Website / App	Description	Best use	Strengths	Weaknesses	Target audience	Developer and Funder	Are there peer reviewed studies about this as an intervention?
SBI (Screening and Brief Intervention)							
CDC Check your drinking https://www.cdc.gov/alcohol/checkyourdrinking/index.html	Assessment using quantity and frequency with feedback After feedback, allows one to check off relevant consequences, motivations, barriers and set a goal. Can generate a printable document with tips related to the answers provided. Can click around to other pages, "Drink Less Be your best campaign" for info including on high risk drinking, and a few videos about impacts of alcohol	Nice starter about whether the present use of alcohol is above safer limits – could do with the patient or send them out with it.	Assessment is user friendly Ability to consider motivations and barriers to change is potentially helpful Available in English and Spanish	Unclear how this will change if US guidelines step back from specific lower risk limits. Interface is not particularly engaging A so-so standard drink image Feedback is all written, relatively high literacy and a bit dry (pun not intended)	General population - Excludes people with *AUD and those under 18 at screening	CDC	Not directly, but aligns with principles of SBI*, which is evidence based
Rethink the Drink https://www.rethinkthedrink.com/what-is-excessive-drinking	Visually engaging interface to introduce high risk alcohol use. It links to the CDC site for assessment and to the NIAAA for their drink calculators and calorie counters.	More engaging than CDC tool alone– would use this if recommending a patient explore on their own.	Good images about drink sizes, links to other useful resources	Overemphasizes terminology about binge versus heavy drinking CDC changes would affect this site Made for Oregon state so some links don't apply	General population	Oregon state	Not directly, but aligns with principles of SBI

AUDIT screening tool https://auditscreen.org/check-your-drinking/	The AUDIT is 10 questions and a well studied tool to assess for the risk of an alcohol problem. It isn't a way to definitively dx dependence but gets a lot of the key questions towards that.	Use this for screening in languages other than English Useful to assess impact of use in a structured way.	This site includes translation to 50 languages The site links to the Drinkless, a WHO effort to address high risk alcohol use through Brief Intervention	AUDIT misses some people who don't binge but exceed US low risk limits Materials for Drinkless developed in Australia and use that terminology Caution that the terms Drink less are found in many forums and searching it brings up many other apps not related to this	General population	Australian government/WHO	Not directly but AUDIT is a well validated screening tool and the associated Brief intervention materials are based on a studies done across countries.
Drink Less for your Breasts https://drinklessforyourbreasts.org	Engaging site that focuses on the risk that alcohol poses for breast cancer. Presents a short engaging video that calls to mind the reality of cancer to motivate attention/change. Includes a breast cancer risk based on amount alcohol use. Has a fun tool about risk and relates this to breast cancer risk	Great for a patient waiting room, or refer patients to explore after a discussion. Provides compelling and underrecognized reason for reducing or stopping use of alcohol	**Highly engaging** And uses multiple modalities to gather attention and motivate change Also available in Spanish	It has links to other sites but itself does not screen and assess use	General population	Alcohol Research Group and Public Health Institute	Not directly but information provided is based upon evidence.
Rethinking Drinking from the NIAAA https://rethinkingdri	Includes older materials on lower risk drinking, but still has good drink calculators	Use for tools: Drink calculation tools, worksheets	Drink calculators, worksheets	As of March 2025 "will be maintained, but no new content will be	General population	NIAAA – (which has had clear	Not directly, but using

