SONORA BEHAVIORAL HEALTH

Name: _____ Date _____

New Patient Packet- Adult

Adult Unit Patient Responsibilities an Expectations

1. Patients are expected to attend all groups and actively participate in their programming and recovery. There will be no telephone access, laundry and towel during group times or during scheduled unit activities.

2. Patients are expected to follow all unit rules and take direction from staff.

3. Patients are expected to be out of their rooms during the day.

4. Patients are expected to maintain appropriate boundaries with other patients and staff. There will be no physical contact with other
5. Patients are expected to be respectful of other patients by using appropriate language.

6. Patient's ae expected to maintain their personal hygiene daily and keep their rooms presentable.

7. Patients are expected to clean up after themselves.

8. There is no FOOD ALLOWED OUT OF THE CAFÉ OR IN ROOMS!

9. Patients will refrain from flavored drinks in rooms. Per Joint commission all drinks need to have a lid on them

10. Lights out time is 10:30 p.m.

Telephone times are as follows:

- Calls are 10 minutes in duration,
- Charge RN can terminate calls if they are no longer therapeutic
- Phone calls are part of the daily schedule and timing of calls is allotted in this time only

Television time:

Television time is 9:30-10:30 pm or when activities are finished

Visitation is not occurring at this time due to Covid 19

Patient Belongings

DEFINITIONS

- **Valuables:** a negotiable item such as cash, credit cards, wallet, cell phone, driver's license and jewelry
- **Belongings:** Any item such as clothing, reading materials, personal items such as dentures, retainers, eyeglasses, hearing aids, canes and walkers.
- **Contraband**: Potentially harmful objects or materials which are not allowed on the premises of Sonora Behavioral Hospital

A. Contraband:

1. All valuables is to be sent home at the time of admission or picked up by a trusted friend or family member as soon as possible. Valuables not sent home will be in a safe bag and not accessible during your visit.
2. **Items that are never permitted are**:
   - **a.** All glass, metal or ceramic objects
   - **b.** All sharp objects, whether metal, wire or hard plastic including tweezers, scissors, knives, hair picks, barrettes, hair clips/pins, razors, nail clippers, spiral notebooks, hangers, sewing/knitting needles, hooks, guns, letter openers, nail files or other items identified.
   - **c.** Any electronic items including CD players, I pads, cell phones, I PODS, electric toothbrushes, radios, tapes, CD's. Computers, batteries, hair dryers, curling irons, flat irons and anything with an electric cord.
   - **d.** Aerosols or sprays
   - **e.** Personal hygiene articles containing alcohol including mouthwash and hand sanitizer products.
   - **f.** Any smoking materials tobacco, matches, lighters, pipes or paraphernalia
   - **g.** Sonora provides food and drink while you are here We cannot allow outside food into the hospital
   - **h.** Staples and materials with staples are not permitted
   - **i.** Belts, shoe laces, cloth sashes, handkerchiefs, scarves, cord strung clothing of any kind, drawstrings suspenders, head bands and hairbands, Underwire bras are not permitted. Clothing that is not permitted includes halter tops, low cut necklines, spaghetti straps, short shorts, mid drift tops, spandex and no metal zippers or hoodies
   - **j.** Stuffed animals, blankets personal pillow or any bedding is not permitted on the units
   - **k.** Sonora provides pencils, crayons and markers while you are here
   - **l.** Alcohol or illegal drugs
   - **m.** Clothing that glorifies drugs, alcohol, cigarettes, pornography, gangs or violence.
   - **n.** Hats, skull caps, bandannas or bandannas or hoodies
   - **o.** Weapons or firearms
   - **p.** Plastic bags, or bags with handles or long straps

q. Money of any kind
r. Dental floss,, rope or twine
s. Backpacks

3. Limited access list

a. Jewelry that cannot be removed from your body (includes piercings)
b. Over the counter medications, prescribed by your doctor and properly labeled may be used at Sonora. Our pharmacist will determine eligibility
c. Any sunglasses – must be prescription
d. Personal reading books are not recommended

Our number one goal is to keep you safe here at Sonora!

Thank you for helping us keep you and other patients safe

SONORA
BEHAVIORAL HEALTH

Permissible Patient Belongings List

Clothing

- 3 Outfits
  *1 outfit includes 1 top, 1 bottom, 1 undergarment and 1 pair of socks
- 1Pair of Pajamas
- 1 Pair of shoes without laces
- 1 Sweatshirt or Jacket
  *** Drawstrings, hoods and metal pieces are not permitted on any clothing item

Toiletries

- All items must be unopened and may not include alcohol as the main ingredient

Miscellaneous

- Notebooks without staples or spiral binding
- Books (paperbacks only)
- Hairbrush or /Comb
- 1-2 small hair ties without metal

SONORA
BEHAVIORAL HEALTH

CONTACT
PHONE
Main: (520)469-8700
Admissions Team: (520)229-8400

WEBSITE
www.SonoraBehavioral.com

Welcome to Sonora Behavioral Health Hospital!

Sonora Behavioral Health Hospital understands that you may feel concerned and even a bit anxious about viruses such as COVID-19. We want to assure you that Sonora Behavioral Health Hospital is prepared to keep you and/or your family member safe. We are committed to patient/resident and staff safety and want to share what we are doing to help prevent the spread of highly infectious illness, such as COVID-19.

The following strategies have been implemented, as recommended by the Centers for Disease Control (CDC) and World Health Organization (WHO):

- Patient and employee screening for temperature and symptoms prior to admission
- Temperature checks and symptom monitoring for anyone coming in the building, including staff and vendors
- Temperature checks and symptom monitoring of patients daily
- Restrictions on visitation policies
- Masks provided for patients, if appropriate, after a clinical and medical risk screening
- Universal masking for all staff including administrative and dietary personnel
- Enhanced cleaning and disinfecting protocols for all areas of the facility, including transportation vehicles, recreation equipment, and other frequently touched surfaces
- Enforcement of frequent hand hygiene practices
- Social Distancing measures such as spacing patient furniture 6 feet apart in areas such as courtyards, group and day rooms
- Modification of the dining areas to ensure social distancing (tables and chairs 6 feet apart), staggering mealtimes, social distancing while in the meal line

Please feel free to contact any member of your treatment team with any further questions or concerns.

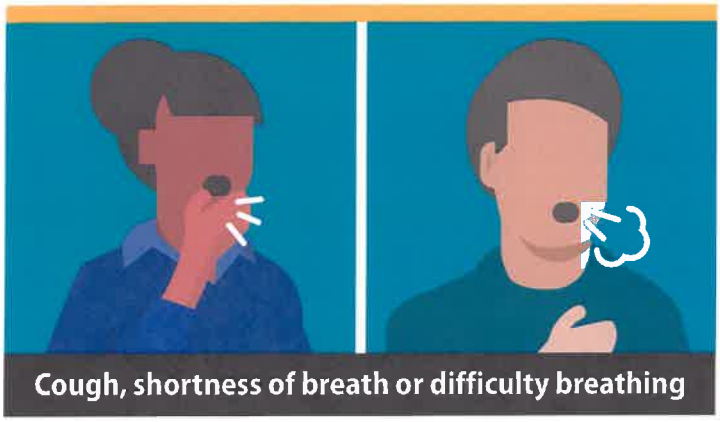
Respectfully Submitted,

SBH Leadership

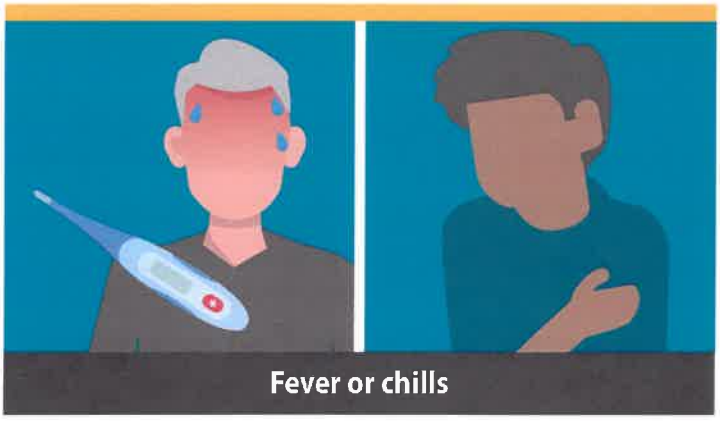
https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

Symptoms of Coronavirus (COVID-19)

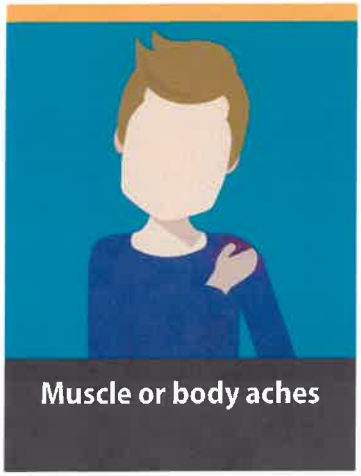
Know the symptoms of COVID-19, which can include the following:



Cough, shortness of breath or difficulty breathing



Fever or chills



Muscle or body aches

Vomiting or diarrhea

New loss of taste or smell

Symptoms can range from mild to severe illness, and appear 2–14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has Emergency Warning Signs of COVID-19

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.

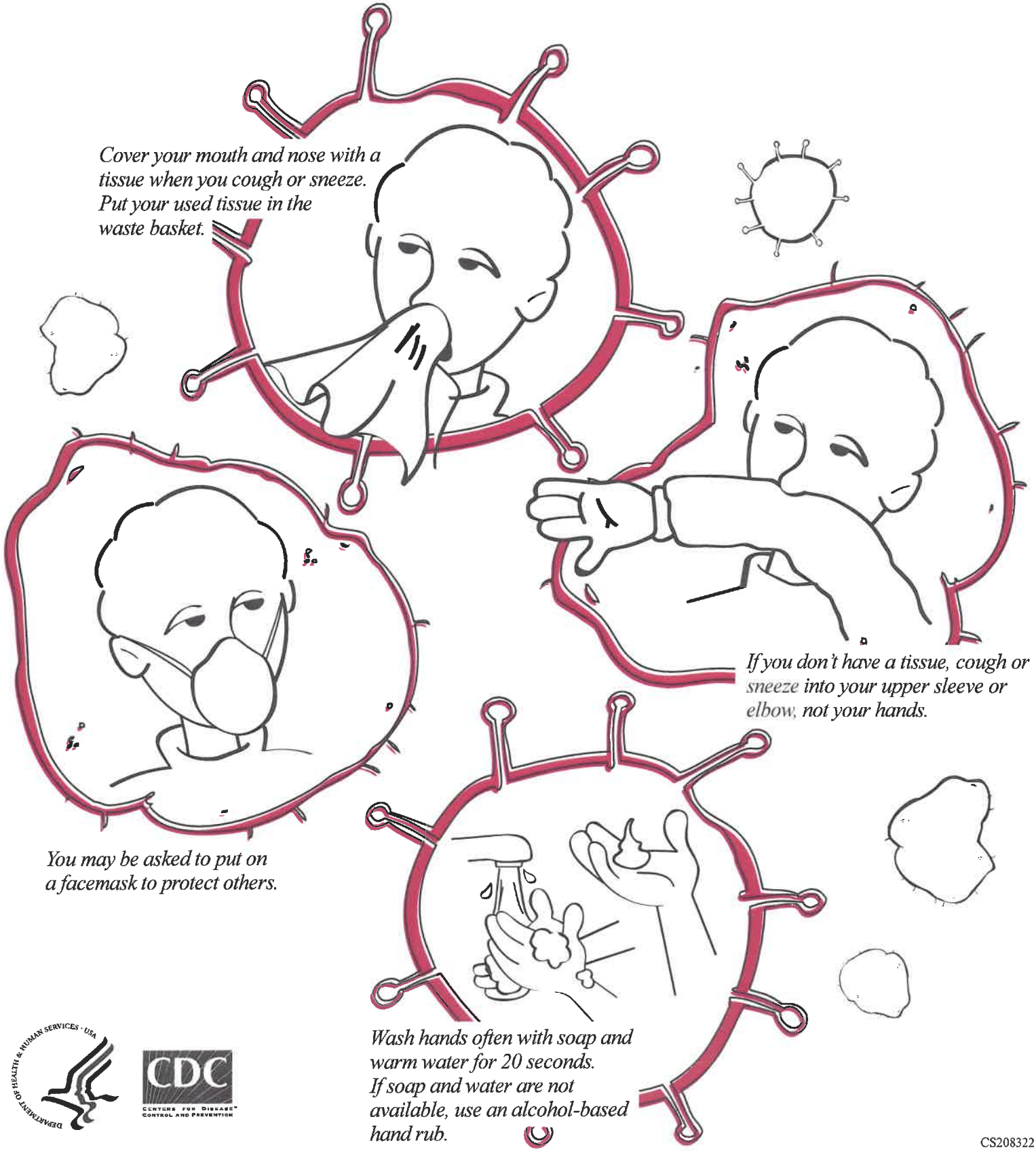
Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

cdc.gov/coronavirus

CS-317142-A

Cover your Cough

Stop the spread of germs that can make you and others sick!



Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.

If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.

You may be asked to put on a facemask to protect others.

Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CDC

CENTERS FOR DISEASE CONTROL AND PREVENTION

CS208322

COVER MOUTH AND NOSE

CLEAN HANDS

Cover Coughs and Sneezes. Clean Hands.

Be a germ stopper at school — and home. Cover your mouth and nose when you cough or sneeze. Use a tissue and throw it away.

Clean your hands a lot

- After you sneeze or cough
- After using the bathroom
- Before you eat
- Before you touch your eyes, mouth or nose

Washing hands with soap and water is best. Wash long enough to sing the "Happy Birthday" song twice. Or, use gels or wipes with alcohol in them. This alcohol kills germs!

Stop germs. And stop colds and flu.

www.cdc.gov/germstopper

CDC
Centers for Disease Control and Prevention

SONORA
BEHAVIORAL HEALTH

Notice to Guardians

Please be advised that the Arizona Center for Disability Law may visit our facility from time to time. ACDL I the federally mandated Protection and Advocacy System (P&A) for the State of Arizona. Congress created the P&A System to monitor compliance with respect to the rights and safety of residents, and provide information and training about individual rights and the P&A System. ACDL may visit our facility for monitoring purposes, which simple means that they will tour our facility, talk with residents and staff, and observe the general atmosphere of our facility. Sonora Behavioral Health Hospital and ACDL want to ensure that the parents and guardians of the individuals in the care of the facility are informed that the P&A will be conducting these monitoring activities and, in the course of such monitoring, ma speak informally to those with legal guardian. If you have any questions concerning ACDL or its monitoring activities, you may contact them at (800)927-8860 (toll free) or at www.azdisabilitylaw.org.

SONORA
BEHAVIORAL HEALTH

CONFIDENTIALITY

All information regarding patients and their families and Sonora Hospital business must be kept strictly confidential in accordance with local, state and Federal laws and health care standards. Your information may be discussed only with those individuals directly involved with patient care or hospital business practice. You also have the right to receive, or refuse to receive visitors. All visitors review the confidentiality statement and are requested to observe strict confidentiality. Visitors once permitted acknowledge notification and agreement to uphold confidentiality.

If you family or friends attempt to call you here, please keep in mind that staff in the reception area or on the units cannot disclose whether or not you are at Sonora. Due to HIPAA regulations, **We cannot confirm or deny whether or not you are at Sonora, Please inform your family and friends of this legal regulation in advance of them attempting to call.** You can have a caller leave a message and you can return their calls at the designated phone times. Staff members never ensure that you will return the call if you are here, that is your choice.

If you want us to be able to give information about you to anyone other than those automatically allowable by law, it will be necessary for you to complete and sign a release of Information form, or ROI.

No medical records will be released until after your discharge to you, family or friends. This request needs to be done through our medical records department.

SONORA
BEHAVIORAL HEALTH

The use of seclusion and restraint

Seclusion is an emergency therapeutic measure that is occasionally utilized only to prevent a patient from causing physical harm to self or others. This procedure is used only after ALL other methods of de-escalation and defusing of the situation has failed and the patient continues to present danger to themselves or others.

Use of seclusion means placing you alone in a safe room from which you have no other means of leaving physically or verbally stopped from leaving.

The use of restraints means restricting the movement of your limbs and body by a physical hold. This is only authorized following an assessment by the RN or physician that you are unable to regain control, or that your safety or that of others cannot be ensured through any less restrictive measures. The use of a chemical restraint is used for the same purpose of safety, and can only be by a physician's order.

The use of either seclusion or restraint is a temporary emergency measure only and is not ever done as a punishment or retaliation, or retaliation, or for the convenience of the staff. All safety precautions are followed at all times, and every effort is made to ensure your privacy.

You will be given a de-briefing opportunity afterward to discuss what could have been done differently to assist you in regaining control, prior to resorting to a seclusion or restraint.

Our number one goal is to ensure your safety while you are here at Sonora Behavioral Health Hospital.

SONORA BEHAVIORAL HEALTH

Patient and Family Grievances

Patients have the right to submit grievances to Sonora staff members and complaints to outside entities and other individuals without constraint or retaliation. Sonora will consider grievances in a fair, timely and impartial manner.

Patients and family have an avenue to submit or participate in the complaint process and compliance with licensure regulations and Section 504 of the Rehabilitation act of 1973 (29 U.S.C. 794).

The definition of a patient grievance is defined as those issues presented by patients, family members, staff and or visitors that due to their very nature require the attention by staff members to resolve the issue. Issues that cannot be resolved by staff members on an immediate basis and need further review of staff involvement will be considered a grievance.

Sonora has appointed a patient advocate to review grievances in a fair and timely and impartial manner. The patient advocate can be reached by calling 2915 within the hospital. The patient Advocate telephone number is also posted on the units.

Patient concerns regarding Quality of Care or premature discharge may be referred to the appropriate Utilization and Quality of Control, Quality improvement Organization/QIO by the patient advocate /designee within 24 hours.

All patient grievances will be investigated and the results of the investigation reported back to the complainant. Patient's grievances will be reviewed as soon as the grievance is completed and if at all possible resolved by staff at that time. Patients who are unable to complete the grievance form will be assisted. Patients who refuse to complete the form will have their issues documented for by staff members and the grievance form approved by the patient.

Sonora shall not discharge patients from care or discriminate against them in any way for participating in a complaint to the Arizona Department of Health Services, Office of Behavioral Health Licensure, The joint Commission or 504 Section Coordinator. Patient Rights and contact phone numbers are clearly displayed in patient access areas as important phone numbers. Presentation of a complaint does not comprise a patient's' future access to care

SONORA BEHAVIORAL HEALTH

PATIENT CONCERN NOTIFICATION

We try to make every part of your treatment as comfortable as possible. We understand that issues may arise that you become aware of before we do, and urge you to report any concerns or complaints to a staff member. If you think your concerns have not been addressed appropriately OR if you are more comfortable reporting them in writing, please use the space below. Include any individuals involved and be as specific as possible, especially if you feel that any patient rights may have been violated. Staff will help you complete the form if you need assistance.

Name (Optional)_____

Date:_____Time:_____Unit:_____

Concern/Complaint:_____

_____

_____

_____

Return this to any staff member. Thank you for allowing us an opportunity to improve the quality of care we provide to our patients.

_____

Disposition: (Staff Use Only)

Date Received:_____Time:_____

Staff Name & Title who addressed the concern immediately:_____

Actions taken to resolve concern by staff present:_____

_____

_____

_____

_____

Does the patient report the concern is resolved? _____Yes_____No

ROUTED TO PATIENT ADVOCATE IMMEDIATELY

Revised 10/27/2020

PHONE CALL GUIDELINES

When calling you must provide the Patient Code:
Staff cannot confirm admission or transfer caller without this code due to HIPAA Privacy laws

Loved ones may call to speak to a Nurse anytime between:
9:00 am – 9:00 pm

To speak to your loved one you may call, or loved one may call you, during "Relaxation" and Break Times":
Times vary by Unit

Calls are limited to 10 minutes:
Unless otherwise permitted by Nurse/Doctor

A Nurse may terminate calls if the call is no longer therapeutic:
Please keep phone call calm and relaxing

SONORA BEHAVIORAL HEALTH

Important Phone Numbers

Sonora Behavioral Health 6050 N. Corona Rd Tucson, AZ 85704 Phone: (520) 469-8700	**Patient Advocate** Phone: (520) 469-8700 ext. 2915 **Outpatient Services** Phone: (520) 276-1199 3130 E. Broadway, Suite 196 Tucson, AZ 85716
Arizona Department of Health Services **Phoenix Main Office** 150 N. 18th Ave., Suite 400 Phoenix AZ 85007 (602) 542-1025 **Tucson Office** 400 W Congress, Suite 100 Tucson, AZ 85701	**Vital Records** Phone: (602) 364-1300 **Medical Facilities Licensing** Phone: (602) 364-3030 Email: Medical.Licensing@azdhs.gov
AHCCCS 801 E Jefferson St. Phoenix, AZ 85034 Phone: (602) 417-4000 In-State Toll Free: 1-800-654-8713	**Office of Human Rights** 400 W. Congress St., Suite 118 Tucson, AZ 85701 Phone: (520) 770-3100 Email: OHRTs@azahcccs.gov **Arizona Complete Health** 333 E Wetmore Rd, #500 Tucson, AZ 85705 Phone: (866) 495-6738
Department of Economic Security 400 W. Congress Tucson, AZ 85701 Phone: (520) 628-6810	**Arizona Department of Child Safety** 3550 N. Oracle Rd Tucson, AZ 85705 Phone: (520) 8877577 **Arizona Adult Protective Services** 1789 W. Jefferson St. Phoenix, AZ 85007 Phone: (602) 542-0010

Revised: 9/27/2021

Contactos Importantes

Sonora Behavioral Health 6050 N. Corona Rd Tucson, AZ 85704 Teléfono: (520) 469-8700	**Defensor del Paciente** Phone: (520) 469-8700 ext. 2915 **Servicios Externos** Teléfono: (520) 276-1199 3130 E. Broadway, Suite 196 Tucson, AZ 85716
Departamento de Servicios de Salud de Arizona **Oficina principal de Phoenix** 150 N. 18th Ave., Suite 400 Phoenix AZ 85007 Teléfono: (602) 542-1025 **Oficina de Tucson** 400 W Congress, Suite 100 Tucson, AZ 85701	**Registros Vitales** Phone: (602) 364-1300 **Licencias de Instalaciones Médicas** Teléfono: (602) 364-3030 Correo electrónico: Medical.Licensing@azdhs.gov
AHCCCS 801 E Jefferson St. Phoenix, AZ 85034 Teléfono: (602) 417-4000 Llamada gratuita en el estado: 1-800-654-8713	**Oficina de Derechos Humanos** 400 W. Congress St., Suite 118 Tucson, AZ 85701 Teléfono: (520) 770-3100 Correo electrónico: OHRTs@azahcccs.gov **Arizona Complete Health** 333 E Wetmore Rd, #500 Tucson, AZ 85705 Teléfono: (866) 495-6738
Departamento de Seguridad Economica 400 W. Congress Tucson, AZ 85701 Teléfono: (520) 628-6810	**Departamento de Seguridad Infantil de Arizona** 3550 N. Oracle Rd Tucson, AZ 85705 Teléfono: (520) 8877577 **Servicios de Protección Para Adultos de Arizona** 1789 W. Jefferson St. Phoenix, AZ 85007 Teléfono: (602) 542-0010

Revised: 9/27/2021

NIH NATIONAL CANCER INSTITUTE

How To Handle Withdrawal Symptoms and Triggers When You Decide To Quit Smoking

What are some of the withdrawal symptoms associated with quitting smoking?

