CHANGING THE MIX

A Guide to Low-Risk Drinking for the Veteran Community
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BALANCING ALCOHOL, HEALTH AND LIFESTYLE

Alcohol use is an accepted and often enjoyable part of our lives and Australian culture, and nowhere more so than in the armed services. But alcohol has also been a major contributor to both mental and physical health problems in the veteran community.

Drinking too much, or drinking in dangerous situations, can result in relationship, work and financial problems, and can lead to illness, injury and even premature death. Many veterans who would otherwise regard themselves as moderate drinkers, may at times drink in ways that could cause problems.

This Guide will help veterans, their families and carers to detect drinking that is above low-risk levels and related problems. It provides practical information and strategies for cutting out or cutting-down drinking. Additionally, information about the availability of local alcohol treatment services, counselling services for veterans and their families and DVA offices is provided.

Remember, even small changes you may make to how much and how often you drink can make a significant difference to your health, lifestyle and relationships.

The message is simple—get the right mix and achieve a balance with alcohol and a healthy and enjoyable lifestyle.

This Guide has been prepared from existing public domain material.
1. WHAT IS RISKY DRINKING?
1. What is low-risk drinking?

Some people may think that you have to drink heavily all of the time or be dependent on alcohol to have alcohol-related problems. This is not true.

Some problems can come from simply being drunk every now and again. Other problems may come from regularly drinking too much (more than 2 drinks on any day increases the risk of lifetime harm for males and females), even though you may hardly ever get drunk. You may be surprised that alcohol problems occur at what you consider to be moderate levels of drinking. Alcohol is a poisonous substance and it is very easy to experience problems from regular drinking or intoxication.

Risks due to intoxication (being drunk). You do not have to be “falling down drunk”, nor do you have to drink often to have these problems. Examples of intoxication problems are drink driving, falls, hangovers, unsafe sex, arguments, absenteeism, and embarrassment. The problems can range from being minor to being fatal. Drinking more than 4 drinks on any one drinking occasion significantly increases the risk of an injury resulting from that drinking session for both males and females.

Risks due to regular use. These problems come from drinking too much on a regular basis. Examples of problems are: spending too much money on alcohol, concentration and memory difficulties, experiencing
stomach and liver disorders, diabetes, poor sleeping habits, gaining weight, and conflict in your relationships.

**Risks due to dependence.** Some people begin to devote more and more time to drinking and feel uncomfortable if they don’t drink. They may feel alcohol is beginning to take over their lives, and cutting down their drinking becomes harder. Dependence can mean anxiety, depression, withdrawal symptoms, losing interest in other activities and feelings of loss of control.

**Drinking combined with other risk factors.**

Your drinking may be even more likely to result in harm if one or more of the following apply to you.

- If you have a physical condition made worse by drinking
- If you suffer from depression, anxiety, sleep problems, post-traumatic stress disorder, or anger management issues

- If you have had a close relative who has, or had, an alcohol problem.
- If you are living alone and are isolated from family supports
- If you are taking medication
- If you are about to engage in activities involving risk or a degree of skill, such as:
  - Driving
  - Operating machinery
  - Flying
  - Water sports
  - Supervising children

**Low-risk drinking and how to measure it**

Low-risk drinking for healthy men and women is defined in relation to reducing the lifetime risk of harm and reducing injury from one drinking occasion.
To reduce health risks and injury over your lifetime:
- On any day, no more than 2 standard drinks for men and women
- Have regular alcohol-free days each week

To reduce the risk of injury
- No more than 4 standard drinks on any one drinking occasion for males and females
- These drinks should be spread over several hours
- If you are on medication, talk to your doctor or pharmacist about the effects of alcohol

While low-risk drinking refers to daily drinking patterns, you can run into trouble if you drink only occasionally but then go on a binge.

A binge is considered to be more than 4 standard drinks on any one day for men and for women. No matter how infrequently you binge drink, it increases your chance of being harmed or causing harm.

How do I interpret these guidelines?

When drinking it is best to not exceed 2 drinks a day on a regular basis (and regular alcohol-free days are desirable). However, on special occasions when you might wish to drink a little more, drinking no more than 4 drinks will significantly reduce your chances of injury resulting from that drinking occasion. The guidelines are the same for men and women because men are at greater risk of injury from high-risk behaviours when drinking and females are at greater risk of physical damage from equivalent amounts of alcohol. However, for women who are planning to get pregnant, or who are pregnant or breastfeeding, not drinking is the safest option. It is recommended that young people under the age of 15 not drink and those between the age of 15 and 17 delay drinking for as long as possible. If young people are drinking, they should do so under adult supervision in a low-risk environment and within the guideline limits.
What is a ‘standard drink’?
Because different types of alcoholic beverages contain different amounts of alcohol, it is important that you know what a standard drink is when you are cutting down or trying to stick to a limit.

In the box below, you can see that standard drinks of different beverages are different sizes. But what they have in common is that each of them contains about 10 grams of pure alcohol. The following can be used as a guide to help you keep track of your drinking. **Remember, each is a standard drink.**

<table>
<thead>
<tr>
<th>STANDAR D DRINK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low Strength Beer</strong></td>
</tr>
<tr>
<td>1 glass-425ml</td>
</tr>
<tr>
<td>2.7% alcohol</td>
</tr>
</tbody>
</table>
The following picture also shows one standard drink. Inside the back cover of this Guide, you can see the number of standard drinks in normal alcohol containers.

