
<tr><th colspan="2">Alternative Medications to Treat Alcohol Use and Substance Use Disorder (SUD)</th></tr>
<tr><td rowspan="4">Gabapentin</td><td>Use:
• Lowers anxiety and cravings.</td></tr>
<tr><td>Mechanism:
• Downregulates the GABA neurotransmitter.
• Alcohol consumption leads to over-activity of these neurotransmitters.
• Reduction in GABA neurotransmitter activity alleviates cravings for alcohol.</td></tr>
<tr><td>Dosing:
• Available in oral formulation that can be taken once, twice or even three times daily.
• Available in 300mg oral tabs. Patients can take up to 600mg three times daily (total dose of 1800mg).</td></tr>
<tr><td>Side Effects:
• The main side effect associated with this medication is fatigue.</td></tr>
<tr><td rowspan="4">Topiramate</td><td>Use:
• Lowers risk of heavy drinking days and increases abstinence rates.
• DO NOT USE in pregnancy – can cause malformations.</td></tr>
<tr><td>Mechanism:
• Increases GABA and produces inhibitory effects.
• This alleviates cravings for wanting alcohol</td></tr>
<tr><td>Dosing:
• Available in daily oral formulation (75 to 300mg oral tab daily in evening).</td></tr>
<tr><td>Side Effects:
• The main side effects associated with this medication are brain fog or cognitive slowing, sedation, and weight loss.</td></tr>
<tr><td rowspan="4">Baclofen</td><td>Use:
• Improves rates of abstinence.</td></tr>
<tr><td>Mechanism:
• Activates GABA neurotransmitter and receptors in the brain.
• This activation reduces the cravings for alcohol and improves feelings of jitteriness, anxiety and withdrawals.</td></tr>
<tr><td>Dosing:
• Available in oral formulation, taken up to three times daily.
• 30-80mg total per day (split into two or three doses)</td></tr>
<tr><td>Side Effects:
• The main side effects associated with this medication are sedation, nausea, and diarrhea.</td></tr>
</table>

Section 4: Understanding Alcohol Withdrawal Syndrome

Patients may undergo alcohol withdrawal syndrome while pursuing treatment. It is important for clinicians to be aware of the symptoms.

Alcohol Withdrawal Syndrome (AWS):

- Alcohol withdrawal syndrome is a set of symptoms that occur when someone who is physically dependent upon alcohol suddenly stops drinking or drastically reduces their alcohol intake.
- Alcohol withdrawal is thought to arise as a function of various changes in brain activity caused by prolonged and excessive alcohol use.
- The effects of alcohol on the body are complex, but two neurochemicals contribute to both short-term effects of drinking as well as the development of alcohol withdrawal syndrome when someone stops drinking. The brain's main inhibitory chemical, gamma aminobutyric acid (GABA) and the brain's main excitatory chemical, glutamate.
  - When a person drinks alcohol, it changes the functioning of GABA receptors resulting in a slowdown of brain functioning.
  - The brain reacts by decreasing the amount of GABA being released and increasing glutamate signaling to compensate for how alcohol alters these levels. This adaptation is known as "alcohol tolerance."
  - If one stops or significantly reduce alcohol intake, it disrupts brain activity, causing a hyper-aroused state, which leads to a range of withdrawal symptoms that can appear within hours after one's last drink.

AWS Symptoms:

- Which withdrawal symptoms are experienced, and the severity of the symptoms, varies for each person.
- Signs and symptoms of the various stages of alcohol withdrawal may include:

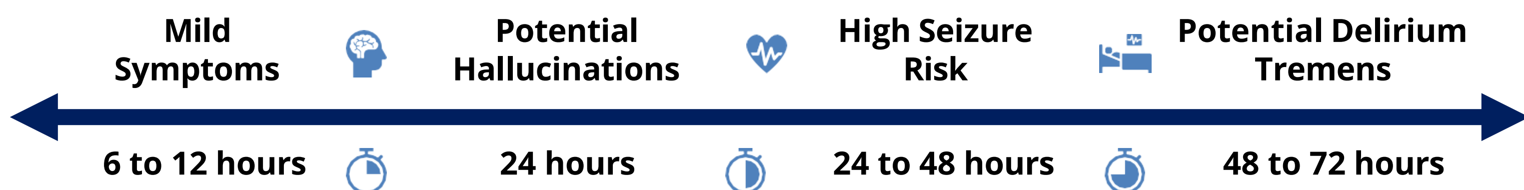
❑ Headaches	❑ Mood changes	❑ Hyperthermia
❑ Anxiety	❑ Gastrointestinal disturbances	❑ Rapid abnormal breathing
❑ Tremors or Shakes	❑ Heart palpitations	❑ Hallucinations
❑ Insomnia and Fatigue	❑ Increased blood pressure or heart rate	❑ Seizures

AWS Timeline:

- From **6 to 12 hours** after the last drink, relatively mild symptoms of early withdrawal may begin.
  - Mild symptoms include headache, mild anxiety, insomnia, small tremors, and stomach upset.
- Within **24 hours** after the last drink, some people may begin to experience visual, auditory, and/or tactile hallucinations.
- Between **24 to 72 hours** after the last drink, some symptoms may have peaked and begun to level off or resolve. However, some more protracted symptoms may stick around for weeks or longer.
  - Seizure risks may be highest from **24 to 48 hours** after the last drink, requiring close monitoring and seizure prophylaxis.
  - Withdrawal delirium tremens (i.e., DTs) may appear from **48 to 72 hours** after the last drink.