Quitting smoking may cause short-term problems, especially for those who have smoked heavily for many years. These temporary changes can result in withdrawal symptoms.

Common withdrawal symptoms associated with quitting include the following:

- nicotine cravings (nicotine is the substance in tobacco that causes addiction)
- anger, frustration, and irritability
- anxiety
- depression
- weight gain

Studies have shown that about half of smokers report experiencing at least four withdrawal symptoms (such as anger, anxiety, or depression) when they quit (1). People have reported other symptoms, including dizziness, increased dreaming, and headaches (2).

The good news is that there is much you can do to reduce cravings and manage common withdrawal symptoms. Even without medication, withdrawal symptoms and other problems subside over time. It may also help to know that withdrawal symptoms are usually worst during the first week after quitting. From that point on, the intensity usually drops over the first month. However, everyone is different, and some people have withdrawal symptoms for several months after quitting (3, 4).

What are some of the triggers for smoking?

In addition to nicotine cravings, reminders in your daily life of times when you used to smoke may trigger you to smoke. Triggers are the moods, feelings, places, or things you do in your daily life that turn on your desire to smoke.

Triggers may include any of the following:

- being around smokers
- starting the day
- feeling stressed
- being in a car
- drinking coffee or tea
- enjoying a meal
- drinking an alcoholic beverage
- feeling bored

Knowing your triggers helps you stay in control because you can choose to avoid them or keep your mind distracted and busy when you cannot avoid them.

What can I do about nicotine cravings?

As a smoker, you get used to having a certain level of nicotine in your body. You control that level by how much you smoke, how deeply you inhale the smoke, and the kind of tobacco you use. When you quit, cravings develop when your body wants nicotine. It takes time to break free from nicotine addiction. Also, when you see people smoking or are around other triggers, you may get nicotine cravings. Cravings are real. They are not just in your imagination. At the same time, your mood may change, and your heart rate and blood pressure may go up.

The urge to smoke will come and go. Cravings usually last only a very brief period of time. Cravings usually begin within an hour or two after you have your last cigarette, peak for several days, and may last several weeks. As the days pass, the cravings will get farther apart. Occasional mild cravings may last for 6 months.

Here are some tips for managing cravings:

- Remind yourself that they will pass.
- Avoid situations and activities that you used to associate with smoking.
- As a substitute for smoking, try chewing on carrots, pickles, apples, celery, sugarless gum, or hard candy. Keeping your mouth busy may stop the psychological need to smoke.
- Try this exercise: Take a deep breath through your nose and blow out slowly through your mouth. Repeat 10 times.
- Ask your doctor about nicotine replacement products or other medications.

Go online to **Smokefree.gov**, a website created by the National Cancer Institute's (NCI) Tobacco Control Research Branch, and use the step-by-step personalized quit plan to learn about other tips for managing cravings.

What can I do about anger, frustration, and irritability?

After you quit smoking, you may feel edgy and short-tempered, and you may want to give up on tasks more quickly than usual. You may be less tolerant of others and get into more arguments.

Studies have found that the most common negative feelings associated with quitting are feelings of anger, frustration, and irritability. These negative feelings peak within 1 week of quitting and may last 2 to 4 weeks (2).

Here are some tips for managing these negative feelings:

- Remind yourself that these feelings are temporary.
- Engage in a physical activity, such as taking a walk.
- Reduce caffeine by limiting or avoiding coffee, soda, and tea.
- Try meditation or other relaxation techniques, such as getting a massage, soaking in a hot bath, or breathing deeply through your nose and out through your mouth for 10 breaths.
- Ask your doctor about nicotine replacement products or other medications.

Reviewed: October 29, 2010

What can I do about anxiety?

Within 24 hours of quitting smoking, you may feel tense and agitated. You may feel a tightness in your muscles—especially around the neck and shoulders. Studies have found that anxiety is one of the most common negative feelings associated with quitting. If anxiety occurs, it builds over the first 3 days after quitting and may last 2 weeks (2).

Here are some tips for managing anxiety:

- Remind yourself that anxiety will pass with time.
- Set aside some quiet time every morning and evening—a time when you can be alone in a quiet environment.
- Engage in physical activity, such as taking a walk.
- Reduce caffeine by limiting or avoiding coffee, soda, and tea.
- Try meditation or other relaxation techniques, such as getting a massage, soaking in a hot bath, or breathing deeply through your nose and out through your mouth for 10 breaths.
- Ask your doctor about nicotine replacement products or other medications.

What can I do about depression?

It is normal to feel sad for a period of time after you first quit smoking. If mild depression occurs, it will usually begin within the first day, continue for the first couple of weeks, and go away within a month.

Having a history of depression is associated with more severe withdrawal symptoms—including more severe depression. Some studies have found that many people with a history of major depression will have a new major depressive episode after quitting. However, in those with no history of depression, major depression after quitting is rare.

Many people have a strong urge to smoke when they feel depressed. Here are some tips for managing depression:

- Call a friend and plan to have lunch or go to a movie, concert, or other pleasurable event.
- Identify your specific feelings at the time that you seem depressed. Are you actually feeling tired, lonely, bored, or hungry? Focus on and address these specific needs.
- Increase physical activity. This will help to improve your mood and lift your depression.
- Breathe deeply.
- Make a list of things that are upsetting to you and write down solutions for them.
- If depression continues for more than 1 month, see your doctor. Ask your doctor about prescription medications that may help you with depression. Studies show that bupropion and nortriptyline can help people with a past history of depression who try to quit smoking. Nicotine replacement products also help (5).
- Learn about the signs of depression, and where to go for help, at the National Institute of Mental Health website (http://www.nimh.nih.gov)

What can I do about weight gain?

Gaining weight is common after quitting. Studies have shown that, on average, people who have never smoked weigh a few pounds more than smokers, and, when smokers quit, they attain the weight they would have had if they had never smoked (6).

Although most smokers gain fewer than 10 pounds after they quit smoking, the weight gain can be troublesome for some people (7, 8). However, the health benefits of quitting far outweigh the health risks of a small amount of extra weight.

Here are some tips for managing weight gain:

- Ask your doctor about the medication bupropion. Studies show that it helps counter weight gain (5).
- Studies also show that nicotine replacement products, especially nicotine gum and lozenges, can help counter weight gain (5). Because some people who quit smoking increase their food intake (6), regular physical activity and healthy food choices can help you maintain a healthy weight.
- If weight gain is a problem, you may want to consult a nutritionist or diet counselor.

How can I resist the urge to smoke when I'm around smokers?

You may want to analyze situations in which watching others smoke triggers an urge in you to smoke. Figure out what it is about those situations that makes you want to smoke. Is it because you associate feeling happy with being around other smokers? Or, is there something special about the situations, such as being around the people you usually smoked with? Is it tempting to join others for routine smoke breaks?

Here are some tips:

- Limit your contact with smokers, especially in the early weeks of quitting.
- Do not buy, carry, light, or hold cigarettes for others.
- If you are in a group and others light up, excuse yourself, and don't return until they have finished.
- Do not let people smoke in your home. Post a small "No Smoking" sign by your front door.
- Ask others to help you stay quit. Give them specific examples of things that are helpful (such as not smoking around you) and things that are not helpful (like asking you to buy cigarettes for them).
- Focus on what you've gained by quitting. For example, think of how healthy you will be when all smoking effects are gone from your body and you can call yourself smoke-free. Also, add up how much money you have saved already by not purchasing cigarettes and imagine (in detail) how you will spend your savings in 6 months.

How can I start the day without smoking?

Many smokers light up a cigarette right after they wake up. After 6 to 8 hours of sleep, a smoker's nicotine level drops and the smoker needs a boost of nicotine to start the day. After you quit, you must be ready to overcome the physical need and routine of waking up and smoking a cigarette.

Instead of reaching for your cigarettes in the morning, here are some tips:

- The morning can set the tone for the rest of the day. Plan a different wake-up routine, and divert your attention from smoking.
- Be sure no cigarettes are available.

Reviewed: October 29, 2010

- Before you go to sleep, make a list of things you need to avoid in the morning that will make you want to smoke. Place this list where you used to place your cigarettes.
- Begin each day with a planned activity that will keep you busy for an hour or more. It will keep your mind and body busy so you don't think about smoking.
- Begin each day with deep breathing and by drinking one or more glasses of water.

How can I resist the urge to smoke when I'm feeling stressed?

Most smokers report that one reason they smoke is to handle stress. This happens because smoking cigarettes actually relieves some of your stress by releasing powerful chemicals in your brain. Temporary changes in brain chemistry cause you to experience decreased anxiety, enhanced pleasure, and alert relaxation. Once you stop smoking, you may become more aware of stress.

Everyday worries, responsibilities, and hassles can all contribute to stress. As you go longer without smoking, you will get better at handling stress, especially if you learn stress reduction and relaxation techniques.

Here are some tips:

- Know the causes of stress in your life (your job, traffic, your children, money) and identify the stress signals (headaches, nervousness, or trouble sleeping). Once you pinpoint high-risk trigger situations, you can start to develop new ways to handle them.
- Create peaceful times in your everyday schedule. For example, set aside an hour where you can get away from other people and your usual environment.
- Try relaxation techniques, such as progressive relaxation or yoga, and stick with the one that works best for you.
- Rehearse and visualize your relaxation plan. Put your plan into action. Change your plan as needed.
- You may find it helpful to read a book about how to handle stress.

How can I resist the urge to smoke when I'm driving or riding in a car?

You may have become used to smoking while driving—to relax in a traffic jam or to stay alert on a long drive. Like many smokers, you may like to light up when driving to and from work to relieve stress, stay alert, relax, or just pass the time. There is some evidence that smoking actually does make you feel more awake and alert.

Tips for short trips:

- Remove the ashtray, lighter, and cigarettes from your car.
- Keep nonfattening snacks in your car (such as licorice, sugarless gum, and hard candy).
- Turn on your favorite music and sing along.
- Take an alternate route to work or try carpooling.
- Clean your car and make sure to use deodorizers to reduce the tobacco smell.
- Tell yourself:
  - "This urge will go away in a few minutes."
  - "So, I'm not enjoying this car ride. Big deal! It won't last forever!"
  - "My car smells clean and fresh!"
  - "I'm a better driver now that I'm not smoking while driving."

When you are driving or riding with other people:

- Ask passengers not to smoke in your car.
- If you're not driving, find something to do with your hands.

Your desire to smoke may be stronger and more frequent on longer trips. Tips for long trips:

- Take a stretch break.
- Take fresh fruit along.
- Plan rest stops.
- Plan stops for water or fruit juice.

How can I resist the urge to smoke when I'm having coffee or tea?