nking.niaaa.nih.gov/tools/calculators	(standard drinks, calories, money spent), and worksheets to think through cut back plans (Rethink the Drink links to this)		Has a Spanish pdf (but the online calculators are English only)	added". (Due to DHHS restructuring).		industry conflicts)	standard SBI tools
Canadian Guidelines https://www.canada.ca/en/health-canada/services/substance-use/alcohol/low-risk-alcohol-drinking-guidelines.html	A brochure that provides clear information about the risk of alcohol at low levels, with good graphics	To help discuss low risk drinking or to send home with patient	Nice graphics to convey risk The most in line with recent science, provides detailed information about the gradation in risk with increased alcohol use Available in French	Presently just a pdf while website under construction. Canadian messaging/tailoring. (Standard drink size is same as US (14gram or 17ml of pure alcohol) but any local resource links will not apply to US users.)	General population	Canadian Centre on Substance Use and Addiction	Information presented is based on evidence
Screening with more developed/ interactive Interventions							
Tailored Mobile Messaging **Screener:** https://www.alcoholscreening.org/#/quiz **Text Messaging:** https://www.alcoholscreening.org/#/resource	Screener that provides feedback on normative use and safe limits but the reason to use this is the **three months of free text messaging tailored to user's inputs about drinking**	Support people who screen positive for problem use Also, one can answer the screener for someone else and links you to some more info about supporting others	Requires no login, feels anonymous Links to Canadian new low risk limits (though provides feedback based on US limits)	Content of messages not viewable	People with problem drinking		YES, https://pmc.ncbi.nlm.nih.gov/articles/PMC5287456/ https://www.alcoholscreening.org/#/tammi
Vet Change https://vetchange.org/home/index2	A CBT based program designed for US Veterans for managing problem drinking.	Great way for motivated people to learn about triggers and things that can help when trying to	Most extensive freely available program.	If one doesn't say they drink at least one drink per week, it doesn't correctly calculate risk	Veterans, but freely accessible to anyone.	Developed by the Boston VA and	YES , https://pubmed.ncbi.nlm.nih.

Website AND App		cut back or quit alcohol. Given the target audience it is better fit for men, and not young adults.	Includes patient and psychologist voices and video. Patients are male. Information presented in chunks. Available as an App	Fair amount of written information requires higher literacy May not be as relatable to younger or female audiences. Mistrust of government could limit engagement.		Boston University, with support from NIAAA, Natl Center for PTSD, Education Development Center & Google	gov/23875821/
"Saying When" App	Based on OLD Canadian Guidelines from 2011	Wouldn't recommend now but if developed further, could be of use given Canada's mission, language concordance and that it is free an available in the US	Lots of features like allows drink tracking, goal setting, notifications, urge tracking, tips for success, 28 day "checkups"	Overwhelming detail and interface, high literacy, based on old guidelines	General	Canadian Centre for addiction and mental health	No, though created with SBIRT specialist researcher (Martha Sanchez-Craig)
Other resources for people with AUD							
SMART recovery Website and App https://smartrecovery.org/	SMART recovery mutual support program features delivered in an app or online. Includes a meeting finder and skills reminders, urge management, motivational messages	For people with AUD who are interested in meetings (remote and in person), and tools for maintaining motivation and managing sobriety	Large breadth of tools and topics for recovery support, including in-the- moment support	Messages are not individually tailored	People with AUD/SUD	SMART program, a long - lived, well known, mutual support program staffed by volunteer peers and professionals	No evidence for SMART or its app https://pubmed.ncbi.nlm.nih.gov/28165272/
CBT4CBT	Sold to organizations or professionals, who pay $150/patient to use this	For organizations or providers who want to offer standardized CBT	Circumvents challenges of finding a therapist	COST, where the organization/provider	People with drug or	NIAAA funded developme	YES, https://cbt4cbt.com/cbt4cbt-

https://cbt4cbt.com/	series of seven videos with exercises that teach CBT skills related to drug and alcohol use	for drug and alcohol to their patients.	and delivers a guaranteed curriculum Available in Spanish Appears easy for patients to use Seems appropriate for people with lower literacy Addresses drug and alcohol use disorders	pays upfront and can collect from individuals Does not allow for individual tailoring	alcohol use disorders	nt and studies, but now privatized	evidence-base/
I Am Sober App	Allows for tracking sober dates, connection with other members, motivational tools, and a skills workbook	People who are looking for online mutual support and motivational support for sobriety from any substance	Popular Easy interface Can be used for multiple substances Free for the majority of features- pay up for additional features like a private sobriety group	Mutual support is known to have effect but it is unclear if any of the other features are effective	People with any substance use disorder(s)	Privately owned	No
Digital programs with multiple features and commercial components (require $$)	*These apps have multiple features and functions and are generally engaging and personalized in their advice. They seem to use respected behavioral principles and practices, however they have not been rigorously evaluated, cost money, and their content is somewhat opaque.* ***Recommend these with caveats and caution.***						
Checkup and Choices Website https://checkupandchoices.com/	Assessment with normative feedback for free. Pay a fee for more in-depth assessment and recommendations ($34).	People who are contemplative or want to change use of alcohol and **willing to pay to try another approach**	Includes features that prompt engagement.	At cost Content not viewable	General Population	Private entity, LLC. partners with	No, but they cite expertise including related peer reviewed

