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THE PUZZLE OF ALCOHOL

You may have been noticing some significant social changes regarding alcohol use. In 2025, only 54% of U.S. adults reported that they drink alcohol—the lowest percentage in 90 years of Gallup polling—and for the first time a majority of adults (53%) said that moderate drinking is bad for health.[1] There is Dry January—the challenge to try a month-long break from alcohol after holiday excesses—and, more recently, Sober October. In a popular 2025 family film, *Lilo and Stitch,* extraterrestrials construe a cocktail party to be humans drinking ceremonial poison. You may have noticed too that it's less common for free alcohol to be offered at social events or even in private homes. The public demand for nonalcohol alternatives has grown to the point that it's now common to find "mocktails" on menus, and alcohol-free wines and beers are available in much greater variety and quality.

What accounts for this popularity of alternatives to alcohol? In part it's the surprisingly pleasant results of a Dry January or Sober October experience. What might initially seem like a sacrificial challenge can yield some unexpected benefits: better sleep, sharper thinking and memory, and maybe just plain feeling better. Ruby Warrington's 2019 best-seller *Sober Curious* got people wondering what it might be

like to live without alcohol and to try it out, at least for a while.[2] These experiences are not merely for people who drink "too much" or have "an alcohol problem." Ordinary people are starting to wonder about and question the role that alcohol plays in their lives. "Why am I drinking? How important is alcohol to me?" Perhaps that's part of why you're reading this book.

We too have observed a major shift in societal thinking about alcohol. We naturally pay attention because drinking has been a focus of our work for several decades, and choices people make about drinking have been studied for at least half a century. Throughout this time, one of us has been a moderate drinker, the other an abstainer by rational choice, and our own thinking about drinking has been evolving through these years. We've heard stories from so many people about what influenced their own decisions about alcohol and the outcomes of their efforts. Everyone's path is different, and we regard drinking alcohol, like smoking, to be a matter of personal choice.

While social reluctance about drinking has increased, other changes have exacerbated some of the common motivations for using alcohol discussed in Chapter 2. As people spend more time alone with digital media, the U.S. Surgeon General has declared isolation and loneliness to be a health-threatening social epidemic.[3] An ever-widening wealth gap places greater economic stress on many individuals and families.[4,5] The 24/7 news cycle offers ample inducement to seek relief and escape.

We've written this book now to help you reflect on alcohol's role in your life and what you get (or at least hope to get) from drinking. We also offer you some research-tested methods for making any changes that you may choose when you set your own goals.

You are not alone in rethinking drinking. It's been happening all around the world, and, as we describe in this next section, this rethinking has been going on for a long time.

THE EVER-CHANGING FACE OF ALCOHOL

The history of alcohol has been a roller-coaster ride. There were times and places in which most people consumed alcoholic beverages regularly, sometimes as a preferable alternative to water. For many centuries in Judaism and Christianity, wine has held a prominent place in religious rituals. At other times and places, drinking alcohol has been regarded as a moral issue and even a religious taboo. The realization of the toll alcohol can inflict isn't a recent occurrence.

During the late 19th century and up through the 1920s, American public education described alcohol as a dangerous drug that no one could use safely. Within this understanding of alcohol, which had been building up for decades, the 18th Amendment to the U.S. Constitution prohibiting its manufacture, sale, or transportation made sense in 1919. When Prohibition was then repealed just 14 years later, alcohol once again became widely available, and with it an enduring national case of ambivalence: "Yes, we know that alcohol is a dangerous drug, and it's okay." A temporary solution to this mental whiplash quickly emerged in a public and professional consensus that it must be only *certain* people (namely, alcoholics) who were unable to use alcohol safely, whereas the rest of us could drink with impunity.

When we wrote our first book on this subject in 1975, drinking was broadly accepted and often expected as a normal part of social life, even a rite of passage into adulthood. Like smoking, alcohol was regarded as an ordinary, even glamorous, part of life. Characters in movies and TV programs drank and smoked onscreen. In this social environment, those who chose to abstain from alcohol often felt obliged to explain why. Some people even took offense if their friends did not join them in having a drink. Although "drunk" driving was frowned on, in fact drinking before driving was widely accepted as normal. People usually needed cars to reach places serving alcohol (such as

bars, restaurants, and sporting events), which were surrounded by large parking lots. Hosts of public or private parties frequently offered a wide range of alcoholic beverages and didn't worry much about how their guests would get home. The three-martini lunch was just a normal part of doing business.