You may be used to smoking when drinking coffee or tea (for example, during or after meals or during work breaks), and you may associate good feelings with drinking a hot beverage. When you give up smoking, expect to feel a strong urge to reach for a cigarette while drinking coffee or tea. Although you do not have to give up coffee or tea to quit smoking, you should expect that coffee or tea will not taste the same without a cigarette.

Here are some tips:

- If you used to smoke while drinking coffee or tea, tell people you have quit, so they won't offer you a cigarette.
- Between sips of coffee or tea, take deep breaths to inhale the aroma. Breathe in deeply and slowly while you count to five, and then breathe out slowly, counting to five again.
- Try switching to decaffeinated coffee or tea for a while, particularly if quitting has made you irritable or nervous.
- Keep your hands busy by nibbling on healthy foods, doodling, or making a list of tasks for the day.
- If the urge to smoke is very strong, drink your coffee or tea more quickly than usual and then change activities or rooms.
- When you quit smoking, drinking coffee or tea without smoking may make you feel sad. Focus on what you've gained by quitting.

How can I enjoy a meal without smoking?

Food often tastes better after you quit smoking, and you may have a bigger appetite. Expect to want to smoke after meals. Your desire to smoke after meals may depend on whether you are alone, with other smokers, or with nonsmokers.

Your urge to smoke may be stronger with certain foods, such as spicy or sweet foods. Also, the urge to smoke may be stronger at different meal times.

Here are some tips:

- Know what kinds of foods increase your urge to smoke and stay away from them.

Reviewed: October 29, 2010

- If you are alone, call a friend or take a walk as soon as you've finished eating.
- Brush your teeth or use mouthwash right after meals.
- If you have coffee or a fruit drink, concentrate on the taste.
- Wash the dishes by hand after eating—you can't smoke with wet hands!
- Eat at smoke-free restaurants.

How can I resist the urge to smoke when I'm drinking an alcoholic beverage?

You may be used to smoking when drinking beer, wine, liquor, or mixed drinks, and you may associate good feelings with drinking alcoholic beverages. When you quit smoking, you may feel a strong urge to smoke when you drink alcohol. Know this up front if you are going to drink. If you do drink, keep in mind that your control over your behavior may be impaired under the influence of alcohol. When you try to quit smoking, drinking alcohol may make it even tougher to cope.

Here are some tips for the first few weeks after quitting:

- Many people find it helpful to reduce or avoid drinking alcohol.
- Switch to nonalcoholic drinks.
- If you do drink, don't choose the alcoholic beverages you usually have when smoking.
- Don't drink at home or by yourself.
- Stay away from the places you usually drink alcohol, or drink only with nonsmoking friends.

How can I resist the urge to smoke when I'm feeling bored?

When you quit smoking, you may miss the increased excitement and good feeling that nicotine gave you. This may be particularly true when you are feeling bored.

Here are some tips:

- Plan more activities than you have time for.
- Make a list of things to do when confronted with free time.
- Move! Do not stay in the same place too long.
- If you feel very bored when waiting for something or someone (a bus, your friend, your kids), distract yourself with a book, magazine, or crossword puzzle.
- Look at and listen to what is going on around you.
- Carry something to keep your hands busy.
- Listen to a favorite song.
- Go outdoors, if you can, but not to places you associate with smoking.

Do nicotine replacement products relieve nicotine cravings and withdrawal symptoms?

Yes. Nicotine replacement products deliver measured doses of nicotine into the body, which helps to relieve the cravings and withdrawal symptoms often felt by people trying to quit smoking. Nicotine replacement products are effective treatments that can increase the likelihood that someone will quit successfully (5, 9).

Five forms of nicotine replacement products have been approved by the U.S. Food and Drug Administration (FDA):

- The nicotine patch is available over the counter (without a prescription). A new patch is worn on the skin each day, supplying a small but steady amount of nicotine to the body. The nicotine patch is sold in varying strengths, usually as an 8- to 10-week quit-smoking treatment. Typically, the nicotine doses are gradually lowered as treatment progresses. The nicotine patch may not be a good choice for people with skin problems or allergies to adhesive tape. Also, some people experience the side effect of having vivid dreams when they wear the patch at night. These people may decide to wear the patch only during the daytime.
- Nicotine gum is available over the counter in two strengths (2 and 4 milligrams). When a person chews nicotine gum and then places the chewed product between the cheek and gum tissue, nicotine is released into the bloodstream through the lining of the mouth. To keep a steady amount of nicotine in the body, a new piece of gum can be chewed every 1 or 2 hours. The 4-milligram dose appears to be more effective among highly dependent smokers (those who smoked 20 or more cigarettes per day) (10, 11). Nicotine gum might not be appropriate for people with temporomandibular joint disease or for those with dentures or other dental work, such as bridges. The gum releases nicotine more effectively when coffee, juice, or other acidic beverages are not consumed at the same time.
- The nicotine lozenge is also available over the counter in 2 and 4 milligram strengths. The lozenge is used similarly to nicotine gum; it is placed between the cheek and the gums and allowed to dissolve. Nicotine is released into the bloodstream through the lining of the mouth. The lozenge works best when used every 1 or 2 hours and when coffee, juice, or other acidic beverages are not consumed at the same time.
- Nicotine nasal spray is available by prescription only. The spray comes in a pump bottle containing nicotine that tobacco users can inhale when they have an urge to smoke. Nicotine is absorbed more quickly via the spray than with other nicotine replacement products. Nicotine nasal spray is not recommended for people with nasal or sinus conditions, allergies, or asthma or for young tobacco users. Side effects from the spray include sneezing, coughing, and watering eyes, but these problems usually go away with continued use of the spray.
- A nicotine inhaler, also available by prescription only, delivers a vaporized form of nicotine to the mouth through a mouthpiece attached to a plastic cartridge. Even though it is called an inhaler, the device does not deliver nicotine to the lungs the way a cigarette does. Most of the nicotine travels only to the mouth and throat, where it is absorbed through the mucous membranes. Common side effects include throat and mouth irritation and coughing. Anyone with a breathing problem such as asthma should use the nicotine inhaler with caution.

Experts recommend combining nicotine replacement therapy with advice or counseling from a doctor, dentist, pharmacist, or other health care provider. Also, experts suggest that smokers quit using tobacco products before they start using nicotine replacement products (12). Too much nicotine can cause nausea, vomiting, dizziness, diarrhea, weakness, or rapid heartbeat.

Are nicotine replacement products safe?

It is far less harmful for a person to get nicotine from a nicotine replacement product than from cigarettes because tobacco smoke contains many toxic and cancer-causing substances. Long-term use of nicotine replacement products has not been associated with any serious harmful effects (11).

Reviewed: October 29, 2010

Are there products to help people quit smoking that do not contain nicotine?

Yes, a doctor may prescribe one of several medicines that do not contain nicotine:

- Bupropion, a prescription antidepressant, was approved by the FDA in 1997 to treat nicotine addiction (under the trade name Zyban®). This drug can help to reduce nicotine withdrawal symptoms and the urge to smoke and can be used safely with nicotine replacement products (9, 12). Several side effects are associated with this product. Discuss with your doctor if this medicine is right for you.
- Varenicline, a prescription medicine marketed as Chantix®, was approved by the FDA in 2006 to help cigarette smokers stop smoking. This drug may help those who wish to quit by easing their nicotine cravings and by blocking the pleasurable effects of nicotine if they do resume smoking. Several side effects are associated with this product. Discuss with your doctor if this medicine is right for you.

Are there alternative methods to help people quit smoking?

Some people claim that alternative approaches such as hypnosis, acupuncture, acupressure, laser therapy (laser stimulation of acupuncture points on the body), or electrostimulation may help reduce the symptoms associated with nicotine withdrawal. However, in clinical studies these alternative therapies have not been found to help people quit smoking (13). There is no evidence that alternative approaches help smokers who are trying to quit.

How can I get help quitting tobacco?

NCI and other agencies and organizations can help smokers quit:

- Go online to Smokefree.gov, a website created by NCI's Tobacco Control Research Branch, and use the step-by-step personalized quit plan.
- Call NCI's Smoking Quitline at 1–877–44U–QUIT (1–877–448–7848) for individualized counseling, printed information, and referrals to other sources.
- Refer to the NCI fact sheet Where To Get Help When You Decide To Quit Smoking.

Citations

Provided by the National Cancer Institute

https://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/withdrawal-fact-sheet#what-are-some-of-the-withdrawal-symptoms-associated-with-quitting-smoking

Reviewed: October 29, 2010

Centers for Disease Control and Prevention

Frequently Asked Questions (FAQ) about 1-800-QUIT-NOW and the National Network of Tobacco Cessation Quitlines

1. What is a tobacco quitline?

Quitlines are telephone-based tobacco cessation services, available at no cost to US residents in each state, the District of Columbia, Guam, and Puerto Rico. Quitlines help tobacco users quit through a variety of service offerings including individual counseling, practical information on how to quit, referral to other cessation resources, mailed self-help materials, information on FDA-approved cessation medications, and, in some cases, free or discounted cessation medications. For more information about quitlines, see [https://www.cdc.gov/tobacco/quit_smoking/cessation/faq-about-1-800-quit-now/index.html].

2. What is 1-800-QUIT-NOW?

1-800-QUIT-NOW is a toll-free number operated by the National Cancer Institute (NCI) that will connect you directly to your state's tobacco quitline. The number serves as a national portal to link callers to their state quitline based on their area code. The number services all 50 states, the District of Columbia, Guam, and Puerto Rico. 1-800-QUIT-NOW provides US residents an easily understood and memorable number to call for telephone cessation assistance from anywhere in the US and U.S Territories and Pacific Islands. It also allows for national promotion of quitlines using a single telephone number. 1-800-QUITNOW was established by the NCI in November 2004 as part of a US Department of Health and Human Services cessation initiative, the National Network of Tobacco Cessation Quitlines.

3. What is the National Network of Tobacco Cessation Quitlines and how is it funded?

The Network was created in 2004 as part of a US Department of Health and Human Services cessation initiative that also included CDC funding for states to develop or improve their quitline services. The Network is a partnership between the NCI and CDC. NCI manages and supports the telecommunication costs associated with 1-800-QUIT-NOW. CDC provides funding to state quitlines as part of its National Tobacco Control Program as well as funding opportunity announcements specific to quitlines. Many states allocate additional state funds to support their quitlines. CDC also provides funding to the North American Quitline Consortium (NAQC) to offer a forum for stakeholders to share information on quitline issues and best practices.

4. Are national toll-free quitline resources available for callers who speak other languages?

Yes. CDC recognizes the importance of providing a link to quitlines for US residents who would prefer to receive support in languages other than English. Based on the California Smokers' Helpline's previous experience serving callers who speak Asian languages, the CDC provided additional funding to California beginning in 2012 to extend these services nationwide. The Asian Smokers' Quitline (ASQ) has been serving Chinese, Korean, and Vietnamese (CKV)-speaking populations on a national basis since October 2012. In 2015, CDC switched to funding this service directly through a cooperative agreement with UC San Diego. To learn more about ASQ, visit ASQ's website [https://www.asiansmokersquitline.org/external icon]. In 2013, CDC worked with NCI to create 1-855-DEJELO-YA ("quit now"), a toll-free number which links Spanish-speaking callers to Spanish-language services from their state quitlines.