	Additional cost for followup including goal setting, emails, text reminders, identifying and managing triggers (Annual fee $149 total for first year, monthly option as well)			- Are there conflicts of interest leading to dark nudges and sludges?		SMART recovery No apparent conflicts but no way to confirm	research: https://checkupandchoices.com/learning-library/
Reframe App https://www.joinreframeapp.com/	App with a bunch of features including the usual goal setting but also daily tasks, courses, check-in meetings, community, coaching at extra cost. (Annual fee for the basic app is approx. $112).	People who are contemplative or want to change use of alcohol and **willing to pay to try another approach**	Allows for a free 7day trial though some users have complained refund not received (https://www.choosingtherapy.com/reframe-app-review/) Lots of features that should prompt engagement.	At cost Content not viewable - Are there conflicts of interest leading to dark nudges and sludges?	Gen Population (They say not for people with AUD, but would be a useful adjunct to medical evaluation and mngmt).	Private entity, developed with NIAAA funding No apparent conflicts but no way to confirm.	No, they claim content developers are experts in neuroscience and the Scientific Board is made up of three psychiatry physicians from Emory University.
Hello Sunday Morning Website and Daybreak App https://hellosundaymorning.org/	Website and app that screens, allows goal setting and tracking, learning about triggers. Also provides online support from other participants	People who are contemplative or want to change their use of alcohol and are **willing to pay to try another approach**	Extensive usership	At cost Content not viewable Australia focused	People with problem drinking	Australian Dept of Health -- free for Australians	Some low quality data. Studies have demonstrated improvement among those who use it https://pubmed.ncbi.nlm.nih.gov/31486406/ and https://pubmed.ncbi.nlm.nih.gov/39693474/

Finally, this site also appears to provide independent review of mental health counseling but has a page reviewing recovery apps: https://www.choosingtherapy.com/best-sobriety-apps/							
*__Abbreviations:__ AUD (alcohol use disorder), SBI (screening and brief intervention) __Caveats:__ Privacy details were not reviewed and bare attention. Most apps say they don't link info to identity, but it's unclear what that means exactly and what they otherwise are doing with user data.							

Andrea Truncali, MD, MPH **August 2025**

Apps and Websites Everywhere, Can They Stop the Drink?

How can we better support patients in thinking about or changing their use of alcohol? In a recent newsletter, I reviewed a study showing a possible benefit of a breathalyzer-linked smartphone app among people with alcohol use disorder (Osth et al., 2025). This led me on a quest to find out if there are other evidence-based apps out there to help people contemplate and/or change their use of alcohol from those with high-risk drinking to those with dependence.

I am finding myself wanting these resources because:

1. Drinking is strongly determined by social norms, so it's important to have **more than one voice weighing in about the risks of alcohol use** - one that a patient will relate to, that develops the messages we are delivering. This is especially true for people who don't see us in their peer or social group (which, without getting too personal, for me includes patients in their teens and 20s.)
2. A digital, out-of-office evaluation can give patients the privacy and space they might need **to be more honest and reflective** than an interview may allow.
3. While a person may leave the office feeling very motivated to reduce or stop their use of alcohol, their habits and environment are powerful antagonists to that. Wouldn't it be great if there were **a resource that could be with them all the time** (or at least more than we can) to support and help them maintain motivation as they practice change.
4. Sometimes, I just want resources at my fingertips to add to discussions about the basics, like Standard drink sizes, Drink calculators, and 'Safer limits'.

Can we not harness smartphones and computers, devices that heavily influence so many behaviors, to be this force for good?

Is there any evidence to back this question?

