

have had the same effect, but it wouldn't have tasted as good."

If carbohydrates are nature's tranquilizer, I was overdosing. One can't seem to avoid comparing sugar to a drug. "We use the words *chocoloholic* or *carb-craver*, yet we tend to ignore patients who talk in the language of addiction to describe their relationship to food," says Kelly Brownell, Ph.D., director of Yale's Rudd Center for Food Policy and Obesity. "The magnitude of the effect certainly is not as strong as what you get from cocaine or morphine or alcohol, but the whole body of evidence suggests that sugar affects the brain in a very similar way."

My brain-reward-chemical levels were at rock bottom; therefore, so was I. In my solitary writer's life, sometimes the bag of black licorice is my only companion. Now fruit cup was supposed to cut it. Or hummus. Right. But I also had grown used to having efficient sources of energy from quick bursts of glucose and insulin, so on a hormonal level, my body had some adapting to do. My error, says Kathleen Keller, Ph.D., assistant professor at Columbia University's Institute of Human Nutrition, was in quitting so abruptly. "Part of this is a clinical response to the drastic change you made. That's why I tell people, when they're going to make dietary changes, it has to be at a slow pace. Otherwise, your body will try to fight back to that state of status quo," she says. "The good news is that after a certain period of time, you do adjust."

And I did. By day fourteen, the ripe pears tasted sweeter, and the Cheddar that was my coffee-cake substitute was delicious. I began to feel not that I was offering my tongue a consolation prize but rather that I was emerging, clearheaded, from under the influence. I lost a few pounds, which was not my aim, so I loaded ever more peanut butter onto grainy toast each morning. I made it through Halloween with only one detour into my daughter's candy haul, a mini Butterfinger, once my idea of heaven. The holidays reminded me how tightly peppermint and gingerbread are entwined with our celebrations. Four months ago, I would have thrown myself with abandon into the sugar orgy. I can't lie—I couldn't resist a tray piled high with toffee butter crunch, but afterward, I relapsed into that carb-coma and came out of it with a renewed sense of resolve.

Whether I'm addicted or my sugar devotion is more obsessive love, my body's turbulent chemistry will no longer allow the sweets my taste buds crave. The answer, as with everything, is balance and that novel concept: willpower. In the future, I want my lapses to be infrequent and worth it. I'll never pass up one perfect slice of my friend Sarah's chocolate cake with candy-fudge icing, which she bakes for me every birthday. And I'll still have all my teeth to sink into it. □

## ADDING IT UP

Not all carbohydrates are created equal. Bogdanovics advises that, particularly for someone who exercises, 50 percent of the diet should consist of carbs as close as possible to their natural state—vegetables, fruits, whole grains (complex carbohydrates), or dairy products (containing lactose). Fiber and protein act as barriers to stall the rapid absorption of sugar into the bloodstream; that's why it's always preferable to eat the whole fruit and not just the juice, which is metabolized like soda.—M.D.

# THE SIPPING POINT

Loving the effects of alcohol a little too much, Rebecca Johnson looks to limit—but not eliminate—her nightly glasses of wine.

**M**y name is Rebecca J. I am not an alcoholic. What I am is a wine drinker. White, preferably, but as my wine-snob husband likes to say, "As long as it's fermented. . . ." He's actually wrong about that. I don't really like hard liquor, because I don't like to get drunk. What I like is wine's long, slow slide to pleasantly

buzzed. I like how it muffles the critical voice in my head, the one that rears its head at the cocktail hour, when all the petty irritations and insults of the day have come to rest like the sooty sediment in an ancient bottle of Cabernet Sauvignon.