For example, one can or stubbie (375ml) of full strength beer equals about one and a half standard drinks.
The following table quantifies the consumption for both healthy men and women to minimise the risk from alcohol.

<table>
<thead>
<tr>
<th>No more than 2 drinks on any day to reduce lifetime risk of harm</th>
<th>On one drinking occasion, no more than 4 drinks over several hours to reduce the risk of injury &amp; death</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WOMEN</strong></td>
<td><strong>MEN</strong></td>
</tr>
<tr>
<td><img src="image" alt="2 drinks" /></td>
<td><img src="image" alt="2 drinks" /></td>
</tr>
<tr>
<td>2 drinks per day</td>
<td>2 drinks per day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>WOMEN</strong></th>
<th><strong>MEN</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="4 drinks" /></td>
<td><img src="image" alt="4 drinks" /></td>
</tr>
<tr>
<td>4 drinks over several hours</td>
<td>4 drinks over several hours</td>
</tr>
</tbody>
</table>
2. ARE YOU AT RISK FROM YOUR DRINKING?
2 Are you at risk from your DRINKING?

You can find out whether you are at risk from your drinking or whether you are already experiencing problems by using the AUDIT questionnaire. It is quite a simple process and only takes about 2-3 minutes to complete.

The AUDIT (Alcohol Use Disorders Identification Test) is a standard alcohol assessment questionnaire developed by the World Health Organisation and used extensively in Australia.

When you complete the AUDIT, keep in mind the definitions of standard drinks provided on the previous page.
The Audit Questionnaire:
Select from the answers below and place the number that corresponds with your answer in the shaded score box.

<table>
<thead>
<tr>
<th>1. How often do you have a drink containing alcohol?</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Never</td>
<td></td>
</tr>
<tr>
<td>1 Monthly or less</td>
<td></td>
</tr>
<tr>
<td>2 Two to four times a month</td>
<td></td>
</tr>
<tr>
<td>3 Two to three times a week</td>
<td></td>
</tr>
<tr>
<td>4 Four or more times a week</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. How many standard drinks containing alcohol do you have on a typical day</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 One or two</td>
<td></td>
</tr>
<tr>
<td>1 Two to four</td>
<td></td>
</tr>
<tr>
<td>2 Five or six</td>
<td></td>
</tr>
<tr>
<td>3 Seven to nine</td>
<td></td>
</tr>
<tr>
<td>4 Ten or more</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. How often do you have six or more drinks on one occasion?</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Never</td>
<td></td>
</tr>
<tr>
<td>1 Less than monthly</td>
<td></td>
</tr>
<tr>
<td>2 Monthly</td>
<td></td>
</tr>
<tr>
<td>3 Weekly</td>
<td></td>
</tr>
<tr>
<td>4 Daily or almost daily</td>
<td></td>
</tr>
</tbody>
</table>
4. How often during the last year have you found that you were not able to stop drinking once you had started?

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never</td>
</tr>
<tr>
<td>1</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>2</td>
<td>Monthly</td>
</tr>
<tr>
<td>3</td>
<td>Weekly</td>
</tr>
<tr>
<td>4</td>
<td>Daily or almost daily</td>
</tr>
</tbody>
</table>

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never</td>
</tr>
<tr>
<td>1</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>2</td>
<td>Monthly</td>
</tr>
<tr>
<td>3</td>
<td>Weekly</td>
</tr>
<tr>
<td>4</td>
<td>Daily or almost daily</td>
</tr>
</tbody>
</table>

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never</td>
</tr>
<tr>
<td>1</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>2</td>
<td>Monthly</td>
</tr>
<tr>
<td>3</td>
<td>Weekly</td>
</tr>
<tr>
<td>4</td>
<td>Daily or almost daily</td>
</tr>
</tbody>
</table>
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never</td>
</tr>
<tr>
<td>1</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>2</td>
<td>Monthly</td>
</tr>
<tr>
<td>3</td>
<td>Weekly</td>
</tr>
<tr>
<td>4</td>
<td>Daily or almost daily</td>
</tr>
</tbody>
</table>

9. Have you or someone else been injured as a result of your drinking?

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes but not in the last year</td>
</tr>
<tr>
<td>4</td>
<td>Yes, during the last year</td>
</tr>
</tbody>
</table>

10. Has a relative, a friend, a doctor or another health worker been concerned about your drinking or suggested you cut down?

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes but not in the last year</td>
</tr>
<tr>
<td>4</td>
<td>Yes, during the last year</td>
</tr>
</tbody>
</table>

Now add up your scores from questions 1 to 10: This is your total AUDIT score
What does your AUDIT score mean? Risk Levels

<table>
<thead>
<tr>
<th>RISK LEVEL</th>
<th>If your total AUDIT score is:</th>
<th>Then your risk level is</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Less than 8</strong>*</td>
<td>Low risk</td>
<td></td>
</tr>
<tr>
<td><strong>Between 8 and 15</strong></td>
<td>Hazardous, potentially harmful with medium level alcohol problems</td>
<td></td>
</tr>
<tr>
<td><strong>Between 16 and 19</strong></td>
<td>High risk, harmful with high level alcohol problems and possible alcohol dependency</td>
<td></td>
</tr>
<tr>
<td><strong>Above 20</strong></td>
<td>High risk, harmful and probable alcohol dependency</td>
<td></td>
</tr>
</tbody>
</table>

*Caution: You may score in the low-risk range but still be at risk of experiencing problems if you have a physical or mental health condition, combine alcohol with dangerous activities (e.g. driving or operating machinery) or combine alcohol with medication. (In Section 4 there is information on alcohol and medication.)
Where to from here?