The short answer is **yes**. Reviews support a small effect of digital interventions across a variety of populations. With that, I went looking for details. What kind of things are effective and among whom? First, I searched PubMed – this included an initial search, searches of related articles, and a review of literature reviews. This was a casual but relatively extensive search, and I honed in on the studies that seemed to promise an app or resource that had a positive effect that I might be able to get my hands on (ie, it had a name or a series of articles by that research group that I could search around for). I ultimately recorded 14 reviews and 70 studies. There are actually many more studies about digital interventions for reducing alcohol use, but I was picking for promise. Five reviews asked a similar question in research grade fashion, named names of apps, and are enlightening if you want to dig in a little. (Beyer et al., 2023; Colbert et al. 2020; Crane et al. 2015; Kaner et al ., 2017; Tofighi et al., 2019).

As you might imagine, digital interventions started out as online sites where one could assess their drinking, moved to text messaging apps with static messaging, and onto tailored messages (the latter is better). Of course, they now include apps with lots of features, including drink tracking, goal setting,

motivational enhancement, CBT skills for managing changes in behavior, links to coaching support or message boards, mutual support schedules, and/or online meetings.

Sounds promising. Which ones are the best?

Unfortunately, I learned the hard truth that there is no direct line from PubMed to the app store. After being studied (often with public funding), apps disappear or become privatized (possibly after further modification). Many are not available in the US App Store (often the case if developed in the UK, Canada, Australia, or non-English-speaking countries).

Another challenge is that the evaluation process is slow, but tech evolves rapidly. Modification often removes bugs and makes things more engaging and user-friendly; however, there can be unintended consequences that pose opposite effects. And in situations where there are conflicts of interest, those may be intentionally significant and harmful.

Harmful apps? That sounds like a bit much.

Much like any treatment, there is the potential for harm. But the harms identified so far are mostly due to intentional influence from the alcohol industry. App developers are not required to disclose conflicts of interest, and the industry has resources and a whole science of advertising tricks. In Roy-Highley et al.'s 2024 study of 25 alcohol reducing apps, 15 were industry-backed. Those 15 presented information very differently than the 10 independent apps, ie, minimizing or failing to mention harms like cancer risk, and including "dark nudges and sludges" which pair information that on its face encourages alcohol reduction, but in more subtle ways, pushes people towards use (nudges) or inhibits change (sludges). For example, one app for safer drinking includes background photos glamorizing the use of alcohol, others use fun slang or might frame alcohol as safe, but excess drinking as the problem. Tofighi et al., 2019, also found not-so-hidden harms in their review of theoretically health-promoting apps, like how to drive sober after drinking, or a blood alcohol calculator that led to a game assessing reaction time while drinking.

Dark nudges and sludges sound grim? Yes, it is. And yet we must contend with it. Our patients are using these apps. And 74% of addiction counselors are recommending apps, though they admit they'd like more evidence about it (Wray, 2022).

So what's a provider to do?

There is so much more to be done in this area to ensure safety and quality, and no satisfying answer at this time about how to achieve that. But like anything that we recommend, **considering the source is key.** How do the developers make money and to whom are they beholden? What are their biases? Are they known to be connected to the alcohol industry? **Have the apps been studied** and what is the quality of that data?

In addition, *unlike* most treatments we assess, digital interfaces come with questions about **privacy risk** to the person using them. Wyatt et al. (2015 provide a checklist of ways to evaluate e-health apps, though it is probably not realistic to expect individual providers to go into great depth with their limited time and lack of legal expertise. At the least, it is worth raising awareness among ourselves and our

patients of the potential for misinformation, privacy concerns and lack of evidence. And let us keep antennae up for reliable entities and networks that will sift through this growing bevy of digital tools to find the ones that allow us to take advantage of their great potential.

