

Why does it  
take so long to  
quit drinking?

How Tempest is addressing  
the gap between excessive  
drinking and treatment

Tempest 2021 YTD  
outcomes report

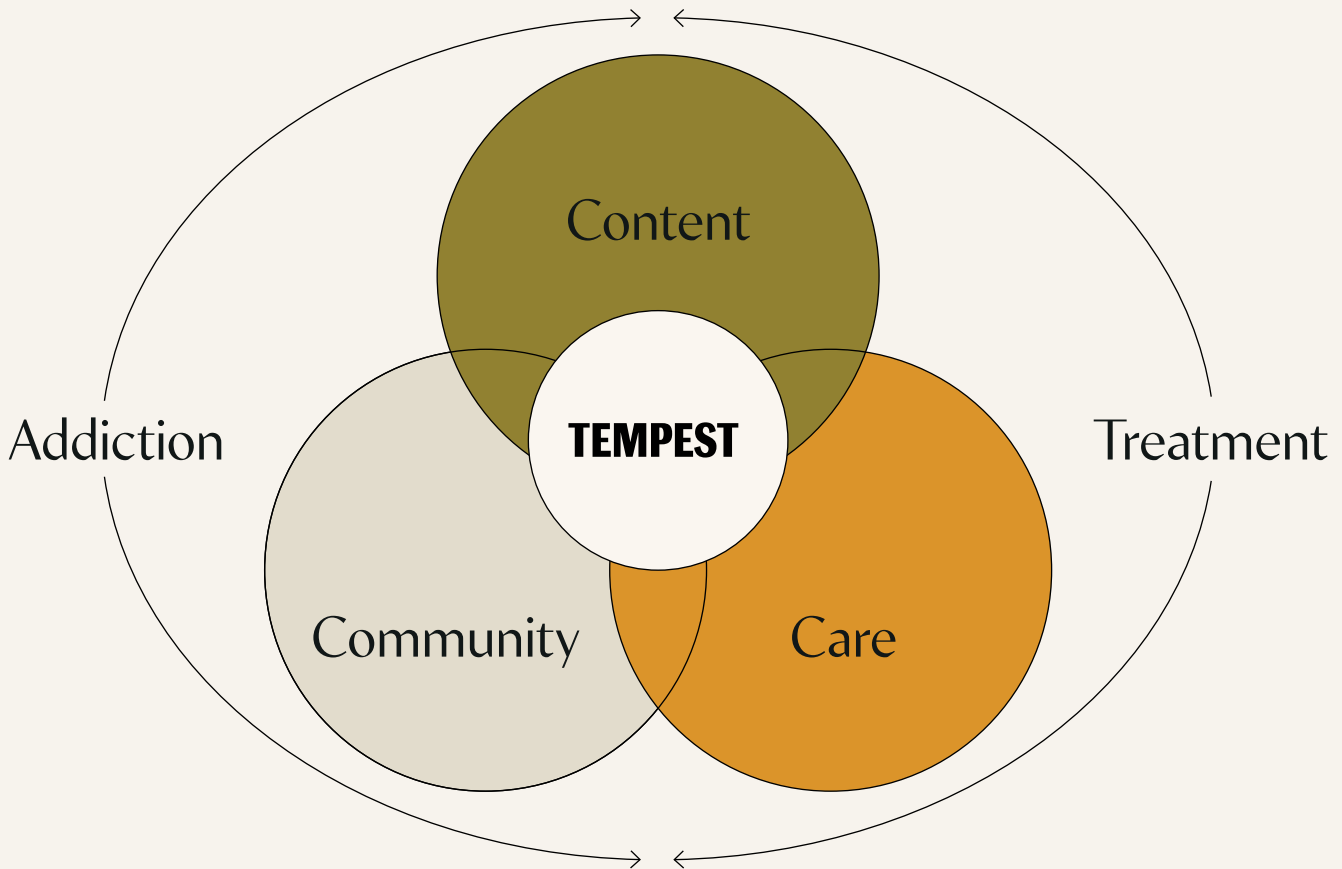
**TEMPEST**

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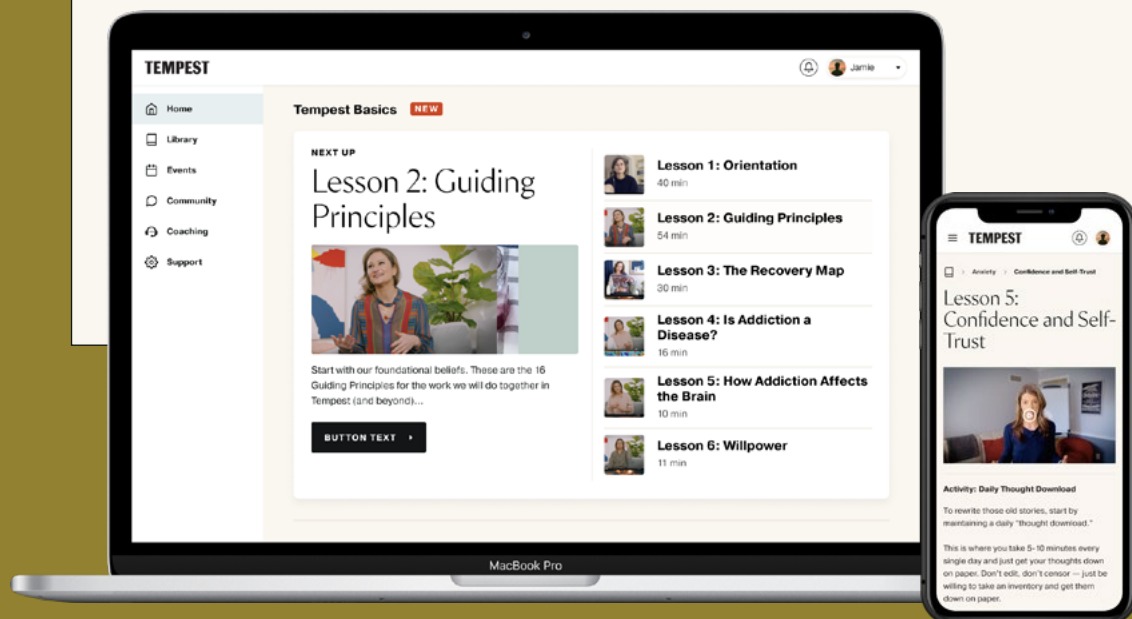
Despite the enormous human and monetary cost of excessive alcohol use, inadequacies and stigma in the current recovery landscape still causes people to delay seeking treatment. Tempest’s members’ outcomes report shows how our **welcoming, shame-free, and evidence-based approach** is closing the addiction treatment gap.



# About Tempest

Tempest is a digital alcohol treatment program that empowers you to quit drinking and build a life you love. Our clinically-proven approach holistically addresses the root causes of alcohol use, because we believe all parts of a person's identity matter in recovery. By combining the most effective, evidence-based addiction treatment methods with relatable personal stories, we're making sobriety accessible, intuitive, and worth celebrating!

In a study done in partnership with the University of Buffalo and Syracuse University, Tempest members reported a 50% reduction in their symptoms of Alcohol Use Disorder (problematic drinking) and a 25% reduction in the severity of anxiety and depression symptoms. Learn more at [jointempest.com](https://jointempest.com).



# The problem with alcohol

The most concerning thing about alcohol consumption is the lack of awareness about its consequences. It's been two and half years since *The Lancet* published an article noting, "No level of alcohol consumption improves health"<sup>1</sup>, and people continue to tote the benefits of red wine.

The National Institute of Health recently reported that **alcohol is the third-leading preventable cause of death in the United States after tobacco and poor diet**<sup>2</sup>. And the rate of all alcohol-related Emergency Department visits increased 47% between 2006 and 2014 to where alcohol now contributes to 18.5% of all ED visits nationwide.