- If you are drinking at **low-risk levels**, congratulations. Continue to follow a healthy lifestyle by combining low-risk drinking with a balanced diet and regular exercise.
- If you are drinking at **hazardous levels (score 8–15)**, this Guide will help you reduce your drinking to healthier levels.
- If you are drinking at **high risk levels (score 16–19)**, this Guide will help you make some decisions about whether to cut down or cut out.

- If you are in the **alcohol dependent** drinking category (score 20 or more), most doctors and other health professionals would strongly advise you to think about cutting out for a time. If you are in this category and are thinking of cutting out, it is recommended that you also have a chat with your GP.

With this information you can start to think about making decisions about your health and alcohol.

For more information and tools to help you reduce or cut out your drinking, visit the website www.therightmix.gov.au
3. DOING SOMETHING ABOUT IT
3. DOING SOMETHING ABOUT IT

Business as usual or time for a change?

Now that you know your risk level—the drinking choices are yours:

☐ you can continue as you are

☐ or,

☐ you can reduce your drinking by either drinking less, or stopping altogether.

Of course, whatever you do will have positive consequences (benefits)—and negative consequences (costs).

We have provided a “Balance Sheet” to help you weigh up the effects of continuing as you are, or reducing your drinking. Cross out the examples if they do not apply to you. Write your examples in the space provided on the following page.
<table>
<thead>
<tr>
<th><strong>BALANCE SHEET</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Continue present drinking pattern</strong></td>
</tr>
<tr>
<td><strong>POSITIVES (Benefits)</strong></td>
</tr>
<tr>
<td>for example</td>
</tr>
<tr>
<td>for example</td>
</tr>
</tbody>
</table>
Now review the balance sheet. Tick the positives and negatives that are most important to you.

**On balance, do you feel you need to do something about your drinking?**

| YES | NO |

If you have answered **NO**, you might find the rest of this Guide interesting anyway, and you can keep it for future reference. You can use this information to maintain low-risk drinking and be aware of the risk factors. Your circumstances may change in the future and then you may decide it’s time to cut-down or cut-out.

If you have answered **YES** and want to do something about your drinking, read further.

**Cutting down or cutting out?**

So, at this stage you know your risk category and have decided to do something about your drinking levels. Your next decision is whether you’ll drink less — or cut alcohol out altogether.

To help you make up your mind, think about these questions:

- Do you have any health problems that might be made worse by alcohol? *Your doctor can advise you.*
- Have you solved your drinking problems before by stopping completely? *Then this might be your best way now.*
- Are you convinced you will never be able to drink sensibly and safely? *Cutting out could be your answer.*
- Do you fall into the dependent drinking category? *Most health professionals would advise you to think about cutting out for a time.*

We have provided another balance sheet where you can write down the positives and the negatives of **cutting down** or **cutting out**. Cross out the examples if they do not apply to you. Write in your examples in the space provided on the following page.
<table>
<thead>
<tr>
<th><strong>POSITIVES (Benefits)</strong></th>
<th><strong>NEGATIVES (Costs)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cutting down</strong></td>
<td><strong>Cutting out</strong></td>
</tr>
<tr>
<td>for example <em>My social life will not be greatly affected</em></td>
<td>for example <em>My poor health will improve rapidly</em></td>
</tr>
<tr>
<td></td>
<td>for example <em>I will miss the relaxation from drinking</em></td>
</tr>
</tbody>
</table>

**Cutting down**

- My social life will not be greatly affected.

**Cutting out**

- My poor health will improve rapidly.
- it will be hard work to keep to limits on my drinking.
- I will miss the relaxation from drinking.
What is your decision?

Looking over what you’ve written, which do you feel is the best drinking goal for you?

Is it:

- [ ] To cut down your drinking?
- [ ] To cut out drinking for a while?
- [ ] To cut out drinking entirely?

Remember, what you decide here might not be the decision you follow for the rest of your life. You can review your drinking goal whenever you want to.

But whatever goal you choose, it’s a good idea to talk it over with the person you are closest to so that they can fully understand why you have chosen your goal. Then they will find it easier to be supportive of your attempts to change. All change can be disturbing at first, and it helps to get support for your plans.

If you would like some professional assistance to help you choose the best alternative for you at this time, Section 6 has the telephone numbers of places where you can get some help.

Cutting out alcohol for a while

People decide to cut out alcohol for different reasons, and they often have different long-term goals. Some people want to stop drinking forever, others just need a break from it. No matter what your reasons or what your long-term goals are, the main job ahead of you now is to get through it.

What is alcohol withdrawal?

If you use certain types of drugs such as tobacco, alcohol, tranquillisers, antidepressants or caffeine on a regular basis and for long periods of time, your body goes through a number of changes. Your nervous system adapts to having that drug in your body and eventually you feel ‘normal’ only when you are using the drug. When you stop drinking alcohol, your body has to
readjust to not having it in your system. Withdrawal is this period of adjustment—your body has to get back to a state of working normally without alcohol.