5. What services do state quitlines offer?

State quitlines provide a variety of services, including brief advice about quitting, individual counseling, information on cessation medications (which can help callers decide whether to use cessation medications in their quit attempt and which medications to use, as well as helping them understand how to use these medications correctly), free or discounted medications, self-help materials, and referrals to other cessation resources. Services usually are provided by a contractor, which can be a public or private organization. The specific services provided vary by state and callers' eligibility. To learn more about the quitline services that are available in your state, visit the North American Quitline Consortium quitline map [http://map.naquitline.org/external icon] and click on your state.

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Content source: Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

6. How many tobacco users call state tobacco quitlines for help quitting?

Quitline reach varies by state. State quitlines reach an average of 1% of smokers annually. This limited reach is largely a result of limited state funding to provide and promote quitline services. CDC recommends that state quitlines reach 8%–13% of the state's smokers, levels that have been achieved by a few state quitlines during periods when these states funded quitline services and promotion at higher levels. You can find information on state quitlines' call volume and the number of tobacco users they serve in the CDC's State Tobacco Activities Tracking and Evaluation System [https://www.cdc.gov/statesystem/quitline.html]. These data reflect both calls to 1-800-QUIT-NOW and calls to additional quitline telephone numbers that some states use and promote.

7. What is CDC's role in supporting quitlines as a tobacco cessation intervention?

In addition to providing some financial support for state quitlines (as described in question 4), CDC supports and promotes quitlines in the following ways:

1. Through the Tips from Former Smokers National Tobacco Education Campaign (Tips): The Tips campaign is a national, paid media tobacco education campaign that is intended to motivate adult smokers to quit. 1-800-QUIT-NOW is one of the major cessation resources featured in the Tips campaign. For more information about the *Tips* campaign, visit campaign's website [https://www.cdc.gov/tobacco/campaign/tips/index.html].
2. Through ongoing quitline surveillance and evaluation: CDC monitors awareness and use of state quitlines and evaluates the effect of the Tips campaign on quitline use. In addition, CDC established the National Quitline Data Warehouse (NQDW) to assist in the evaluation of CDC-funded state and territorial quitlines, and to provide a resource to states for ongoing quitline evaluation and improvement. More information about the NQDW is available at [https://www.cdc.gov/tobacco/quit_smoking/cessation/nqdw/index.htm].

Alcohol Use and Your Health

Accessible version: https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm

Drinking too much can harm your health. Excessive alcohol use leads to more than 95,000 deaths in the United States each year, shortening the lives of those who died by an average of 29 years. The economic costs of excessive alcohol consumption in 2010 were estimated at $249 billion, or $2.05 a drink.

What is considered a "drink"?

US Standard Drink Sizes

12 ounces
5% ABV beer

8 ounces
7% ABV malt liquor

5 ounces
12% ABV wine

1.5 ounces
40% (80 proof) ABV distilled spirits (examples: gin, rum, vodka, whiskey)

ABV = Alcohol by Volume

Excessive alcohol use includes:

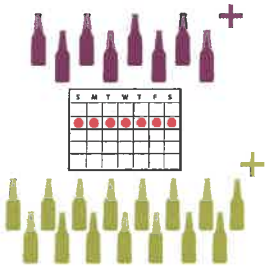
Binge Drinking

For women, 4 or more drinks consumed on an occasion

For men, 5 or more drinks consumed on an occasion

Heavy Drinking

For women, 8 or more drinks per week



For men, 15 or more drinks per week

Any alcohol use by pregnant women

Any alcohol use by people younger than 21

If you choose to drink, do so in moderation.

DON'T DRINK AT ALL if you are younger than 21, or if you are or may be pregnant, or if you have health problems that could be made worse by drinking.

FOR WOMEN, 1 drink or less in a day

FOR MEN, 2 drinks or less in a day

Or nondrinking

People who don't drink alcohol **SHOULD NOT START** for any reason. **DRINKING LESS** is better for health than drinking more.

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. These are most often the result of binge drinking. Over time, excessive alcohol use can lead to the development of chronic diseases and other serious problems.

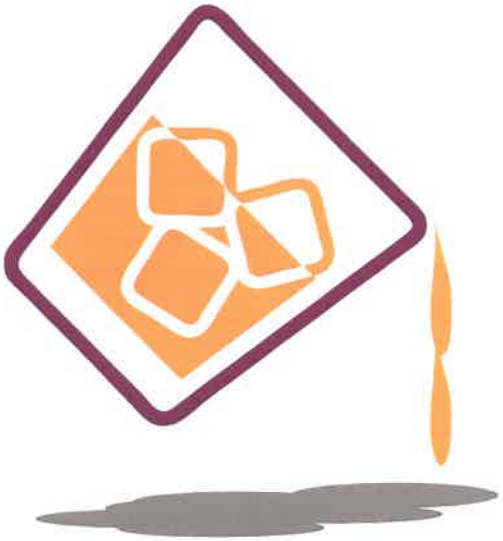
Short-term health risks

Injuries
- Motor vehicle crashes
- Falls
- Drownings
- Burns

Violence
- Homicide
- Suicide
- Sexual assault
- Intimate partner violence

Alcohol poisoning

Reproductive health
- Risky sexual behaviors
- Unintended pregnancy
- Sexually transmitted diseases, including HIV
- Miscarriage
- Stillbirth
- Fetal alcohol spectrum disorders



Long-term health risks

Chronic diseases
- High blood pressure
- Heart disease
- Stroke
- Liver disease
- Digestive problems

Cancers
- Breast
- Mouth and throat
- Liver
- Colon and rectum
- Esophagus
- Voice box

Learning and memory problems
- Dementia
- Poor school performance

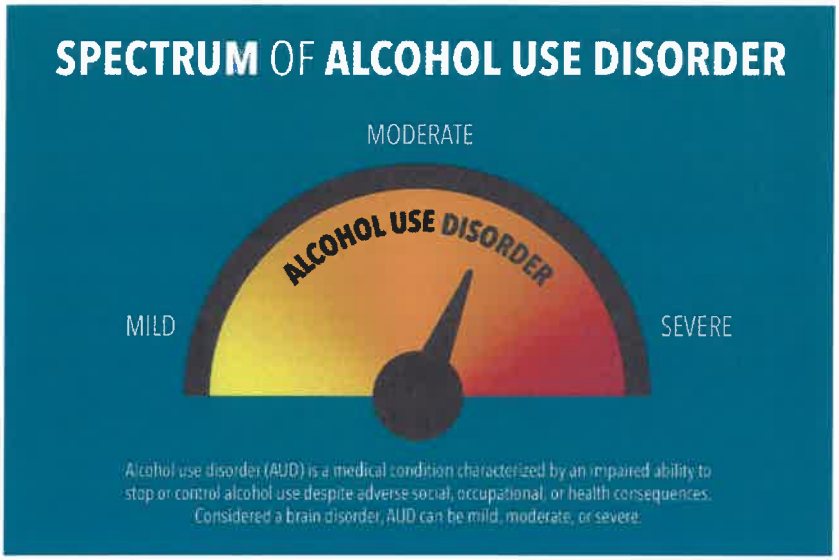
Mental health
- Depression
- Anxiety

Social problems
- Family problems
- Job-related problems
- Unemployment

Alcohol use disorders

National Institute on Alcohol Abuse and Alcoholism

Understanding Alcohol Use Disorder



Alcohol use disorder (AUD) is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. It encompasses the conditions that some people refer to as alcohol abuse, alcohol dependence, alcohol addiction, and the colloquial term, alcoholism. Considered a brain disorder, AUD can be mild, moderate, or severe. Lasting changes in the brain caused by alcohol misuse perpetuate AUD and make individuals vulnerable to relapse. The good news is that no matter how severe the problem may seem, evidence-based treatment with behavioral therapies, mutual-support groups, and/or medications can help people with AUD achieve and maintain recovery. According to a national survey, 14.1 million adults ages 18 and older[1] (5.6 percent of this age group[2]) had AUD in 2019. Among youth, an estimated 414,000 adolescents ages 12–17[1] (1.7 percent of this age group[2]) had AUD during this timeframe.

What Increases the Risk for AUD?

A person's risk for developing AUD depends, in part, on how much, how often, and how quickly they consume alcohol. Alcohol misuse, which includes binge drinking* and heavy alcohol use,** over time increases the risk of AUD. Other factors also increase the risk of AUD, such as:

- **Drinking at an early age.** A recent national survey found that among people ages 26 and older, those who began drinking before age 15 were more than 5 times as likely to report having AUD in the past year as those who waited until age 21 or later to begin drinking. The risk for females in this group is higher than that of males.
- **Genetics and family history of alcohol problems.** Genetics play a role, with hereditability approximately 60 percent; however, like other chronic health conditions, AUD risk is influenced by the interplay between a person's genes and their environment. Parents' drinking patterns may also influence the likelihood that a child will one day develop AUD.
- **Mental health conditions and a history of trauma.** A wide range of psychiatric conditions—including depression, post-traumatic stress disorder, and attention deficit hyperactivity disorder—are comorbid with AUD and are associated with an increased risk of AUD. People with a history of childhood trauma are also vulnerable to AUD.

* The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08 percent—or 0.08 grams of alcohol per deciliter—or higher. For a typical adult, this pattern corresponds to consuming 5 or more drinks (male), or 4 or more drinks (female), in about 2 hours.

** NIAAA defines heavy alcohol use as consuming more than 4 drinks on any day for men or more than 3 drinks for women.

What Are the Symptoms of AUD?

Healthcare professionals use criteria from the *Diagnostic and Statistical Manual of Mental Disorders,* Fifth Edition (DSM-5), to assess whether a person has AUD and to determine the severity if the disorder is present. Severity is based on the number of criteria a person meets based on their symptoms—mild (2–3 criteria), moderate (4–5 criteria), or severe (6 or more criteria).

A healthcare provider might ask the following questions to assess a person's symptoms.

In the past year, have you:

- Had times when you ended up drinking more, or longer, than you intended?
- More than once wanted to cut down or stop drinking, or tried to, but couldn't?
- Spent a lot of time drinking? Or being sick or getting over other aftereffects?
- Wanted a drink so badly you couldn't think of anything else?
- Found that drinking—or being sick from drinking—often interfered with taking care of your home or family? Or caused job troubles? Or school problems?
- Continued to drink even though it was causing trouble with your family or friends?
- Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?
- More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unprotected sex)?
- Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?
- Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?
- Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?

Any of these symptoms may be cause for concern. The more symptoms, the more urgent the need for change.

What Are the Types of Treatment for AUD?

Several evidence-based treatment approaches are available for AUD. One size does not fit all and a treatment approach that may work for one person may not work for another. Treatment can be outpatient and/or inpatient and be provided by specialty programs, therapists, and doctors.

Medications

Three medications are currently approved by the U.S. Food and Drug Administration to help people stop or reduce their drinking and prevent relapse: naltrexone (oral and long-acting injectable), acamprosate, and disulfiram. All these medications are non-addictive, and they may be used alone or combined with behavioral treatments or mutual-support groups.

Behavioral Treatments

Behavioral treatments, also known as alcohol counseling or "talk therapy," provided by licensed therapists are aimed at changing drinking behavior. Examples of behavioral treatments are brief interventions and reinforcement approaches, treatments that build motivation and teach skills for coping and preventing relapse, and mindfulness-based therapies.

Mutual-Support Groups

Mutual-support groups provide peer support for stopping or reducing drinking. Group meetings are available in most communities, at low or no cost, at convenient times and locations—including an increasing presence online. This means they can be especially helpful to individuals at risk for relapse to drinking. Combined with medications and behavioral treatment provided by health professionals, mutual-support groups can offer a valuable added layer of support.