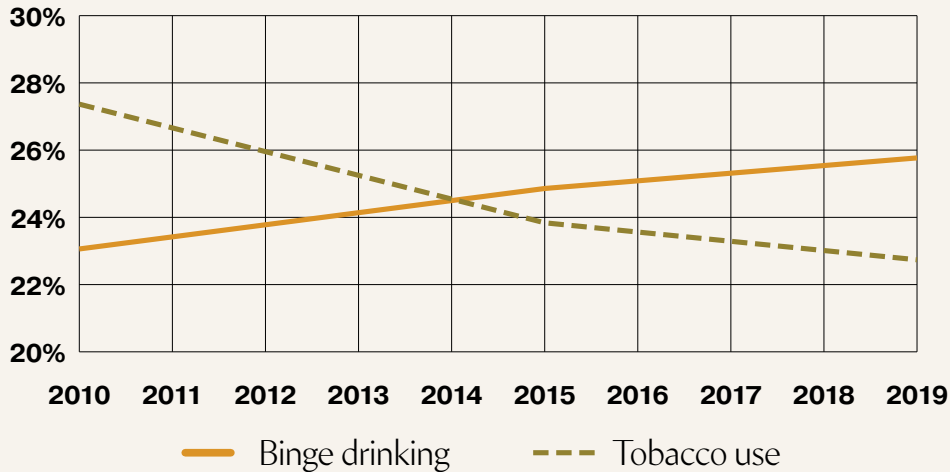
And it's not just in the United States where we are seeing serious consequences from alcohol use. Analysis from the 2016 Global Burden of Diseases, Injuries, and Risk Factors Study (the most comprehensive estimate of the global burden of alcohol use to date) clearly demonstrates the substantial contribution of alcohol to death, disability, and ill health, globally. The study shows that among people aged 15-49 years, alcohol ranks as the **leading** cause of illness and disability-adjusted-life-years (DALYs). In this population, alcohol use was the leading risk factor, with 3.8% of female deaths and 12.2% of male deaths attributable to alcohol use. That percentage is even higher in people aged 20-39 years<sup>3</sup>.

In 2011, The World Health Organization published the Global Status Report on Alcohol and Health 2011. The findings of this report led them to hold a four-day meeting with officials from over 100 countries working with the WHO to reduce the harmful use of alcohol worldwide. The report found that excessive alcohol use is one of four common risk factors, along with tobacco use, poor diet and physical inactivity, for the four main groups of noncommunicable diseases (NCDs) —cardiovascular diseases, cancer, chronic lung diseases, and diabetes<sup>4</sup>. Since then, tobacco use has come down, and public awareness about the importance of a healthy diet and physical activity has become widespread. Public and private initiatives have also supported these measures—things like no-smoking zones, healthier food in cafeterias, calorie counts on restaurant menus, corporate sponsorship of gym memberships, etc. are all commonplace. The one area that has not been addressed and where we can still see **large gains** is cutting back on excessive alcohol consumption.

3<sup>rd</sup>  
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*After tobacco  
and poor diet*<sup>2</sup>.

## Percent of US adults reporting past month binge drinking or tobacco use



Source: NSDUH<sup>5</sup>

Not only has this country failed to cut back on alcohol consumption, during the COVID pandemic, alcohol consumption has increased by 14% across the board, with women increasing heavy drinking episodes by 41%<sup>6</sup>. This is after the number of women who reported binge drinking already rose an astonishing 23% from 1999 to 2017, according to the NIAAA. A pre-pandemic nationwide survey from 2019 showed that 26% of Americans (nearly 65 million) 18 and older have binge drank in the past month<sup>7</sup>. Binge drinking is defined as having 4 or more drinks in a day if you identify as a woman (or nonbinary) and 5 or more drinks if you identify as a man.

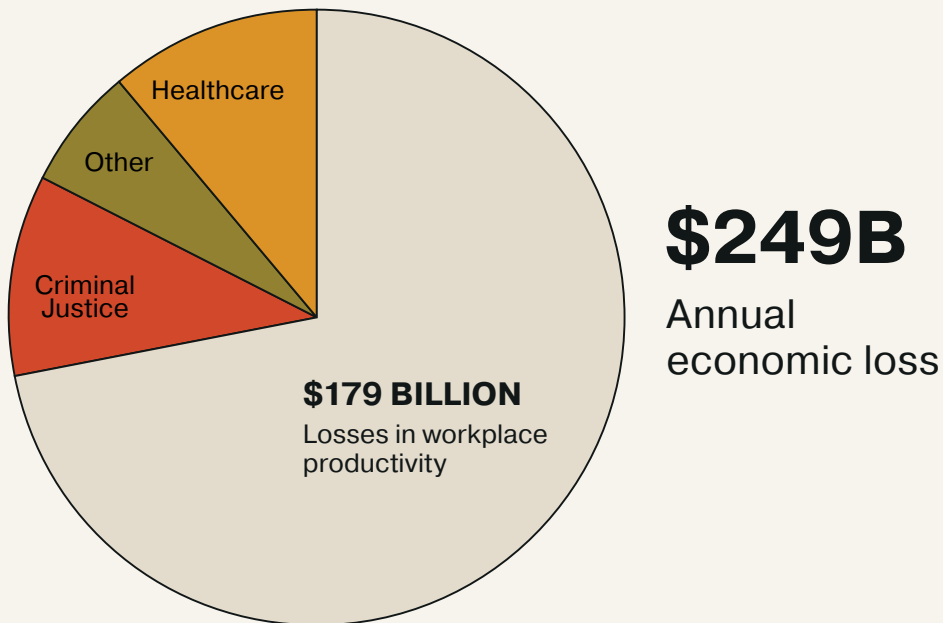
## 26% of Americans (nearly 65 million) 18 and older have binge drank in the past month<sup>7</sup>.