People vary in the severity of withdrawal symptoms they will experience and how long the symptoms will last. Some people withdraw from alcohol more easily than others.

Mild withdrawal symptoms include nausea, agitation, sweating, the ‘shakes’, restlessness, and poor sleep. More severe withdrawal (only in those severely dependent on alcohol) can include vomiting, fever, hallucinations, having fits, disorientation and coma (with a small risk of death if not treated with medication).

**Will I experience withdrawal if I stop drinking?**

If you are a heavy drinker who is dependent on alcohol, you may experience some withdrawal if you suddenly stop drinking.

One of the most important factors as to how you will cope with withdrawal is how much you know about what is happening to you.

**That is why we would advise people in the dependent drinking category to check with their doctor or specialised alcohol and drug services before they start cutting out. Supervised withdrawal (detoxification) may be an answer.**

Detoxification is a process by which people in the dependent drinking category can stop drinking in a supervised way so that withdrawal symptoms are minimised. It is an important first step for many veterans, and can be undertaken in a specialist unit or in a general hospital.

However, where dependence is not severe, supervised withdrawal may be offered by your doctor as an outpatient service. Mild withdrawal can take place at home, as long as it is medically supervised.
**For high-risk drinkers**

If you are in the high-risk categories and you have decided to drink less, it may be useful to have a ‘dry’ spell for anything up to, say 10 weeks. You probably won’t require a supervised detoxification, but it is worth while mentioning it to your doctor that you are thinking of cutting down.

**Contracting with yourself**

If you have decided to cut down or cut out drinking, how about making a contract with yourself. Show it to a close friend or family member.

We have provided an example:

---

## My Contract

### Cutting Down or Cutting Out

I can make decisions that affect my lifestyle and well-being

I will stop drinking entirely from ……/….../20……,

or

I will stop drinking for a period of …… weeks starting from ……/……/20……

And/or

I will cut-down drinking from ……/….../20……
Keeping a Drinking Diary

You can keep track of your decisions by keeping a drinking diary. Your diary shows you just what is happening, and when and where change is taking place. The diary also makes it easier for you to spot your ‘high-risk’ situations—those times when you drink too much, or badly want a drink.

Copies of the diary are provided at the end of this guide for your use.

**WEEKLY DIARY—Commencing date: … … / … … /20… …**

<table>
<thead>
<tr>
<th>Day</th>
<th>When, where, who with</th>
<th>Money spent</th>
<th>number &amp; types of drinks</th>
<th>mood prior to drinking</th>
<th>Total standard drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>1600hrs, at the pub. Simmo and Mozza</td>
<td>$14</td>
<td>4 schooners of VB</td>
<td>stressed</td>
<td>6 standard drinks</td>
</tr>
</tbody>
</table>

This is an example of a drinking diary

*Prior to drinking, my mood was: Down, Annoyed, Happy, Stressed, Worried, OK.*
When calculating standard drinks round off the numbers. All alcohol containers now show the number of standard drinks.

For example,

- all stubbies or cans of full strength beer can be counted as 1.5 standard drinks.
- a schooner (425ml glass) of full strength beer should be rounded to 1.5 standard drinks.

This means if you drink 4 stubbies, cans or schooners of full strength beer, you have had 6 standard drinks.

Likewise, schooners, stubbies and cans of light beer should be counted as 1.0 standard drink.

If you are drinking stubbies or cans keep the bottle-tops or the ring-pulls in your pocket and add them up at the end of the session.

---

Using your Drinking Diary

Here are some tips on how you may best use the Drinking Diaries.

- Keep your diary with you every day.
- Write it up when you are drinking, or feel like a drink.
- Keep it for a few weeks. This will help you work out your drinking patterns.
- Learn to convert the amount you drink into standard drinks.
- Add up the money you have spent on drinking.
- Use the information in the diary to help you work out when NOT to drink, and how you can cut down.
- Put a cross against ‘high-risk’ times—when you drank more than you meant to, or had a strong urge to drink.
- Read what you have written and think about it, several times a week. **This is an important part of helping you make changes.**
What are your high-risk situations?
If you can identify your high-risk situations—where you drank more than you meant to or badly wanted a drink—it will help you in setting your own drinking guidelines.

Are your high-risk situations in particular places (like home)? Or around certain people (other veterans, certain family members)? Or at particular times, like after dinner.

Perhaps high-risk situations are also tied to certain emotions and moods—when you feel depressed, angry, irritable, on edge, worried, guilty or when you remember certain times or events relating to your service.

Think of the last few times when your drinking got you into trouble ... and when it didn’t. What is the difference between these occasions?

Some common examples of high-risk situations are:

- When I have had a row with someone in the family.
- When someone has been having a go at me and I feel like a failure.
- When I am out at the pub or the club and I feel uncomfortable if I’m sober.

Everyone is unique and has different situations. Perhaps you could think of your own high-risk situations and write them down.

My main high-risk situations are:

1. 
2. 
3. 
4. 
5. 
6. 

...
Next …

You should now have a list of the riskiest times for you. This means you have already worked out when and why you might drink a lot.

Now you have to work out how to cope with those situations and those feelings—without a drink in your hand.

Can you avoid the situation altogether? Or find a way of handling it without a drink? Or with only one drink instead of half a dozen?