Though rare, some individuals experience more persistent withdrawal related symptoms—such as sleep disturbances, fatigue, and changes in mood—that can last for months. It is important to note, however, that most people recover fully with proper medical detox and withdrawal management services.

- For more information on alcohol withdrawal management, please see here.



Section 5: Post-Treatment Clinical Perspectives

Lab Monitoring

After patients have received treatment for alcohol use and showed commitment to change, there is no real need for lab monitoring. However, lab monitoring may be useful if abstinence is the goal.

Lab Monitoring for Medical Complications:

- Test liver enzymes (AST and ALT). Bilirubin and albumin elevation suggest liver damage.
  - Typical elevation in AST:ALT is 2:1.
- Test hemoglobin and complete blood count, these can indicate heavy alcohol use if there is presence of anemia, pancytopenia, and macrocytosis.

Lab Monitoring for Chronic Alcohol Use:

- Test Gamma-glutamyl Transferase (GGT), GGT elevations reflect chronic and heavy alcohol use and indicate liver damage.
- Test Carbohydrate Deficient Transferrin (CDT), CDT suggests chronic and heavy alcohol use. It is more specific than GGT but is sometimes not available at labs.
  - CDT elevations are typically specific for alcohol use, but CDT can be elevated due to rarer liver diseases.

Lab Monitoring for Recent Alcohol Use:

- Test Phosphatidylethanol (PEth), PEth is specific for alcohol use within a two-week period.
- Test Ethyl Glucuronide (EtG), EtG is an alcohol metabolite often reserved for monitoring in forensic situations.
  - EtG can detect alcohol use in the past 36 hours in blood samples or up to 5 days in urine samples.

Section 6: Service Specific Resources

Service members can contact their local Substance Abuse Rehabilitation Program (SARP) for resources and treatment related to alcohol use.

Members are eligible to receive voluntary alcohol misuse care at their SARP, without requiring a referral or coordination with one's command or drug and alcohol program advisor (DAPA).

Clinicians may direct service members to SARP for treatment, with more information on voluntary care and self-referral in our patient guide.

If necessary, clinicians can initiate a command referral for SARP:

- A command referral is initiated by the service member's chain of command and may be based on any credible factor such as hearsay, personal observation, concerns from a medical provider or noticeable change in job performance.
- Commanding Officers may refer service members in their command for medical screening at a SARP in situations where no incident has occurred and whether the member has personally disclosed their problem, or not.
- An alcohol related incident (or ARI / AI) is an offense punishable under NAVPERS 15560D, Naval Military Personnel Manual or civilian authority committed by a member where, in the judgment of the service member's Commanding Officer, the consumption of alcohol was a contributing factor.

TRICARE:

- Clinicians and service members can find more information on TRICARE accessible treatments on the TRICARE website.

Disclaimer: The views and links expressed in this resource reflect research conducted by the author(s) and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U.S. Government

Section 7: Example of the First Conversation About Alcohol

Background: *The patient is a 33-year-old divorced female, AD1 / E6 with 13 years of continuous active-duty service in the US Navy. The patient has a history of hypertension, high cholesterol, and depression. She is prescribed Lisinopril and Lipitor respectively. She has a scheduled appointment with her flight surgeon to address acid reflux and stomach pain for the past two to three months. During the interview, she describes an increase in alcohol use in the context of a recent divorce.*