Please note: People with severe AUD may need medical help to avoid alcohol withdrawal if they decide to stop drinking. Alcohol withdrawal is a potentially life-threatening process that can occur when someone who has been drinking heavily for a prolonged period of time suddenly stops drinking. Doctors can prescribe medications to address these symptoms and make the process safer and less distressing.

Can People With AUD Recover?

Many people with AUD do recover, but setbacks are common among people in treatment. Seeking professional help early can prevent relapse to drinking. Behavioral therapies can help people develop skills to avoid and overcome triggers, such as stress, that might lead to drinking. Medications also can help deter drinking during times when individuals may be at greater risk of relapse (e.g., divorce, death of a family member).

Need Help?

If you are concerned about your alcohol use and would like to explore whether you might have AUD, please visit the Rethinking Drinking website.

To learn more about alcohol treatment options and search for quality care near you, please visit the NIAAA Alcohol Treatment Navigator.

For more information about alcohol and your health, please visit: https://niaaa.nih.gov

1 Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality. 2019 National Survey on Drug Use and Health. Table 5.4A—Alcohol Use Disorder in Past Year Among Persons Aged 12 or Older, by Age Group and Demographic Characteristics: Numbers in Thousands, 2018 and 2019. https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabsSect5pe2019.htm?s=5.4&#tab5-4a. Accessed November 6, 2020.

2 SAMHSA, Center for Behavioral Health Statistics and Quality. 2019 National Survey on Drug Use and Health. Table 5.4B—Alcohol Use Disorder in Past Year Among Persons Aged 12 or Older, by Age Group and Demographic Characteristics: Percentages, 2018 and 2019. https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabsSect5pe2019.htm?s=5.4&#tab5-4b. Accessed November 6, 2020.

National Institute on Alcohol Abuse and Alcoholism

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https://www.niaaa.nih.gov • 301–443–3860

April 2021

RETHINKING DRINKING

Alcohol and your health

Research-based information from the
National Institutes of Health
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
NIH...Turning Discovery Into Health®

"Sometimes we do things out of habit and we don't really stop to think about it. This made me think about my choices."

"It emphasized that drinking is not bad in and of itself—it's how much you're doing it and how it's affecting your life."

"I thought the strategies for cutting down were really good. It gives you tools to help yourself."

These are comments from social drinkers who reviewed *Rethinking Drinking* in focus testing. We welcome your comments as well. Send an email to rethinking@niaaa.nih.gov or call 301–443–3860.

For an online version of this booklet with interactive features and additional resources, visit
RethinkingDrinking.niaaa.nih.gov

RETHINKING DRINKING

Do you enjoy a drink now and then? Many of us do, often when socializing with friends and family. Drinking can be beneficial or harmful, depending on your age and health status, the situation, and, of course, how much you drink.

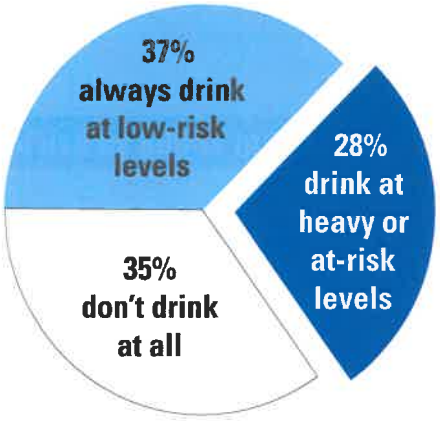
Do you think you may drink too much at times? Do you think "everyone" drinks a lot? See below for results from a nationwide survey of 43,000 adults by the National Institutes of Health on alcohol use and its consequences.

Alcohol use by adults in the United States*

7 in 10 adults always drink at low-risk levels

or

do not drink at all



3 in 10 adults drink at levels that put them at risk for alcoholism, liver disease, and other problems

*Although the minimum legal drinking age in the U.S. is 21, this survey included people aged 18 or older.

For anyone who drinks, *Rethinking Drinking* offers valuable, research-based information. The first part, *How much is too much?*, answers these questions and more:

- What's "low-risk" drinking versus "at-risk" or "heavy" drinking?
- Why is being able to "hold your liquor" a concern?
- What are signs that drinking is causing harm?

Many heavy drinkers do not have alcohol-related problems yet and can reduce their risk of harm by cutting back. For the nearly 18 million Americans who have alcoholism or related problems, however, it's safest to quit.

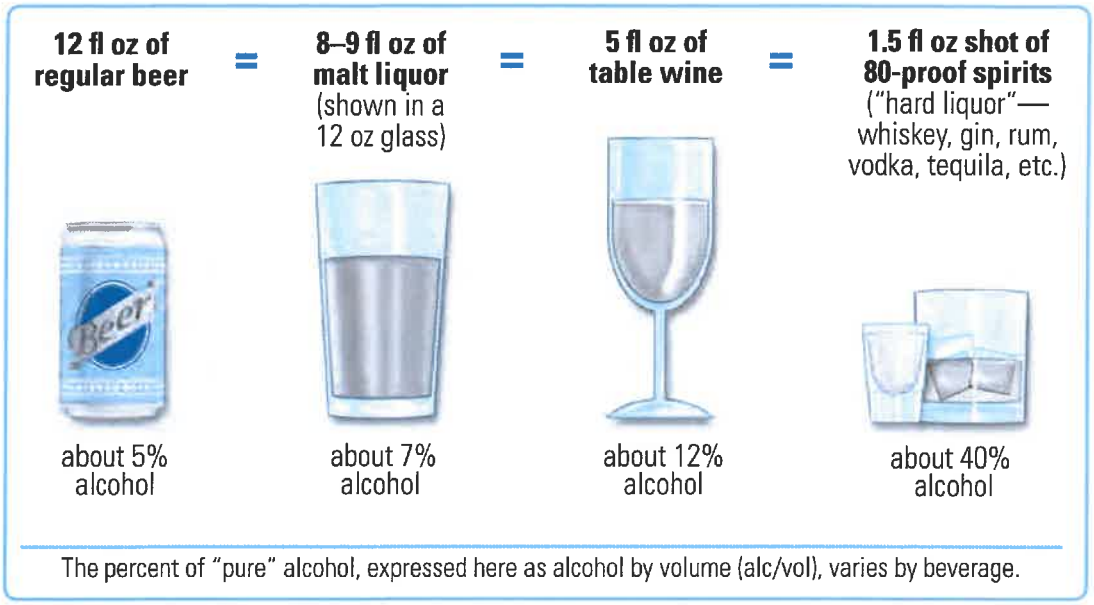
The second part of this booklet, *Thinking about a change?*, offers tips, tools, and resources for people who choose to cut down or quit. Success is likely for those who persist in their efforts. Even for those with alcoholism, studies show that most do recover, often without professional treatment.

What do you think about taking a look at your drinking habits and how they may affect your health? *Rethinking Drinking* can help you get started.

HOW MUCH IS TOO MUCH?

What counts as a drink?

Many people are surprised to learn what counts as a drink. In the United States, a "standard" drink is any drink that contains about 0.6 fluid ounces or 14 grams of "pure" alcohol. Although the drinks pictured below are different sizes, each contains approximately the same amount of alcohol and counts as a single drink.



The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

How many drinks are in common containers?

Below is the approximate number of standard drinks in different sized containers of

regular beer	malt liquor	table wine	80-proof spirits or "hard liquor"
12 fl oz = **1**	12 fl oz = **1½**	750 ml (a regular wine bottle) = **5**	a shot (1.5 oz glass/50 ml bottle) = **1**
16 fl oz = **1⅓**	16 fl oz = **2**		a mixed drink or cocktail = **1 or more**
22 fl oz = **2**	22 fl oz = **2½**		200 ml (a "half pint") = **4½**
40 fl oz = **3⅓**	40 fl oz = **4½**		375 ml (a "pint" or "half bottle") = **8½**
			750 ml (a "fifth") = **17**

The examples shown on this page serve as a starting point for comparison. For different types of beer, wine, or malt liquor, the alcohol content can vary greatly. Some differences are smaller than you might expect, however. Many light beers, for example, have almost as much alcohol as regular beer—about 85% as much, or 4.2% versus 5.0% alcohol by volume (alc/vol), on average.

Although the standard drink sizes are helpful for following health guidelines, they may not reflect customary serving sizes. A mixed drink, for example, can contain one, two, or more standard drinks, depending on the type of spirits and the recipe.

What's your drinking pattern?

Using the drink sizes on page 2, answer the questions below:

1. On **any day** in the past year, have you ever had
   - For MEN: more than 4 drinks? ▶ yes ☐ no ☐
   - For WOMEN: more than 3 drinks? ▶ yes ☐ no ☐
2. Think about your **typical week:**
   - On average, how many **days** a **week** do you drink alcohol? ☐ (a)
   - On a typical drinking day, how many **drinks** do you have? X ☐ (b)

(multiply a x b) ___

weekly average = ☐

Sometimes even a little is too much

Even moderate levels of drinking (up to 2 drinks per day for men or 1 for women) can be too much in some circumstances. It's safest to avoid alcohol if you are

- planning to drive a vehicle or operate machinery
- taking medications that interact with alcohol
- managing a medical condition that can be made worse by drinking
- pregnant or trying to become pregnant

Can you "hold your liquor"?

If so, you may be at greater risk. For some people, it takes quite a few drinks to get a buzz or feel relaxed. Often they are unaware that being able to "hold your liquor" isn't protection from alcohol problems, but instead a reason for caution. They tend to drink more, socialize with people who drink a lot, and develop a tolerance to alcohol. As a result, they have an increased risk for developing alcoholism. The higher alcohol levels can also cause liver, heart, and brain damage that can go unnoticed until it's too late. And all drinkers need to be aware that even moderate amounts of alcohol can significantly impair driving performance, even when they don't feel a buzz from drinking.

What's "low-risk" drinking?

A major nationwide survey of 43,000 U.S. adults by the National Institutes of Health shows that only about 2 in 100 people who drink within both the "single-day" and weekly limits below have alcoholism or alcohol abuse. How do these "low-risk" levels compare with your drinking pattern from page 3?

Low-risk drinking limits	MEN	WOMEN
On any single DAY	No more than **4** drinks on any **day**	No more than **3** drinks on any **day**
	** AND **	** AND **
Per WEEK	No more than **14** drinks per **week**	No more than **7** drinks per **week**

To stay low risk, keep within BOTH the single-day AND weekly limits.

"Low risk" is *not* "no risk." Even within these limits, drinkers can have problems if they drink too quickly, have health problems, or are older (both men and women over 65 are generally advised to have no more than 3 drinks on any day and 7 per week). Based on your health and how alcohol affects you, you may need to drink less or not at all.

What's "heavy" or "at-risk" drinking?

For healthy adults in general, drinking more than the single-day or weekly amounts shown above is considered "at-risk" or "heavy" drinking. About 1 in 4 people who drink this much already has alcoholism or alcohol abuse, and the rest are at greater risk for developing these and other problems.

It makes a difference both *how much* you drink on any day and *how often* you have a "heavy drinking day"—that is, more than 4 drinks in a day for men or more than 3 drinks for women. The more drinks in a day and the more heavy drinking days over time, the greater the chances for problems (see "What's the harm?" on the next page).

Why are women's low-risk limits different from men's?

Research shows that women start to have alcohol-related problems at lower drinking levels than men do. One reason is that, on average, women weigh less than men. In addition, alcohol disperses in body water, and pound for pound, women have less water in their bodies than men do. So after a man and woman of the same weight drink the same amount of alcohol, the woman's blood alcohol concentration will tend to be higher, putting her at greater risk for harm.