Rather than waiting until you are under pressure, work out before hand some ways of coping. You’ll feel more in control if you have prepared for a difficult ‘high-risk’ situation.

Mood management

Low mood and anxiety are often linked to high-risk drinking and to slip-ups when trying to drinking at low-risk levels or when trying not to drink at all. If your mood or anxiety is consistently a problem for you, then talk to your doctor or some other health professional. Have a plan for managing your moods (e.g. certain activities that you have discovered lift your mood, or talk to a friend or family member). You will see that in the drinking diary chart provided near the end of this booklet, there is a column for recording your mood prior to drinking. It is very important that you recognise the link between mood and drinking if you are to break the connection.

A problem solving approach

Solving our problems is made easier if we work with a close friend or family member. But you can also go through the steps below on your own.

First, pick one of your ‘high-risk’ situations.

Second, think of as many ways you can for handling that situation and write them all down. Be creative—try
to put down some ideas you have never tried before, no matter how silly some of them seem.

**Third**, read your list carefully and pick the two ideas that seem the most practical and sensible for that situation.

**Fourth**, try out the most promising strategies and see if they work. If they don’t, go back to step 2 and brainstorm other ideas.

**Recognise** that some of these ideas may not work, eg it may be tempting fate to say you will go to the pub and only drink orange juice.

**Don’t** set impossible strategies—make them realistic and achievable.

**You have** the ability to decide what will work best for you, so try to stick to those ideas.

**Remember** the 6 Ps from your service training—Prior Planning Prevents ... They worked then ... they can work for you now.

---

**Preparing for a high-risk situation:**

1. **Identify high-risk situations**
   - I drink too much every time I meet Ron and Bill at the pub

2. **Brainstorm possible strategies:**
   - Tell Ron & Bill that I can no longer shout rounds because I want to save money
   - Avoid Tuesday & Thursday afternoons at the pub—only see Ron & Bill away from the club
   - Take Marge with me to the club etc

3. **Select most promising strategies:**
   - Tell Ron & Bill that I can no longer shout rounds because I want to save money
     - They always end up twisting my arm.
   - Avoid Tuesday & Thursday afternoons at the pub—only see Ron & Bill away from the pub
   - I’ll go bowling instead.
   - Take Marge with me to the club
     - She doesn’t like going there in the afternoons.
Test chosen strategy:
Went bowling and had a good time (and drank a lot less).

Now you can list your main high-risk situations again, but this time with some strategies for coping with them.

My main high-risk situations are:
1
2
3
4
5
6

My strategies for coping are:
1
2
3
4
5
6
Setting your own drinking guidelines

If your drinking goal is to cut out alcohol entirely, your guidelines are clear-cut

... no alcohol in any situation.

If your goal is cutting down, you may need some guidelines like these:

- How many days a week you’ll be drinking?
- How much you’ll have on your drinking days?
- Nominate the alcohol free days you’ll have each week.
- ‘High-risk’ situations where you’ll avoid drinking altogether.
- Having at least two strategies to deal with ‘high-risk’ situations.
- Know who your mates and/or supporters are; the ones you can rely on to help you through.
MY DRINKING GUIDELINES ARE:

The day(s) I will have as alcohol-free — Ideally regular days each week: (circle)

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

2. My limit of standard drinks on any one drinking day is ____________________________
   (The Australian Guidelines suggest a limit of 4 standard drinks to reduce the chances of injury resulting from an occasion of drinking)

3. On average I will drink no more than _______ standard drinks per day which equals a limit of _______ standard drinks per week.*
   (The Australian Guidelines suggest a limit of 2 standard drinks on any day to reduce the likelihood of long-term harm or injury)

4. My personal goal is ___________________________________________________________

* Is your drinking goal within your budget for spending on alcohol?  YES  good.  NO  rethink your drinking goal.

I will not be hard on myself if I don’t always achieve these goals—but I will keep attempting them.
Sticking to your drinking guidelines

Staying motivated

- Keep going over your reasons for wanting to cut down or cut out your drinking. Check your balance sheet in Section 3 and remind yourself why you decided to make changes.
- Challenge the negative thoughts. It is important not to let negative thoughts destroy your determination to maintain your low-risk drinker status.
- Regularly check your drinking diary. See how much you are drinking now, compared to before.
- Read and reread your guidelines—especially on your designated drinking days.
- Every time you resist an old habit, you come a step closer to kicking it. If you feel a strong urge or craving to have a drink, get busy with something else or talk to someone - fast. The feeling will soon pass.

- Aim to talk to your supporter or good mate - the ones who will help you get through the ‘high-risk’ situations every week. Tell them how you’re going - and talk about the good things as well as the bad.
- Don’t give up because you have had a bad day. Go easy on yourself. You can do it differently next time.
- Give yourself a pat on the back when you do something well. Reward yourself with something you enjoy—but not another drink?
- Be kind to yourself even when you think you haven’t done very well. Tell yourself change doesn’t happen easily, and be patient, very patient.
Practical tips for cutting down or cutting out

Today you can put all that preparation to work. We have given you some tips to get you started.

Practice saying “NO THANKS”. It may be difficult at first, but you will be surprised how quickly it can become comfortable to say no. Others might appreciate it.