And so it truly astonishes me that I was stupid enough to let my drinking get out of control. Reformed alcoholics (and remember, I am not one!) carry around a story about their drinking that is inevitably bookended by disaster. I knew I hit bottom, they say, when I ran over the family dog or woke up in bed with a guy who had a swastika tattooed on his neck. I don't have any stories like that. I knew I had to cut down for much more prosaic reasons—I couldn't sleep, I got tired of feeling vaguely lousy the next day, and, most important, I had the nagging sense that alcohol, once a boon companion I could take or leave, had settled in for a longtime stay. It was a rare evening I did not have at least two glasses of wine. On a good night, the level of wine would stay above the label. On a bad night, it would go below the bottom (occasionally two Tylenol the next morning).

At first, I tried to quit on my own. I didn't bother trying to abstain at social events—there's no way I could get through a party without a drink—but as a parent of two small children, I spend most of my nights at home anyway. I managed to grit my teeth through my usual drinking cues—making dinner, eating dinner, the *PBS NewsHour* on the sofa next to my husband—but when it came time to go to sleep, I would lie awake for hours, hoping in vain for oblivion. The pattern was inexorable. The wine helped me get to sleep. But then it woke me up at three in the morning, when I would find myself watching HGTV while eating Oreos to calm the sugar crash of the alcohol leaving my system. OK, that happened only one night, but the memory is seared into my neocortex.

I decided to address the sleeping instead of the drinking. (Looking back, I am astonished I thought this made sense, but I did.) When I naively told my primary-care physician the truth—I was trying to cut down on my drinking but was having trouble sleeping and wanted to get some sleeping pills—he looked at me as if horns had grown out of my head.

“How much are you drinking?” he asked.

“One or two glasses of wine a night,” I said, fudging ever so slightly.

He frowned. “Have you considered other ways of relaxing?”

This wasn’t going the way I planned. I thought he would congratulate me for being proactive about my health, write me a prescription, and send me on my way.

“You mean like hot baths with scented candles?” I answered sarcastically. He sighed and wrote the prescription for fourteen pills. No refills. But the look of disapproval on his face had hit a nerve.

The pills were great for getting me to sleep, but they did nothing to help me cut down to the one drink a day recommended for women by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). There is some debate about what level of alcohol is considered healthy—New Zealand and Ireland set the limit at two drinks a day for women—but most health researchers agree that consuming more than seven drinks a week leads to an increased risk of stroke, cancer, and heart disease. Indeed, for all the much-ballyhooed benefits of moderate drinking, the reality is that the detrimental effects of alcohol on the heart outweigh the positives on a population-wide basis by a factor of 2.5 to 1 (according to the World Health Organization).

To get to a healthier level, I booked an appointment at Hazelden, the world-famous addiction-treatment center. My initial consultation in their New York City office in Chelsea was with an earnest young man sporting a ponytail and suit. It lasted an hour and a half and consisted of his asking dozens of questions, all of which seemed designed to pull me toward the overwhelming conclusion that I was a pathetic loser whose life was out of control. The only problem was, I answered no to most of the queries. Had I ever been in trouble with the law because of my drinking? Had I ever lost a job? Was my spouse or my family concerned about my drinking? No, no, no. At one point, he asked me to hold up my hand, presumably to see if it was shaking. It wasn’t.

I did, however, answer yes on occasion. I do drink because I am bored. I do drink alone (I’ve never understood why that

is worse than sitting in a bar). I have regretted how much I drank—I was so hungover during the tour of my local Montessori preschool that I had to leave in the middle (then again, I knew the Montessori model wasn’t for me). I had hoped the counselor and I might have a nuanced conversation about alcohol as a cure for the existential ennui of the human condition. At one point, I even trotted out Winston Churchill’s famous line “I have taken more out of alcohol than alcohol has taken out of me.” I was rewarded with a thin, pitying smile. At the end of the conversation, he did admit that I probably was not a candidate for Hazelden. Instead, he recommended a four-week residential stay in a facility specializing in women with addiction issues. My mouth fell open in surprise.

“Really?” I sputtered. Four weeks? “But why?” I pressed.

“Four weeks is what most insurance will pay for,” he answered.

Got it.