2019 Nationwide Survey. Binge drinking is defined as having 4 or more drinks in a day if you identify as a woman (or nonbinary) and 5 or more drinks if you identify as a man.

In 2010, excessive alcohol use cost the United States \$249.0 billion, and three-quarters of that amount is related to binge drinking<sup>8</sup>. Most of the costs resulted from losses in workplace productivity (72% of the total cost), and each worker with a substance use disorder cost employers an excess of \$6,600 per employee<sup>9</sup>. This is because employees who struggle with excessive alcohol use miss 48% more days

of work, have 56% more turnover, and report 3x more psychological distress than a worker in recovery. In a sample of 2,500 Tempest members, **65% self-reported that their alcohol use has impacted their ability to be productive at work.** It's time for both the public and private sectors to bring more focus to treating excessive alcohol use.

## Total cost of excessive drinking in the US

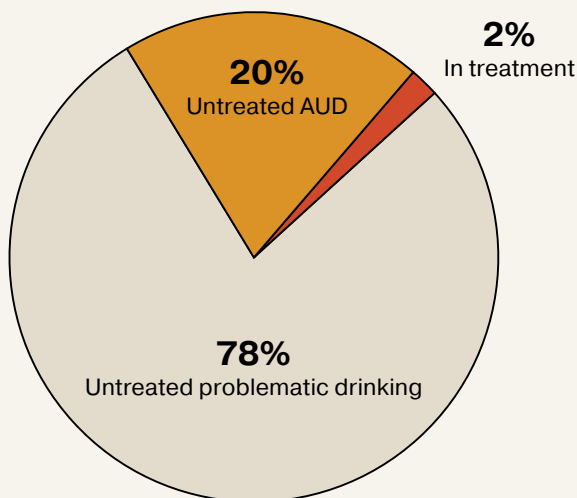


Source: CDC

# Current treatments are not moving the needle

According to the 2019 NSDUH survey, 14.5 million (nearly 15 million) people ages 12 and older (5.3 percent of this age group) met the criteria for alcohol use disorder (AUD)<sup>10</sup>, which is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. Among this group, only 7.3 percent of adults who had AUD in the past year received any treatment. **If you think about the total number of adults who drank excessively in the past month (65 million), this means that 98% of them did not receive any treatment.**

## 65M Americans meet the criteria for problematic alcohol use—and are looking for support



### Why is this?

Let's start with a story. Meet Jane. Jane has been drinking since she was in high school when it was exciting for her friends to get together and sneak alcohol. She found alcohol immediately turned off the critical voices in her head and made her



feel excited and less shy. Entering college, she continued to party hard, which was also fairly acceptable.

After college, most of Jane's friends found jobs and started cutting back on the alcohol. Jane thought her friends were lame, so she found a new group of friends who liked to have a good time and drank as much as she did. Her nights got longer and her days got shorter as Jane stayed up drinking at night and stayed in bed hungover in the mornings. She told herself that maybe she would try cutting back. It worked for a few weeks and she was able to drink a couple drinks and not be hungover the next day. *I got this*, Jane thought.