If you have always said “yes” in the past, it can be hard to say that first no. But once you have taken the plunge, you will be pleasantly surprised how easy it becomes to refuse a drink—and you will feel good about yourself too.

A simple No thanks, I don’t feel like drinking is effective.

Or you can say ...

• No thanks, I’m cutting down.
• No thanks, I’m having a rest from drinking for awhile.
• No thanks, I’m taking some medication. That means I can’t drink.
• No thanks, I’m OK for now, but let me buy you one.
• No thanks, I’ve had my limit (or I’ve had enough).

If people keep pushing drinks onto you, ask yourself why they are doing it. Maybe they feel more comfortable about their own drinking if you drink like them. If this is a ‘high-risk’ situation for you, perhaps you need to avoid it.
Try low alcohol alternatives. Try the range of low and medium-strength beers, or dilute your wine and/or spirits to make your drinks last longer. Don’t always drink your favourite type of alcohol.

Eat before or while you are drinking. With food in your stomach you are likely to drink more slowly and the alcohol is absorbed into your bloodstream at a slower rate.

Take less alcohol with you. When you go out you tend to drink what you take with you. Take less and drink less.

Count your drinks. Remember to maintain your drink diary. Check the label on the bottle or can of alcohol—it will tell you how many standard drinks it contains. If you are drinking stubbies, put the cap in your pocket so you can keep a count of how many you drink. For cans, save the ring-pulls.

Slow down your drinking. You’ll enjoy your drink just as much, maybe more, if you drink it slowly.

Sip, don’t gulp. Try to sit on a schooner for about 30 minutes. This will help you control your rate of drinking. Concentrate on drinking every drink slowly.

Make every second drink a non-alcoholic drink. Drink soft drink, water or fruit juice as ‘spacers’. You will find that by having a drink in your hand, even a soft drink, you won’t feel left out.

Drink water with a meal. Have water available on the table while you are having a meal.

Use a regular pub glass. This will help you count your drinks.

Avoid top-ups. With top-ups you can’t be sure how much you are drinking.

When you are thirsty, have a soft drink or water first. By quenching your thirst you will be able to drink your alcohol more slowly.

Stop drinking when you have reached your limit. Start drinking soft drinks, fruit juice, etc. You’ll find that you can do without that extra drink after all.
Avoid drinking in rounds and ‘schools’. Set your own drinking pace or drink at the pace of someone that you know drinks at low-risk levels. The following strategies can help you avoid drinking in a ‘round’.

- Simply opt out. Say you just don’t want to join the round.
- Join the round but occasionally order a non-alcoholic drink for yourself as a spacer.
- Buy a round (to show your generosity) but then opt out and buy your own. You may pay a bit more, but you don’t harm your health.
- Pass up a drink during the round, your friends won’t mind—you’re saving them money.

Research with veterans strongly indicates that mates don’t mind if you make your own decisions about drinking. They may well admire you for sticking to your guns. However, if the suggestions for drinking in rounds or schools are too difficult, avoid the situations where the pressure is on you to drink in groups.

Avoid drinking situations. Go to places where they don’t serve alcohol, like the pictures or the beach or a coffee shop. By choosing to cut down on your drinking you may need to find new ways of entertaining yourself. If you drink because you are bored or stressed, try taking a walk or calling a mate.

Get involved. Veteran community organisations have a range of activities that you may find are helpful. Check them out. Keep busy with alternative non-drinking activities that are interesting and stimulating —this might require some change to your lifestyle.
Oops!
Preventing and coping with slip-ups

Prepare for slip-ups.
It is useful to plan what to do to cope with slip-ups before they happen. This could be seen as similar to a ‘fire drill’. Fire drills do not encourage fires, nor do they mean that we expect a fire to inevitably occur, but they do help us know what to do if one starts.

The problem solving that you did earlier to counter high-risk situations is critical to preventing a slip-up. Remember, you do not have to give in to strong urges or cravings to drink. If you can distract yourself by talking to someone or by engaging in an activity, the urge will soon pass.

Having a ‘slip-up hotline’ is very helpful. Who will you call if you are tempted to start drinking again, or if you are tempted to go on a binge if you are trying to control your drinking? You can also call this person if you have begun to have a lapse and want to end it as soon as possible.

Put the name and number of your hotline support person here:
Name: ..............................................................
Number: ................................................................

Coping with slip-ups.
If you do slip-up, it doesn’t have to be the end to your efforts.

Lapses and slip-ups are normal!
The worst thing to do is to blame yourself for being weak or to start thinking you’ve failed. Don’t throw in the towel. You might just have to revise your strategies or your drinking guidelines and continue.

By making these slips we learn how to avoid future pitfalls—when you lose, don’t lose the lesson! Think about what caused you to slip-up and find ways of
dealing with such triggers in the future. Discuss it with your supporter, your mates or a health professional. Look at the drinking tips and remind yourself of your reasons for cutting down. Renew your determination to succeed.

If you do resume your regular, old drinking patterns, don’t despair! Don’t give up your intention to cut down on your drinking. Most people who want to change will make several serious attempts before they reach their goals.

Be kind to yourself if you do slip and haven’t achieved all your goals. Remind yourself of current research that says that change doesn’t happen overnight. Be patient.