A decade ago, it was considered heresy for anyone in the alcohol-treatment business to entertain the idea of helping heavy drinkers reduce rather than abstain. It was a shortsighted policy when you think about it, because people like me are a lot more common than the stereotypical alcoholic who needs a shot of tequila first thing in the morning. According to the NIAAA, about 16 percent of the adult population meets the criterion for “nondependent problem drinker” (we can take it or leave it, but we’d rather take it), with only 5 percent meeting the criterion for alcoholism (they can’t leave it). The problem, according to Reid Hester, Ph.D., research director of Behavior Therapy Associates, an Albuquerque, New

Mexico-based think tank for alcohol issues, “is that most alcohol-treatment providers usually see drinkers at the severe end of the spectrum, and their perspective is affected by that.” He believes alcoholism should be viewed like hypertension. “There’s a spectrum,” he says. “Not everybody with a heart condition needs surgery. There are other options, such as diet, exercise, or drugs.”

Over the past few years, a solid contingent of researchers and clinicians has arisen to serve the previously ignored middle of the spectrum. In New York City, the best example of this new generation of treatment centers is probably the Center for Motivation and Change (CMC), an elegant, spalike space on lower Fifth Avenue. Unlike most treatment centers, CMC does not insist on abstinence (continued on page 327)



#### PULLING OUT THE STOPS

For women, one drink a day is generally considered the max. Photographed by Irving Penn.

as a goal. Instead, the therapists will work with whatever goal you have, even if it's simply reducing from five daily glasses of wine to four. "If we treated only people who are clear they want to abstain," says Carrie Wilkens, Ph.D., one of the cofounders, "we'd be doing a huge disservice to all the people who could change a lot if they just spent a little time focusing on their problem in a new way." The "new way" advocated by CMC focuses on changing your life as opposed to your drinking. If your habit is sitting on the couch every night and drinking wine (ahem), you have to get off the couch and do something else. The approach seems to be working. Since opening its doors in 2003, the center has grown by 140 percent a year.

For the do-it-yourselfer who can't quite bear the idea, time commitment, or the expense of face-to-face therapy, Reid Hester developed *moderatedrinking.com*, an interactive Web site funded by a grant from the NIAAA and designed specifically for people like me, who don't want to abstain altogether but need help cutting down. Back in the early eighties, Hester analyzed more than 600 studies to determine which alcohol-treatment protocols worked best and found that many of the more popular models, including twelve-step programs and the classic confrontational interventions, turned out to be not nearly as effective as thought. It makes sense—I would definitely need a drink if my family got together in a room and started yelling at me for my drinking. Motivational and behavioral therapies, on the other hand, which are based on the idea of modification through positive rewards, seemed to work surprisingly well.

Given the stigma associated with alcoholism, it occurred to Hester that the anonymity of the Internet was the perfect way to help problem drinkers. For a yearly fee of \$59, *moderatedrinking.com* guides users through steps based on the principles of Behavioral Self-Control Training: You keep records, you set goals, you pay attention. The results have been more than encouraging. In a randomized clinical trial conducted last year to measure the site's effectiveness, Hester found that the group using the Web site managed to reduce their average number of drinks per day from 5.35 to 3.28.

I decided to give it a try. The first step was getting an accurate assessment of my alcohol consumption at another site Hester helped develop, called *drinkers-checkup.com*. At more than fourteen drinks a week, I was in the top 2 percent of the American female population. Usually, I'd be thrilled to be in the top 2 percent of anything, but not in this arena.

Back at *moderatedrinking.com*, the site directed me to make a list of good things I expected from changing my drinking, and not-so-good things. In our interview, Hester had said that simply writing things down can be powerful. But sometimes writing things down can also flatten them out. When I saw the reasons I like to drink laid out in black-and-white—to relieve stress, to be less bored, to feel less irritated by things, to satisfy an urge—I felt humbled by their banality. Not to mention a certain circularity. I drank to deal with my irritability, but perhaps it was the drinking that caused the irritation?