How much do U.S. adults drink?

The majority—7 out of 10—either abstain or always drink within low-risk limits. Which group are you in?

Drinking patterns in U.S. adults

9%	drink more than ***both*** the single-day limits **and** the weekly limits	**Highest risk**
19%	drink more than ***either*** the single-day limits **or** the weekly limits	**Increased risk**
37%	**always** drink **within** low-risk limits	**Low risk**
35%	**never** drink alcohol	—

What's the harm?

Not all drinking is harmful. You may have heard that regular light to moderate drinking (from ½ drink a day up to 1 drink a day for women and 2 for men) can even be good for the heart. With at-risk or heavy drinking, however, any potential benefits are outweighed by greater risks.

Injuries. Drinking too much increases your chances of being injured or even killed. Alcohol is a factor, for example, in about 60% of fatal burn injuries, drownings, and homicides; 50% of severe trauma injuries and sexual assaults; and 40% of fatal motor vehicle crashes, suicides, and fatal falls.

Health problems. Heavy drinkers have a greater risk of liver disease, heart disease, sleep disorders, depression, stroke, bleeding from the stomach, sexually transmitted infections from unsafe sex, and several types of cancer. They may also have problems managing diabetes, high blood pressure, and other conditions.

Birth defects. Drinking during pregnancy can cause brain damage and other serious problems in the baby. Because it is not yet known whether any amount of alcohol is safe for a developing baby, women who are pregnant or may become pregnant should not drink.

Alcohol use disorders. Generally known as alcoholism and alcohol abuse, alcohol use disorders are medical conditions that doctors can diagnose when a patient's drinking causes distress or harm. In the United States, about 18 million people have an alcohol use disorder. See the next page for symptoms.

What are symptoms of an alcohol use disorder?

See if you recognize any of these symptoms in yourself. In the past year, have you

- ☐ had times when you ended up drinking **more, or longer**, than you intended?
- ☐ more than once wanted to **cut down or stop** drinking, or tried to, but couldn't?
- ☐ more than once gotten into situations while or after drinking that **increased your chances of getting hurt** (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?
- ☐ had to drink **much more** than you once did to **get the effect** you want? Or found that your **usual number** of drinks had **much less effect** than before?
- ☐ continued to drink even though it was making you feel **depressed or anxious** or adding to **another health problem**? Or after having had a **memory blackout**?
- ☐ spent a **lot of time** drinking? Or being sick or getting over other aftereffects?
- ☐ continued to drink even though it was causing **trouble** with your **family** or **friends**?
- ☐ found that drinking—or being sick from drinking—often **interfered with taking care** of your **home** or **family**? Or caused **job** troubles? Or **school** problems?
- ☐ **given up** or **cut back** on **activities** that were important or interesting to you, or gave you pleasure, in order to drink?
- ☐ more than once gotten **arrested**, been held at a police station, or had other **legal problems** because of your drinking?
- ☐ found that when the effects of alcohol were wearing off, you had **withdrawal symptoms**, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?

If you **don't** have symptoms, then staying within the low-risk drinking limits on page 4 will reduce your chances of having problems in the future.

If you **do** have any symptoms, then alcohol may already be a cause for concern. The more symptoms you have, the more urgent the need for change. A health professional can look at the number, pattern, and severity of symptoms to see whether an alcohol use disorder is present and help you decide the best course of action.

Thinking about a change? The next section may help.

Note: These questions are based on symptoms for alcohol use disorders in the American Psychiatric Association's *Diagnostic and Statistical Manual (DSM) of Mental Disorders*, Fourth Edition. The DSM is the most commonly used system in the United States for diagnosing mental health disorders.

THINKING ABOUT A CHANGE?

It's up to you

It's up to you as to whether and when to change your drinking. Other people may be able to help, but in the end it's your decision. Weighing your pros and cons can help.

Pros: What are some reasons why you might want to make a change?

- ☐ to improve my health
- ☐ to improve my relationships
- ☐ to avoid hangovers
- ☐ to do better at work or school
- ☐ _____
- ☐ _____
- ☐ to lose weight or get fit
- ☐ to save money
- ☐ to avoid more serious problems
- ☐ to meet my own personal standards
- ☐ _____
- ☐ _____

Cons: What are some possible reasons why you might not want to change?

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Compare your pros and cons. Put extra check marks by the most important one(s). Is there a difference between where you are and where you want to be?

Ready . . . or not?

Are you ready to change your drinking? If so, see the next sections for support. But don't be surprised if you continue to have mixed feelings. You may need to re-make your decision several times before becoming comfortable with it.

If you're not ready to change yet, consider these suggestions in the meantime:

- Keep track of how often and how much you're drinking.
- Notice how drinking affects you.
- Make or re-make a list of pros and cons about changing.
- Deal with other priorities that may be in the way of changing.
- Ask for support from your doctor, a friend, or someone else you trust.

Don't wait for a crisis or to "hit bottom."

When someone is drinking too much, making a change *earlier* is likely to be more successful and less destructive to individuals and their families.

To cut down or to quit . . .

If you're considering changing your drinking, you'll need to decide whether to cut down or to quit. It's a good idea to discuss different options with a doctor, a friend, or someone else you trust. Quitting is strongly advised if you

- try cutting down but cannot stay within the limits you set
- have had an alcohol use disorder or now have symptoms (see page 6)
- have a physical or mental condition that is caused or worsened by drinking
- are taking a medication that interacts with alcohol
- are or may become pregnant

If you do not have any of these conditions, talk with your doctor to determine whether you should cut down or quit based on factors such as

- family history of alcohol problems
- your age
- whether you've had drinking-related injuries
- symptoms such as sleep disorders and sexual dysfunction

If you choose to cut down, see the low-risk drinking limits on page 4.

Planning for change

Even when you have committed to change, you still may have mixed feelings at times. Making a written "change plan" will help you to solidify your goals, why you want to reach them, and how you plan to do it. A sample form is provided on page 14, or you can fill out one online at the *Rethinking Drinking* Web site.

Reinforce your decision with reminders.

Enlist technology to help. Change can be hard, so it helps to have concrete reminders of why and how you've decided to do it. Some standard options include carrying a change plan in your wallet or posting sticky notes at home. If you have a computer or mobile phone, consider these high-tech ideas:

- Fill out a "change plan" online at the *Rethinking Drinking* Web site, email it to your personal (non-work) account, and review it weekly.
- Store your goals, reasons, or strategies in your mobile phone in short text messages or notepad entries that you can retrieve easily when an urge hits.
- Set up automated mobile phone or email calendar alerts that deliver reminders when you choose, such as a few hours before you usually go out.
- Create passwords that are motivating phrases in code, which you'll type each time you log in, such as 1Day@aTime, 1stThings1st!, or 0Pain=0Gain.

Strategies for cutting down

Small changes can make a big difference in reducing your chances of having alcohol-related problems. Here are some strategies to try. Check off perhaps two or three to try in the next week or two, then add some others as needed. If you haven't made progress after 2 to 3 months, consider quitting drinking altogether, seeking professional help, or both.

☐ **Keep track.**

Keep track of how much you drink. Find a way that works for you, such as a 3x5" card in your wallet (see page 15 for samples), check marks on a kitchen calendar, or notes in a mobile phone notepad or personal digital assistant. Making note of each drink before you drink it may help you slow down when needed.

☐ **Count and measure.**

Know the "standard" drink sizes so you can count your drinks accurately (see page 2). Measure drinks at home. Away from home, it can be hard to keep track, especially with mixed drinks. At times you may be getting more alcohol than you think. With wine, you may need to ask the host or server not to "top off" a partially filled glass.

☐ **Set goals.**

Decide how many days a week you want to drink and how many drinks you'll have on those days. It's a good idea to have some days when you don't drink. Drinkers with the lowest rates of alcohol use disorders stay within these limits (also shown on page 4): For men, no more than 4 drinks on any day *and* 14 per week; and for women, no more than 3 drinks on any day *and* 7 per week. Both men and women over age 65 generally are advised to have no more than 3 drinks on any day *and* 7 per week. Depending on your health status, your doctor may advise you to drink less or not at all.

☐ **Pace and space.**

When you do drink, pace yourself. Sip slowly. Have no more than one standard drink with alcohol per hour. Have "drink spacers"—make every other drink a nonalcoholic one, such as water, soda, or juice.

☐ **Include food.**

Don't drink on an empty stomach. Have some food so the alcohol will be absorbed into your system more slowly.

☐ Find alternatives.

If drinking has occupied a lot of your time, then fill free time by developing new, healthy activities, hobbies, and relationships or renewing ones you've missed. If you have counted on alcohol to be more comfortable in social situations, manage moods, or cope with problems, then seek other, healthy ways to deal with those areas of your life.

☐ Avoid "triggers."

What triggers your urge to drink? If certain people or places make you drink even when you don't want to, try to avoid them. If certain activities, times of day, or feelings trigger the urge, plan something else to do instead of drinking. If drinking at home is a problem, keep little or no alcohol there.

☐ Plan to handle urges.

When you cannot avoid a trigger and an urge hits, consider these options: Remind yourself of your reasons for changing (it can help to carry them in writing or store them in an electronic message you can access easily). Or talk things through with someone you trust. Or get involved with a healthy, distracting activity, such as physical exercise or a hobby that doesn't involve drinking. Or, instead of fighting the feeling, accept it and ride it out without giving in, knowing that it will soon crest like a wave and pass.

☐ Know your "no."

You're likely to be offered a drink at times when you don't want one. Have a polite, convincing "no, thanks" ready. The faster you can say no to these offers, the less likely you are to give in. If you hesitate, it allows you time to think of excuses to go along.

Tools to help you manage urges to drink and build drink refusal skills are available on the *Rethinking Drinking* Web site.

If you want to quit drinking—

The four strategies on this page are especially helpful. But if you think you may be dependent on alcohol and decide to stop drinking completely, don't go it alone. Sudden withdrawal from heavy drinking can be life threatening. Seek medical help to plan a safe recovery.

Support for quitting

The suggestions in this section will be most useful for people who have become dependent on alcohol, and thus may find it difficult to quit without some help. Several proven treatment approaches are available. One size doesn't fit all, however. It's a good idea to do some homework on the Internet or at the library to find social and professional support options that appeal to you, as you are more likely to stick with them (see also Resources on the inside back cover). Chances are excellent that you'll pull together an approach that works for you.

Social support

One potential challenge when people stop drinking is rebuilding a life without alcohol. It may be important to

- educate family and friends
- develop new interests and social groups
- find rewarding ways to spend your time that don't involve alcohol
- ask for help from others

When asking for support from friends or significant others, be specific. This could include

- not offering you alcohol
- not using alcohol around you
- giving words of support and withholding criticism
- not asking you to take on new demands right now
- going to a group like Al-Anon

Consider joining Alcoholics Anonymous or another mutual support group (see Resources). Recovering people who attend groups regularly do better than those who do not. Groups can vary widely, so shop around for one that's comfortable. You'll get more out of it if you become actively involved by having a sponsor and reaching out to other members for assistance.

Feeling depressed or anxious?

It's common for people with alcohol problems to feel depressed or anxious. Mild symptoms may go away if you cut down or stop drinking. See a doctor or mental health professional if symptoms persist or get worse. If you're having suicidal thoughts, call your health care provider or go to the nearest emergency room right away. Effective treatment is available to help you through this difficult time.

Professional support

Advances in the treatment of alcoholism mean that patients now have more choices and health professionals have more tools to help.

