

SMART Sobriety

Overview: Alcohol, nicotine, cannabis, and other recreational drugs are all known to cause and worsen many chronic medical and mental health conditions. Although moderation in use may be minimally destructive, abstinence is now recommended. Substance use not only contributes directly to functional difficulties but can mask symptoms that require treatment and can render other treatments like medications less effective.

Details: Substance use and physical and mental illness are interdependent, with each contributing to the other. But the reverse is also true, improving health or limiting substance use will also lead to improvements in both. Alcohol and other sedatives can cause or worsen depression, anxiety, insomnia, eating disorders, and inattention as well as cardiovascular, liver, and brain disease. Nicotine, including vaping, can cause or worsen anxiety, irritability, appetite changes, and insomnia in addition to lung disease. Cannabis can cause or worsen depression, anxiety, insomnia, inattention, bipolar disorder, eating disorders, and psychosis in addition to metabolic, cardiovascular, and brain disease.

Assessment: Adapted from the Alcohol Use Disorders Inventory Test - Concise (AUDIT-C)													
			0 pt		1 pt		2 pt		3 pt		4 pt		
How often do you have a drink containing alcohol?			Never		Monthly or less		2-4 times a month		2-3 times a week		4 or more times a week		
How many standard drinks containing alcohol do you have on a typical day?			0, 1, or 2		3 or 4		5 or 6		7 to 9		10 or more		
How often do you have six or more drinks on one occasion?			Never		Less than monthly		Monthly		Weekly		Daily or almost daily		
Subtotals													
Total score			Enter score below										
Male		0-3	Low risk		4-12	At risk drinking	Female		0-2	Low risk		3-12	At risk drinking

Assessment: Adapted from the Drug Abuse Screening Test - 10 Question (DAST-10)													
These questions refer to the past 12 months.										No	Yes		
Have you used drugs other than those required for medical reasons?										0	1		
Do you abuse more than one drug at a time?										0	1		
Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")										1	0		
Have you had "blackouts" or "flashbacks" as a result of drug use?										0	1		
Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."										0	1		
Does your spouse (or parent) ever complain about your involvement with drugs?										0	1		
Have you neglected your family because of your use of drugs?										0	1		
Have you engaged in illegal activities in order to obtain drugs?										0	1		
Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?										0	1		
Have you had medical problems as a result of your drug use (eg, memory loss, hepatitis, etc.)?										0	1		
Subtotals													
Total score													
0	No problem		1-2	Low		3-5	Moderate		6-8	Substantial		9-10	Severe

Sobriety Strategies: Consider the following ideas when picking SMART goals below.

Limit access	Remove drug from the house – show up late and leave early at events where others use
Change environment	Spend time with friends that don't use, or in places where using is difficult or out of place
Find alternatives	Turn to exercise, meditation, entertainment, education, mocktails, or hobbies when craving
Join a support group	Look up and attend a support group like AA, MA, SOS, LifeRing, or SMART Recovery
Use an app	Sobriety Counter, Twenty-Four Hours a Day, Grounded: Quit Weed Smoking, Quit Weed
Do a workbook	Alcohol and You: 21 Ways to Control and Stop Drinking Addicted: Recovering from Marijuana Addiction
Measure and taper*	Record the volume and frequency of your use and plan for steady reduction
Medications*	Ask your doctor about medications that can help with reducing craving and use
Find a program*	Schedule an intake at a treatment program – Psychology Today, Google, or call insurance

* Consult with your medical provider before considering this option to understand any risks involved

SMART GOAL: Create a goal based on what you are doing now, past successes, or any new ideas.

S	Specific action and frequency	
M	Measure of progress	
A	Accountability partner or plan	
R	Relevant to what goal(s)	
T	Time to start and follow-up	

ACTIVITY LOG: Over the next 1-4 weeks, track your progress around the new behavioral goal and make notes on what goes well and poorly. Choose 1 goal or change/increase the goal weekly.

Week 1 Goal				Week 2 Goal			
Day	Yes	No	Notes	Day	Yes	No	No
M				M			
T				T			
W				W			
Th				Th			
F				F			
S				S			
Su				Su			
Week 3 Goal				Week 4 Goal			
Day	Yes	No	Notes	Day	Yes	No	No
M				M			
T				T			
W				W			
Th				Th			
F				F			
S				S			
Su				Su			

Repeat every 1- 4 weeks – when goals are achieved, return to **Health and Lifestyle Scorecards**