And finally, some things to be aware of if using resources from another country:

- Standard drink sizes vary by country. (US and Canada =14gm pure alcohol, UK= 10gms and Australia=8gms)
- Public health entities have made different determinations about safer drinking limits. For example, Belgium defines limits of up to 21 drinks/week for men and 14 for women, Australia up to 10 drinks/ week & <5 in a day for any adult while the US is up to 14/wk for men and 7 for women & <4 in a day for women and <5 for men.
- In a recent give to industry, the United States is expected to drop its current guidelines, in exchange for a more general one encouraging "moderate drinking". (Reuters 06/18/25). This would be a step backward that enables justification of heavy use and denial of health risk, and is at odds with increasing recognition worldwide that there's no safe level of alcohol consumption.
- Meanwhile, in 2023, Canada reduced its safer limit to two drinks per week based upon the cancer risks associated with lower levels of alcohol intake.

Now finally, **here is a table of digital resources for alcohol use** derived from this quest. It's not foolproof but consists of websites or apps that seem to have the balance of easy to use, helpful to have and based in evidence or expertise, usually both. It lists the developers/funding sources and has been put together by someone without conflicts to disclose. May it help you help your patients in *their* quest for better health.

Andrea Truncali MD MPH

REFERENCES

Beyer FR, Kenny RPW, Johnson E, et al. Practitioner and digitally delivered interventions for reducing hazardous and harmful alcohol consumption in people not seeking alcohol treatment: a systematic review and network meta-analysis. *Addiction*. 2023;118(1):17-29. doi:10.1111/add.15999

Colbert S, Thornton L, Richmond R. Smartphone apps for managing alcohol consumption: a literature review. *Addict Sci Clin Pract*. 2020;15(1):17. Published 2020 May 7. doi:10.1186/s13722-020-00190-x

Crane D, Garnett C, Brown J, West R, Michie S. Behavior change techniques in popular alcohol reduction apps: content analysis. *J Med Internet Res*. 2015;17(5):e118. Published 2015 May 14. doi:10.2196/jmir.4060

Kaner EF, Beyer FR, Garnett C, et al. Personalised digital interventions for reducing hazardous and harmful alcohol consumption in community-dwelling populations. *Cochrane Database Syst Rev*. 2017;9(9):CD011479. Published 2017 Sep 25. doi:10.1002/14651858.CD011479.pub2

Östh J, Lundin A, Wennberg P, Andréasson S, Danielsson A-K. The effectiveness of a drink counting and a breathalyser-coupled smartphone application for reduced heavy drinking among alcohol dependent

adults in Sweden: A randomized controlled trial. Addiction. 2025; 120(5):905–18. https://doi.org/10.1111/add.16769
Petticrew M, Maani N, Pettigrew L, Rutter H, VAN Schalkwyk MC. Dark Nudges and Sludge in Big Alcohol: Behavioral Economics, Cognitive Biases, and Alcohol Industry Corporate Social Responsibility. *Milbank Q*. 2020;98(4):1290-1328. doi:10.1111/1468-0009.12475

Roy-Highley E, Körner K, Mulrenan C, Petticrew M. Dark patterns, dark nudges, sludge and misinformation: alcohol industry apps and digital tools. *Health Promot Int*. 2024;39(5):daae037. doi:10.1093/heapro/daae037

Rumney E and DiNapoli US to drop guidance to limit alcohol to one or two drinks per day, sources say. *Reuters.* June 18, 2025, Accessed 7/2/25. https://www.reuters.com/business/healthcare-pharmaceuticals/us-drop-guidance-limit-alcohol-one-or-two-drinks-per-day-sources-say-2025-06-18

Tofighi B, Chemi C, Ruiz-Valcarcel J, Hein P, Hu L. Smartphone Apps Targeting Alcohol and Illicit Substance Use: Systematic Search in in Commercial App Stores and Critical Content Analysis. *JMIR Mhealth Uhealth*. 2019;7(4):e11831. Published 2019 Apr 22. doi:10.2196/11831

Wray TB. Exploring Whether Addictions Counselors Recommend That Their Patients Use Websites, Smartphone Apps, or Other Digital Health Tools to Help Them in Their Recovery: Web-Based Survey. *JMIR Form Res*. 2022;6(6):e37008. Published 2022 Jun 20. doi:10.2196/37008

Wyatt JC, Thimbleby H, Rastall P, Hoogewerf J, Wooldridge D, Williams J. What makes a good clinical app? introducing the RCP health informatics unit checklist. Clin Med 2015