Provider:	Good morning, AD1. It's good to see you.
Patient:	Good morning doc.
Provider:	I see that you have been having some stomach pain and acid reflux for the past few months?
Patient:	Yep, it's been horrible to deal with.
Provider:	Ok, in addition to the stomach pain and acid reflux, have you also had episodes of vomiting?
Patient:	Yep.
Provider:	Has your diet changed in any significant way over the past few months?
Patient:	I can't think of anything I changed in my diet; it just seems to happen in the evening.
Provider:	Fair enough, I'm curious, though. With it happening more frequently in the evening, what does your typical evening look like?
Patient:	Well, I usually get home around 1800, shower, make dinner, try and wind down and then get ready for bed. I've had some more free time to myself since the separation started, but I'm glad – it's been stressful.
Provider:	I can understand how that can be stressful. I'm glad you were able to make it in today. How have you been dealing with the stress?
Patient:	My mind keeps racing on what could have been or where things could have gone differently. I try to watch TV or TikTok to distract myself, but that's only somewhat helpful. The stress tends to make it harder to fall asleep, too.
Provider:	What, if anything, has been helpful in reducing some of that stress?
Patient:	I can't lie doc, alcohol definitely helps. It's nothing crazy, but it helps relax me.
Provider:	I'm glad you mentioned that. Without knowing more, it's hard to say if there's any connection, but alcohol can worsen or even cause heartburn. The "crazy" part is that it doesn't even have to be a drinking "problem" for there to be a connection.
Patient:	Oh wow, I mean....yeah, I guess you could say I've been having a few more glasses of wine since the divorce started. I'm still able to get to work and PT though.
Provider:	How much more is a "few" more?
Patient:	If I had to put a number on it, I'd say maybe three to four glasses of wine. I used to only have maybe a glass or two with dinner.
Provider:	With the increase in stress you're experiencing, over the past few months, how often are you drinking on average?
Patient:	It's definitely been a nightly thing. It just makes it so much easier to handle being alone and processing the divorce.
Provider:	I'm curious, with the increase in number of drinks and how often you drink, what kind of connection do you notice with the recent heartburn you came in about?
Patient:	Honestly, it does seem to line up pretty well. I just never thought about alcohol like that. I mean I don't have a problem with my drinking. But it does seem to be connected, and I definitely don't like the heartburn.
Provider:	True, but to be completely honest, there's no such thing as a "low risk" level of drinking. Any level of drinking has consequences, heartburn certainly being one of those. While it seems to have been emotionally helpful for you, it also seems to be worsening your physical health. What other changes have you noticed, if any?
Patient:	I must admit, I haven't been feeling rested when I wake up. It also doesn't make the stress go completely away, as it tends to come right back when I'm not drinking during the day. I've also noticed a few extra pounds I've gained. None of these are things I've enjoyed.

Provider:	They certainly don't sound like they are in line with your goals. If were to put a "medical" term on the number of drinks, i.e., the "standard size" of a drink, a glass of wine is only 5 oz. *[References a visual aid].* How much are you filling up the glass?
Patient:	Oh,...definitely more than 5 oz. Doc, I fill it up to just about the top. It's wine, I figured it's not too much at the end of the day.
Provider:	To put that into perspective then, you're actually drinking much closer to 10 standard sized drinks during an occasion. Hearing that, how do you feel about that?
Patient:	That sounds wild to me. I really didn't think I was drinking that much. It honestly kind of scares me how easy it is to drink that much. And considering how I've noted some heartburn, weight changes and sleep issues, I guess it does kind of make more sense now...
Provider:	As I said though, alcohol use doesn't have to be considered a "problem" in order for there to be issues. In fact, we like to move away from trying to identify "problem" drinking to just exploring your relationship with alcohol. And with any relationship in life, there are always pros and cons. It sounds like your relationship with alcohol carries some pros and cons, but maybe the cons weren't fully clear before today.
Patient:	Yeah, I definitely didn't realize the full scope of those cons. I also don't want to be dependent on alcohol, but I also want to find some stress relief.
Provider:	I hear that you are struggling, and I wonder, before the divorce, how did you find relief from stress in life?
Patient:	Oh, I used to love doing things like hiking, working out, cross fit, bike rides. Being out in nature was refreshing. I loved going to see movies as well.
Provider:	Sounds like you've had some positive ways to relieve stress in the past. How has that been the last few months since the divorce?
Patient:	I definitely haven't been working out as much. Going out for a movie or hiking hasn't even been a thought, either.
Provider:	To summarize, after the divorce, your stress ramped up, alcohol become a more involved part of your daily routine, and while you notice some temporary relief, it doesn't tend to be lasting. You've also been experiencing more heartburn since that time, so much so that you wanted to come in and get medical help. You've also noticed you reduced or, in some cases even, stopped doing the things that you did in the past to help you process stress. Is that a fair assessment?
Patient:	Yeah, I mean, I can't deny that.
Provider:	With that in mind, what would motivate you to want to stop, or even cut down, your drinking?
Patient:	Well, I don't know if I want to stop altogether. I never used to drink this much, and I feel like I didn't have these issues then. These issues now, though, are something that pushes me to want to cut down.
Provider:	That's fair, and that's a great start. I'm glad you're able to reflect on your own goals. It sounds like you've been able to identify what is important to YOU and how that fits in with your relationship with alcohol.
Patient:	Thanks, doc. I just want to feel better.
Provider:	Well, in the spirit of wellness, might I suggest we set a goal for that reduction? We could follow up soon to check in on it. It also will potentially mitigate needing any medication for any heartburn.
Patient:	That sounds fair, let's target going down to two to three drinks and limiting it to the weekends. I want to get back into the routine of PT, being outdoors, and connecting with my peers as well.
Provider:	I think this sounds like a wonderful goal to start with. Let's follow up in a few weeks and see how things go?
Patient:	Sounds good, doc. Thanks for talking to me today and giving me some feedback on things I wasn't connecting the dots with.