The only way to answer my chicken/egg questions about drinking was to follow the site's advice and stop drinking altogether for 30 days. It is not necessary to "take a 30," as it is called, but it's an effective way to break a pattern. Moreover, when (and if) you return to drinking, you'll feel the effects of alcohol more intensely at lower levels. I decided to take the challenge. Eventually. After all, it was summer. Who wants to give up white wine or cold beer when the days are balmy and endless? I was like Saint Augustine in *The Confessions*: Make me pure, Lord, but not just yet. Every time I looked at the calendar, I found another reason to put the experiment off. A family vacation without alcohol? Unthinkable. A visit from the in-laws? No way. But finally, fall rolled around, the kids were back in school, and I felt my excuses begin to dry up (so to speak).

I wish I could tell you giving up alcohol was easy. It was not. The first week, I was such a horrendous bitch, it's amazing that I am still married. I can remember one night in particular. We were at our house in the country. It was late afternoon, my kids were quietly absorbed with LEGO, my husband was chopping ginger for one of his Asian dinners. I was sitting on the stool at the kitchen island, watching him work, the Sunday

*New York Times* spread in front of me. From the outside, the tableau looked perfect. How many happy evenings had I passed in just this manner? Only there was one crucial element missing. Wine.

Instead of being content, I felt as if flaming centipedes were crawling up and down my veins. As my husband chopped, all I wanted to do was grab the knife and run through the house screaming like crazy Grace Poole in *Jane Eyre*. Addiction experts advise people trying to quit to think of their urge as a wave. In the moment that it crests, you feel powerless before its immensity, but if you hold your breath and face it head on, you will come out the other side. In the meantime, I had to get the hell out of that house and the wine cellar in the basement where my husband keeps a few dozen cases of wine, including a 2004 Pomerol that tastes, when you drink it, like liquid steak.

"I think I'll go hit some balls," I announced.

"Good idea," he answered.

The courts were empty when I arrived. Most women my age were home with their families, not battling some invisible demon on their backs in the dying light of an autumn day. I rolled out the ball caddy and began to hit the ball over and over as hard as I could. The thwack of the ball against the backboard disturbed a flock of black crows settled on a ridge overhead. As I stopped to watch them take flight, their aggrieved caws filling the air, I felt something in me loosen and take flight as well. The wave had passed. When it got too dark to see the ball, I headed home.

After that, the next few weeks were not so terrible. I weathered two dinner parties and a few restaurant dinners without drinking a drop. At the end of one party, an older woman friend, one of those tough dames who broke the gender barriers of New York tabloid newspapers back in the seventies, said, "You know, Johnson, you're OK sober." I think she was as surprised as I was.

As the end of my 30 days approached, I began to get nervous. I may have been able to quit easily enough, but I was looking forward to drinking again. All those positives I was supposed to experience—sleeping better, feeling good in the morning, having more energy—were nice, but they didn't cancel out the desire for a glass of wine at the end of

the day. As Carrie Wilkens, from the CMC, had warned me, “Thirty days is enough to break a pattern but not a habit.” Hester’s Web site had some standard tips on moderation—pacing, drinking on a full stomach, keeping track of my so-called triggers. But the best thing I did was buy the AlcoHawk, an inexpensive Breathalyzer of the sort that police use to measure blood-alcohol levels of people suspected of driving under the influence. The gadget, which requires you to blow into it for ten seconds, then gives you a digital readout, was the perfect nonjudgmental companion I could turn to when the urge for another drink set in. When I described it to a friend who is in AA, she laughed. “You found the perfect sponsor,” she said.

These days, I aim for one drink a night but occasionally end up at two. Ironically, the majority of people who come to the CMC seeking moderation end up choosing abstinence after all. I can see why. I found it a lot easier to say no than maybe. When the urge for a second drink hits me (and Lord knows it does), I force myself to pause and consult “my sponsor.” Knowing I am hovering around the .08 mark, the legal limit in America, usually persuades me to stop, light a scented candle, and take that hot bath after all. □