Remember, small steps in the right direction take you closer toward your goal.
4. CONDITIONS MADE DIFFICULT BY ALCOHOL
Post-traumatic stress disorder (PTSD) or other mental health issues

Some veterans experience the condition called PTSD and use alcohol to deal with its symptoms. These include re-experiencing past events connected with their service, poor sleep, irritability, anxiety, low mood and poor concentration.

Most veterans who have tried to control the symptoms of PTSD, or anxiety and depression, with alcohol know it doesn’t work. In fact, most veterans and their partners would agree that alcohol usually makes the symptoms worse. Counselling for PTSD, anxiety and depression is a better option. There are also alcohol and PTSD programs available—check with your local VVCS—Veterans and Veterans Families Counselling Service office. Phone 1800 011 046.

Antidepressants and other medications

When medication or other drugs are combined with alcohol, we can experience harmful effects. In combination, the effects are multiplied and are greater than the individual effects of either alcohol or medication. Your medication may not work as well, or not at all, if you drink. With some medications, interactions may occur even with one drink. It is important to always check the labels and pamphlets that come with medication and herbal preparations and carefully check for possible interactions with alcohol. If unsure, consult with your GP or pharmacist.
Areas of possible concern are:

- antidepressants and other medications prescribed for the management of mental disorders such as depression, anxiety or PTSD. They may cause a range of side-effects when combined with alcohol;
- antihistamines, which may cause drowsiness in combination with alcohol;
- benzodiazepines like Valium, Normison, Serapax, Mogadon. Like alcohol, they may slow your thinking down and make you drowsy;
- medicines that already contain alcohol, thereby increasing the amount of alcohol consumed;
- some cough medicines that contain antihistamines, codeine and alcohol;
- drugs for high blood pressure or angina, which can cause dizziness when combined with alcohol;
- medications to lessen the risk of blood clotting and stroke. Drinking can affect the control of blood clotting;
- some medications used for epilepsy, arthritis, and diabetes;
- arthritis medicines, which may cause stomach upsets in combination with alcohol;
- some antibiotics.

Veterans not in relationships

Veterans who are lacking close family involvement, or are living by themselves, can feel isolated. For some, regular drinking becomes a way to structure their time and the likelihood of developing hazardous, high-risk or dependent drinking habits increases. Also, preparing regular nutritious meals may not be a priority and this further increases the risk.
If you find yourself in this situation and want some assistance in working out whether you want to cut down, or cut out, or in fact just want to talk about any aspect of your life, call the VVCS or speak with your GP.

Call your veteran community organisation or ESO and ask about their range of activities and programs.

Veterans with time on their hands

Many veterans are reaching the age when they are thinking about discontinuing active, paid work. For some, this is a time when they turn their attention to assisting other veterans such as working as pension or welfare officers. For others it is a chance to work on special projects, increase their networking with other veterans, or retraining into new areas of interest. For veterans receiving Special Rate pensions, certain restrictions limit the duration of their working week and they may find themselves with time on their hands. Some veterans have increased their drinking out of boredom and in so doing, have increased their chances of developing hazardous or high risk, or even dependent drinking habits. Contact your veteran community organisation or ESO or speak to your local Veterans Affairs Network or DVA office about programs and activities.

Veterans having trouble sleeping

Disturbed sleep is something that many veterans know about. While many veterans believe that alcohol may assist them to get to sleep quickly, it really just ‘knocks you out’ without producing restful sleep. About 2-4 hours after getting to sleep, you may wake up. Worse, it is difficult to get to sleep again. We know that alcohol disrupts the later part of the sleep cycle and can lead to early morning waking.

If you are withdrawing from alcohol you can expect a month or so of disturbed sleep. It occurs because of the changes that are happening as your body gets used to working normally without alcohol.

It is not uncommon to experience difficulty falling asleep,
disturbing dreams or nightmares, night sweats, waking up in the middle of the night, or waking up early in the morning.

Remember, disturbed sleep is a normal part of withdrawal, and is not permanent. However if the disturbance persists it may be due to other factors such as PTSD.

Tranquillisers such as Valium, Serapax, Normison, Mogadon or others may help when you are withdrawing from alcohol dependence but they do not produce a normal sleep. They can put you to sleep, but all sedative drugs work by producing abnormal sleep - they reduce what is called ‘deep’ sleep - the part of the sleep cycle which is most important in charging your batteries. These drugs may knock you out for a while but they don’t encourage your body to get back into a normal sleep pattern.

Also if tranquillisers are taken for more than several days, then your body gets used to them and you will experience more problems with sleep when you try to stop them. If this is the case you should come off them slowly and not stop suddenly.

If you do use these tablets during withdrawal we recommend that you only use them for a short period of time (less than a week), and only as directed by your doctor.

VVCS can provide help on how to get a good nights sleep.
5. INFORMATION FOR FAMILY MEMBERS AND SUPPORTERS
5. Information for family members and supporters

For many veterans, drinking has been a part of their post-service life for a long time. Like other people, veterans can be influenced by family, mates, friends and advertising. Alcohol is associated with relaxing, celebrating, socialising and having fun.

Veterans and their families have all sorts of reasons for wanting to cut down, or cut out. They may be trying to save money, get fit, or change to a healthier lifestyle.

Research indicates that support helps a person to cope with stressful or difficult times. When someone is trying to change their drinking, they need a supporter they can trust and feel comfortable with. They need someone who is willing to listen and discuss things without being critical.