How very much has changed in public and professional views of alcohol! There are now public health guidelines for "safer drinking" (discussed later in this chapter). Years ago, when the risks of lung cancer and other health problems became clear, doctors began asking about their patients' cigarette-smoking habits. Now it's routine to ask about how much alcohol they drink as well. In 2025 the U.S. Surgeon General published a major new advisory report on alcohol and cancers.[6] Since the 1970s the legal intoxication limit for impaired driving has been decreasing worldwide. More recently, awareness of server liability substantially changed how alcohol is offered in both public and private settings. *Sober Curious* launched a social movement of its own, with more people questioning whether they need or want to continue drinking.

What has been your own experience with alcohol since you began drinking? Has your thinking about alcohol shifted in the midst of these social changes? You still see alcohol being used in movies and TV shows, in which the characters tend to drink much more than most people do. Where else do you encounter alcohol? In social gatherings? How about among your friends? Does alcohol ever come up in conversation?

CHANGES IN ALCOHOL USE

As with tobacco smoking, there have already been major changes in U.S. alcohol use, especially among younger adults. Since U.S. alcohol consumption peaked around 1980, it has been gradually declining.[7] Chapter 5 describes current American adult drinking norms so you

can compare them with your own alcohol use. When our first book on alcohol was published in 1976, one-third of American adults were nondrinkers, and the remaining two-thirds on average consumed about 4 gallons of pure ethyl alcohol per person per year. That was equal to each drinker having 20 bottles of beer, 20 ounces of distilled spirits, or three bottles of wine per week.[8] The word *average* can be very misleading, however, because most drinkers were actually having less than one drink per day. How can that be? It's because a relatively small percentage of drinkers consume large amounts of alcohol.[9]

TERMS FOR TROUBLE WITH ALCOHOL

The world has also seen changes in the language used to refer to being in trouble with alcohol. Early moralistic names to describe individuals (such as *drunkard*) gave way to diagnostic terms for particular conditions. Medical terminology in general then shifted away from labeling *people* (*diabetics, schizophrenics*) toward describing them as having *illnesses* (*person with diabetes or schizophrenia*). The term *alcoholism* has not been a formal diagnosis since 1980, when it was replaced by *alcohol abuse* and *alcohol dependence,*[10] but the term *abuse* still had obvious pejorative overtones, implying that people were somehow mistreating alcohol itself. One wry colleague quipped that an example of "abusing" alcohol is mixing a single-malt scotch with root beer. It also became clear that so-called abuse and dependence were not really distinct conditions, and so now *alcohol use disorders* are recognized as varying along a range of severity.[11]

One way to describe trouble with alcohol is *overdrinking,* just as *overeating* or *overworking* mean overdoing it. Overdrinking implies exceeding a limit, raising the much-discussed issue of how much is too much. We suggest three different ways to think about *too much:* risky, harmful, and dependent drinking.

Risky Drinking

Risky drinking means alcohol is already putting you or others in danger, although it may not have caused obvious harm so far.

Risky drinking is measured using three factors. The first is the *overall amount* of alcohol you consume. For example, what dose of alcohol over time makes a negative consequence such as cancer more likely to occur? "Low-risk" drinking is often defined in this way—as a level of alcohol consumption with lower likelihood of causing harm. "Low risk," of course, requires a judgment about how much risk is acceptable.

The second factor is how much alcohol you have *at one time.* Even a single occasion of drinking can have harmful consequences. An obvious example is a fatal overdose of alcohol. A large dose of alcohol can also trigger health dangers such as low blood sugar or irregular heartbeat. In Chapter 4 we discuss in more detail the effects of particular levels of alcohol in the body.

The third factor is the *situations* in which you drink. Risky drinking by this measure means using alcohol in particular circumstances in which even a single occasion can have tragic consequences. A clear example is drinking and driving. Laws usually define unacceptable risk at a particular blood alcohol concentration (BAC) level. Since 2004 it has been illegal in all 50 states to operate a motor vehicle at a BAC of .08 (grams of alcohol per 100 milliliters of blood, abbreviated as mg%). Like Canada, Utah has already lowered that limit to .05, which further reduces fatal crashes,[12] and in most of Mexico the limit is .05 or .04. However, important driving functions such as reaction time, vigilance, alertness, and divided attention are already being impaired at even lower BAC levels.[13] For California drivers who are under 21 years of age or on probation for driving under the influence, the BAC limit is .01. The only truly safe level of alcohol in your bloodstream when driving is *zero.* The same is true when engaged in critical occupations such as performing surgery or piloting aircraft. Other obvious examples of

risky situations include drinking when swimming or using machinery such as a chainsaw. Drowning and life-threatening accidents are far more likely to happen when alcohol is present in the body.