Medications to treat alcoholism. Newer medications can make it easier to quit drinking by offsetting changes in the brain caused by alcoholism. These options (naltrexone, topiramate, and acamprosate) don't make you sick if you drink, as does an older medication (disulfiram). None of these medications are addictive, so it's fine to combine them with support groups or alcohol counseling.

A major clinical trial recently showed that patients can now receive effective alcohol treatment from their primary care doctors or mental health practitioners by combining the newer medications with a series of brief office visits for support. See Resources for more information.

Alcohol counseling. "Talk therapy" also works well. There are several counseling approaches that are about equally effective—12 step, cognitive-behavioral, motivational enhancement, or a combination. Getting help in itself appears to be more important than the particular approach used, as long as it offers empathy, avoids heavy confrontation, strengthens motivation, and provides concrete ways to change drinking behavior.

Specialized, intensive treatment programs. Some people will need more intensive programs. See Resources for a treatment locator. If you need a referral to a program, ask your doctor.

Don't give up.

Changing habits such as smoking, overeating, or drinking too much can take a lot of effort, and you may not succeed with the first try. Setbacks are common, but you learn more each time. Each try brings you closer to your goal.

Whatever course you choose, give it a fair trial. If one approach doesn't work, try something else. And if a setback happens, get back on track as quickly as possible.

In the long run, your chances for success are good. Research shows that most heavy drinkers, even those with alcoholism, either cut back significantly or quit.

For tools to help you make and maintain a change, visit the *Rethinking Drinking* Web site.

Ready to begin?

If so, start by filling out the change plan below or online at the *Rethinking Drinking* Web site, where you can print it out or email it to yourself. If you are cutting down as opposed to quitting, you can use the drinking tracker cards on the next two pages.

Change plan

Goal:

- ☐ I want to drink no more than ___ drink(s) on any day and no more than ___ drink(s) per week (see page 4 for low-risk limits) or
- ☐ I want to stop drinking

Timing: I will start on this date: _____

Reasons: My most important reasons to make these changes are:

_____

_____

_____

Strategies: I will use these strategies (see pages 10–11):

_____

_____

_____

People: The people who can help me are (names and how they can help):

_____

_____

_____

Signs of success: I will know my plan is working if:

_____

_____

_____

Possible roadblocks: Some things that might interfere **and how I'll handle them**:

_____

_____

_____

Drinking tracker cards

If you want to cut back on your drinking, start by keeping track of *every* drink. Below are two sample forms you can cut out or photocopy and keep with you. Either one can help make you aware of patterns, a key step in planning for a change. The "4-week tracker" is a simple calendar form. If you mark down each drink before you have it, this can help you slow down if needed. The "drinking analyzer" can help you examine the causes and consequences of your drinking pattern. Try one form, or try both to see which is more helpful. These are also available on the *Rethinking Drinking* Web site.

4-week tracker

GOAL: No more than ____ drinks on any day and ____ per week.

Week starting	Su	M	T	W	Th	F	Sa	Total
___/___								
___/___								
___/___								
___/___								

Drinking analyzer

Date	Situation (people, place) or trigger (incident, feelings)	Type of drink(s)	Amount	Consequence (what happened?)

Drinking tracker cards *(continued)*

These are the same cards as on the previous page. If you cut one out, you will have the drinking analyzer on one side and the 4-week tracker on the other side.

Drinking analyzer

Date	Situation (people, place) or trigger (incident, feelings)	Type of drink(s)	Amount	Consequence (what happened?)

4-week tracker

GOAL: No more than ____ drinks on any day and ____ per week.

Week starting	Su	M	T	W	Th	F	Sa	Total
___/___								
___/___								
___/___								
___/___								

Resources

Professional help

Your regular doctor. Primary care and mental health practitioners can provide effective alcoholism treatment by combining new medications with brief counseling visits. See "Helping Patients Who Drink Too Much" at www.niaaa.nih.gov/guide or call 301–443–3860.

Specialists in alcoholism. For specialty addiction treatment options, contact your doctor, health insurance plan, local health department, or employee assistance program. Other resources include

Medical and non-medical addiction specialists

American Academy of Addiction Psychiatry
www.aaap.org
401–524–3076

American Psychological Association
1–800–964–2000 (ask for your state's referral number to find psychologists with addiction specialties)

American Society of Addiction Medicine
301–656–3920 (ask for the phone number of your state's chapter)

NAADAC Substance Abuse Professionals
www.naadac.org
1–800–548–0497

National Association of Social Workers
www.helpstartshere.org
(search for social workers with addiction specialties)

Treatment facilities

Substance Abuse Treatment Facility Locator
www.findtreatment.samhsa.gov
1–800–662–HELP

Mutual-help groups

Alcoholics Anonymous (AA)
www.aa.org
212–870–3400 or check your local phone directory under "Alcoholism"

Moderation Management
www.moderation.org
212–871–0974

Secular Organizations for Sobriety
www.secularsobriety.org
323–666–4295

SMART Recovery
www.smartrecovery.org
440–951–5357

Women for Sobriety
www.womenforsobriety.org
215–536–8026

Groups for family and friends

Al-Anon/Alateen
www.al-anon.alateen.org
1–888–425–2666 for meetings

Adult Children of Alcoholics
www.adultchildren.org
310–534–1815

Information resources

National Institute on Alcohol Abuse and Alcoholism
www.niaaa.nih.gov
301–443–3860

National Institute on Drug Abuse
www.nida.nih.gov
301–443–1124

National Institute of Mental Health
www.nimh.nih.gov
1–866–615–6464

National Clearinghouse for Alcohol and Drug Information
www.ncadi.samhsa.gov
1–800–729–6686

For additional resources, visit *RethinkingDrinking.niaaa.nih.gov*

SONORA BEHAVIORAL HEALTH

Patients' Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the patients' rights in subsection (C) are conspicuously posted on the hospital's premises
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient's rights in subsection (C)
3. Policies and procedures include:
    a. How and when a patient's representative is informed of patient rights in subsection (C)
    b. Patients' rights are posted as required in sub-section (A) (1)

B. An administrator shall ensure that:

1. A patient is treated with dignity, respect and consideration
2. A patient is not subject to:
    a. Abuse
    b. Neglect
    c. Exploitation
    d. Coercion
    e. Manipulation
    f. Sexual abuse
    g. Sexual assault
    h. Seclusion except allowed under R9-10-217 or R0-10-225
    i. Restraint, if not necessary to prevent imminent harm to self or others or as allowed under R-10-225
    j. Retaliation for submitting a complaint to the Department or another entity
    k. Misappropriation of personal or private property by a hospital's medical staff, personnel members, employees, volunteers or students
3. A patient or the patients representative can:
    a. Except in an emergency situation , either consent or refuses treatment
    b. May refuse examination of withdraw consent for treatment before
    c. treatment is initiated Is informed of
        i. Except in an emergency, alternatives to a proposed psychotropic medication or procedure and associated risks and possible complications of the proposed medication or procedure

ii. How to obtain a schedule of hospital rates and charges required in A.R.S 36-436 .01 (B)
iii. Except as authorized by Health Insurance Portability and Accountability Act of 1996, proposed involvement of the patient in research, experimentation, or education, if applicable.

d. Except in an emergency, is provided a description of the health care directives policies and procedures:
   i. If an inpatient, at the time of admission
   ii. If an outpatient
e. Consents to photographs of the patient before the patient is photographed, except that a patient maybe photographed when admitted to a hospital for identification purposes and administrative purposes.
f. Except as otherwise permitted by law, providers written consent to the release of information in the patients:
   i. Medical record
   ii. Financial records

C. A patient has the following rights:

1. *Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status or diagnosis*
2. *To receive treatment that supports and respects the patient's individuality, choices, strengths and abilities.*
3. *To receive privacy in treatment and care for personal needs*
4. *To have access to a phone*
5. *To review upon written request, the patient's own medical record according to A.R.S. 12-2293, 12-2294 and 12-2294.01*
6. *To receive a referral to another health care institution if the hospital is not authorized or not able to provide physical health services or behavioral health services needed by the patient*
7. *To participate or have patients representative participate in the development of, or decisions concerning treatment*
8. *To participate or refuse to participate in research or experimental treatments*
9. *To receive assistance from a family member, representative or other individual in understanding protecting or exercising the patients' rights*

PATIENTS RESPONSIBILITIES

Each Patient and or their legal guardian are responsible for:

A. Provision of Information

1. Providing to the best of the patients knowledge, accurate and complete information about present medical and psychiatric conditions, disabilities, allergies, current

medications, current use of licit or illicit substances, past illnesses, hospitalizations, existing advance directives, and other matters relating to patient health

2. Indicating the level of patient understanding of the information provided during the course of treatment and requesting clarification when necessary
3. Acknowledging understanding of proposed treatment options and their expected outcomes, unexpected outcomes, risks and benefits
4. Informing the treatment team of an interpreter or communication services/devices used by the patient on a routine basis; attempts may be made to access the patients personal interpreter or communication services to facilitate treatment and to create an overall comfort level for the patient
5. Providing information regarding the patients religious, spiritual, or other types of belief systems that may conflict with the provision of some or all aspects of treatment

B. Being an Active Member of the treatment Process

1. Providing input into the treatment plan and working with the treatment team to meet established goals
2. Working cooperatively with the physician, charge nurse and other treatment team members
3. Voicing disagreement about proposed treatment options in a manner that is respectful and conducive to working as a team
4. Adhering to applicable policies and procedures. Examples of policies and procedures that may impact the patient are those pertaining to visitation, smoking, contraband, grievance resolution, and confidentiality
5. Taking prescribed medications and following all other aspects of the treatment plan, as agreed upon with the physician and treatment team. Modifications to the treatment plan can be made during routine reviews or as determined needed.

C. Safety and the therapeutic Environment

1. Communicating and functioning in a manner that is free from violence, risk to others or self, or otherwise could place others or the treatment setting at risk for harm/accident
2. Communicating and functioning in a manner that is considerate of other patients staff members, allied professionals and visitors; voices are to remain at a level that allows others to hold conversations comfortably and to promote privacy
3. Taking medications as prescribed, and for not giving prescribed medications to others; allergy or other adverse reactions can occur, and the patient giving the medication to others will be held responsible
4. Reporting any contraband found or brought into the facility to a Sonora staff member immediately

D. Respect and consideration for others

1. Being considerate of the rights of other patients, staff members, allied professionals and visitors
2. Engaging in respectful interactions with other patients, staff members, allied professionals and visitors
3. Refraining from the use of derogatory, obscene or otherwise offensive language and gestures
4. Attending to the basic, personal hygiene on a daily basis; staff can assist with activities related to hygiene
5. Refrain from physical contact with other patients, staff members, allied professionals, and visitors. **YOU COULD BE CHARGED WITH A FELONY UNDER TE ARIZONA REVISED STATUTE FOR AGRAVATED ASSUALT FOR ASSUALTING A SONORA BEHVIORAL HEALTH WORKFORCE MEMBER** (healthcare Worker) **A. R.S. 13-1294 (A) (8) €.**
6. Resolving conflicts or disagreements in a mature and respectful manner; refraining from any use of physical aggression.

E. Refusal of Treatment

1. The outcome of treatment if the patient refuses to participate in the critical aspects of the treatment plan or refuses to follow the practitioners instructions that are critical to the achievement of treatment objectives
2. Identifying alternative types and sources of treatment that the patient feels comfortable with

F. Fees and Charges

1. Ensuring that any financial obligations incurred are fulfilled promptly
2. Seeking information pertaining to benefit and payment options in an effort to fufill the financial obligation in a timely manner.