If you have been asked to be someone’s supporter and may not be sure what you can do to help, the following suggestions may help you.

- **Read the guide with them.** Ask how they would like you to help them handle high-risk situations and achieve their drinking goal.
- **They may want to contact you when they are having difficulty sticking to their plan.** Let them know when and where they can talk to you.
- **They might find it helpful to go over their progress with you and discuss any problems.** You will encourage them if you congratulate them on their successes. Avoid criticising or blaming them if they do slip up.
Arrange to reward the person you are supporting when they stick to their guidelines. This could be going to the pictures, taking them for a visit to a new or special place or cooking their favourite meal—anything special to them.

Remember that changing habits is not easy. There may be times when the person doesn’t stick to their drinking goals. They may need your support in helping them get back to their drinking guidelines. Help them see the slip as a one-off lapse, NOT as a reason to give up completely.

Advice-giving rarely works. If asked, tell them what you would do if you were confronted by a similar situation. Otherwise, listen carefully. That’s the most important bit. Just listen!
6. FOR MORE INFORMATION
6. For more information

- Visit the Right Mix web site at www.therightmix.gov.au for a comprehensive range of information on veterans, families and alcohol and assess your own drinking level.
- For more information about the Australian Guidelines To Reduce Health Risks from Drinking Alcohol, visit www.alcoholguidelines.gov.au
- For a range of comprehensive information and useful links to alcohol and other drug information, visit the Australian Drug Information Network web site at www.adin.com.au
- For information and assistance for any of your decisions about changing your drinking patterns, speak to a trained VVCS counsellor or at the state and territory-based Alcohol and Drug Information Services.
National
ADCA (Alcohol and other Drug Council of Australia)
(02) 6215 9800

Australian Capital Territory
Alcohol and Drug Information Service
(02) 6205 4545 (24 hrs)

New South Wales
Alcohol and Drug Information Service
(02) 9361 8000 (24 hrs), or 1800 422 599

Northern Territory
Alcohol and Other Drug Service
(08) 8922 8399 (working hours Mon–Fri) or 1800 131 350

Queensland
Alcohol and Drug Information Service
(07) 3837 5989 (24 hrs), or 1800 177 833

South Australia
Alcohol and Drug Information Service
1300 131 340 (24 hrs).

Tasmania
Alcohol and Drug Information Service
1800 811 994 (within Tasmania only)

Victoria
Alcohol and Drug Direct Line
1800 888 236

Western Australia
Alcohol and Drug Information Service
(08) 9442 5000 (24 hrs), or 1800 198 024
7. PATHWAYS TO CARE FOR VETERANS AND THEIR FAMILIES
7. Pathways to care for veterans and their families

If you want to talk to a counsellor in a veteran specific service about your drinking or are concerned about others’ drinking, ring the VVCS and speak to a counsellor. This is a service available to Australian veterans of all conflicts and peacekeeping operations, their partners and children.

VVCS Offices
1800 011 046

Information on a correspondence self-help alcohol reduction program for veterans or peacekeepers can be obtained by ringing 1800 18 08 68

For veterans wishing to contact the Department of Veterans’ Affairs about eligibility, pension, compensation or any other matters, you can also telephone DVA for the cost of a local landline phone call on:

133 254—for general enquiries
1800 555 254—for non metropolitan callers

DVA information including fact sheets covering pension and support services are available at DVA offices or on the DVA website at www.dva.gov.au

More information about mental health and veterans is available at www.at-ease.dva.gov.au
<table>
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<th>when, where, who with</th>
<th>money spent</th>
<th>number &amp; types of drinks</th>
<th>mood prior to drinking*</th>
<th>total standard drinks</th>
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*Prior to drinking, my mood was: Down, Annoyed, Happy, Stressed, Worried, OK.
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**WEEKLY DIARY**—Commencing date: … … / … … /20……

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### WEEKLY DIARY

- **Commencing date:** ……/……/20……

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### Standard Drink Guide

<table>
<thead>
<tr>
<th>Drink Type</th>
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<tbody>
<tr>
<td>375ml Full Strength Beer</td>
<td>4.8%</td>
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<tr>
<td>375ml Mid Strength Beer</td>
<td>3.5%</td>
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<tr>
<td>375ml Low Strength Beer</td>
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</tr>
<tr>
<td>375ml Pre-mix Spirits</td>
<td>7%</td>
</tr>
<tr>
<td>330ml Alcoholic Soda</td>
<td>5%</td>
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<tr>
<td>285ml Middy/Pot*</td>
<td></td>
</tr>
<tr>
<td>Full Strength Beer</td>
<td>4.8%</td>
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<tr>
<td>Mid Strength Beer</td>
<td>3.5%</td>
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<tr>
<td>Low Strength Beer</td>
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<tr>
<td>30ml Spirit Nip</td>
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<tr>
<td>700ml Bottle of Spirits</td>
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<tr>
<td>60ml Port/Sherry Glass</td>
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<tr>
<td>150ml Average Serve of Wine</td>
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<td>100ml Standard Serve of Wine</td>
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<td>750ml Bottle of Wine</td>
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*NSW, WA, ACT = Middy; QLD, TAS = Pot; NT = Handle/Pot; SA = Schooner*
The Right Mix: Your Health and Alcohol is supported by the Partnership Agreement between the ex-service and veteran community organisations and the Department of Veterans’ Affairs.