So how many adults are risky drinkers at present? As we discuss in Chapter 5, about 1 in 11 adults *regularly* drink more than the currently recommended dietary amounts. But even more people are risky drinkers by virtue of how much they occasionally drink. Perhaps the best measure of this is self-reported binge drinking within the preceding month, commonly defined as five or more standard drinks on one occasion for a man, four or more standard drinks for a woman. That has been about one in six U.S. adults.[14] There is also overlap among these kinds of risky drinking. Some but not all people who regularly exceed dietary recommendations also drink too much on occasion or in unwise situations.

Harmful Drinking

For about 1 in 20 adults, their current drinking is not just risky but has already been causing harm to themselves or others within the previous year.[15] Former terms for this were *problem drinking*[16] or *alcohol abuse*.[17] Alcohol can contribute to many kinds of harm, including physical or mental illness, dementia, impaired performance at school or work, family conflict, violent crime, economic or legal trouble, injuries, and disability. In the course of a lifetime, about one in five U.S. adults have experienced harm from their own alcohol use and still more from others' drinking.[15]

Dependent Drinking

Finally, drinking can progress to the point at which it is not only harmful but also the person becomes *dependent* on alcohol, finding it difficult to feel normal and live without it. People who have become

dependent on alcohol may have to drink more to feel the effect they want, and, when that effect wears off, they may experience discomfort that, like a hangover, is relieved by more alcohol. They begin to avoid previously enjoyed activities, spend more time drinking and recovering, have trouble quitting or cutting down, and keep drinking in spite of adverse consequences. Over the course of a lifetime, alcohol dependence happens to one in eight American adults, and in any 1 year it's nearly 4%, or about 10 million U.S. adults.[15]

Although those with alcohol dependence are more noticeable and more likely to receive treatment, in fact it is the nondependent risky and harmful drinkers who account for most of the adverse consequences of alcohol use discussed in Chapter 3, because they are far more numerous than the dependent drinkers.

One international effort to prevent these detrimental effects of alcohol has been to recommend lower risk levels of drinking.[18,19] We need to point out here that "lower risk drinking" is not necessarily *safe* drinking. In our 2013 book, *Controlling Your Drinking,* we said: "At relatively low levels of use, alcohol has no harmful effects for most people and may even offer some health benefits." In light of more recent research, we now must question that statement. The World Health Organization recently stated that there may not be a truly safe level of drinking.[20] Even low levels of alcohol consumption, for example, can increase risk for several types of cancer.[6] Recent studies have also questioned earlier reports that low levels of alcohol use may offer health benefits. In Chapters 4 and 5, we consider these issues in more detail.

HOW TO USE THIS BOOK

The journey of rethinking drinking continues in the chapters ahead. In Chapter 2, we discuss reasons that people in general drink—what positive things they experience or at least hope to get by using alcohol.

Then, in Chapter 3, we examine the other side of the balance, common reasons for not drinking or cutting down. How important these pros and cons are *to you* is a personal matter. You can weigh them on your own scales.

The chapters ahead are for better understanding and rethinking your personal use of alcohol. In Chapters 2 and 3 you can consider your own reasons for using and not using alcohol. Then in Part Two you can learn more about alcohol's effects (Chapter 4) and do a private checkup of your drinking (Chapter 5) before putting it all together in considering where to go from here (Chapter 6).

In Part Three we offer a variety of research-tested steps for reducing your drinking if that's what you choose to do. We've been developing and testing these self-control strategies for five decades and have results from seven clinical trials on how well they work and for whom.

Finally, whatever you decide to do, it's useful to have things you can do to get what you want from life without expecting alcohol to provide it, and that's the subject of Part Four. If alcohol happens to be the main or only way you have for seeking what many of us want, you can explore some new roads for getting to where you want to be. Then you are free to choose.