After a couple months, she slipped back into the old pattern as she realized she needed more and more alcohol to feel buzzed. The hangovers became worse and lingered as she dragged herself to work Monday morning. After a big weekend of partying, Jane woke up Sunday and started to feel really concerned about her drinking. She started Googling "problem with alcohol" and saw a bunch of alcohol related scales and quizzes. Her face flushed as she saw that each scale she took indicated she did in fact have a problem with alcohol. She Googled, "how do I get help for alcohol use?", which only created more anxiety. Suddenly inpatient treatment centers that required a 30 day commitment or outpatient centers that would require attending their program 3-4 days a week popped up. There was no way Jane had that kind of time—she worked a full-time job. Nor did she have the thousands of dollars to cover the cost of treatment. And on a more personal note, she couldn't bear the shame of being labeled an "alcoholic." *This is a phase*, she thought. *It will pass*, she thought. Only it didn't.

10  
years

*Time it takes the average person from onset of AUD to seek treatment<sup>11</sup>, if at all.*

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There are not a lot of places to get help if you are curious about sobriety without the pressure to admit you are an alcoholic.

**The average person takes 10 years from onset of alcohol use disorder to seeking any treatment<sup>11</sup>, if at all.** That is 10 years of dealing with monthly blackouts, hangovers, loss of productivity, embarrassment, shame, and illness before taking action. We sampled approximately 2,500 members at Tempest and it took them an average of **11.2 years** from when they recognized that alcohol might be a problem in their lives, to when they started to seek any type of help. Moreover, the average number of years that alcohol had been a problem for them when they entered Tempest was on average, **18 years**. So Jane's situation is not so unique.

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## Addressing shame is a large part of long-term recovery from excessive alcohol use.

Why do people take so long to seek treatment? There are not a lot of places to get help if you are curious about sobriety without the pressure to admit you are an alcoholic. Inpatient rehabs and outpatient programs are a large commitment in terms of time and finances, particularly if you are looking for treatment options that are 90+ days, as those have been shown to have more favorable outcomes<sup>12</sup>. Therapy is a good option for some, but even that can be prohibitively expensive without insurance, and doesn't meet the need for daily support in early sobriety. AA is a good source of support for some as well, but we also know that at least 93% of people who meet the criteria for AUD do not attend AA<sup>13</sup>. At Tempest, we find that of people entering our program, 30% have tried AA and only 7% have stuck with it, which is consistent with research findings. What ends up happening is primary care physicians see a large number of patients who are drinking excessively (as high as 29% of patients<sup>14</sup>), and do not have suitable treatment options available for them.

**Unlike other health conditions, shame and stigma also play a large role in excessive drinking and alcohol use disorder**, and research validates this<sup>15</sup>. One peer-reviewed study tested whether shame about one's past addictive drinking (measured via nonverbal displays and self-report) predicts future drinking behaviors and changes in health among newly recovering individuals. Results showed that

nonverbal behavioral displays of shame expressed while discussing past drinking strongly predicted (a) the tendency to drink again over the next 3 to 11 months, (b) the severity of that drinking episode, and (c) declines in health<sup>16</sup>.

These findings suggest that shame about one's past behaviors may increase future occurrences of problem drinking. Several other studies have also shown that people in recovery treatment rank higher in self-reported shame and maladaptive guilt than people without substance use disorders<sup>17</sup>. All this is to say that addressing shame is a large part of long-term recovery from excessive alcohol use. If treatments do not intentionally focus on reducing shame through subtle messaging, they can inadvertently increase it. Shame can also prevent people from seeking treatment in the first place. In a research study of 1,008 participants with alcohol use disorder who were not in treatment, shame was the 2nd most common reason for not seeking treatment (29%) after "lack of problem awareness" (55%)<sup>18</sup>.

# So, where do we go from here?

At Tempest, we've known for quite some time that excessive alcohol use is a large problem and that there are not adequate treatment options available. That's what led us to create our virtual, psychosocial-based recovery support program. Bringing together a combination of evidence-based modalities that have been shown to be effective in treating alcohol use disorder (Cognitive Behavioral Therapy, Mindfulness practices, and Motivational Interviewing), and weaving them together with personal recovery stories, has created an effective and engaging experience for our members.

The content was created by clinicians and coaches who are in recovery themselves, with a particular focus on shame reduction, awareness building and empowerment. These tenets are emphasized by our Recovery Coaches throughout the program in 1:1 coaching sessions, support groups, and our online forums.

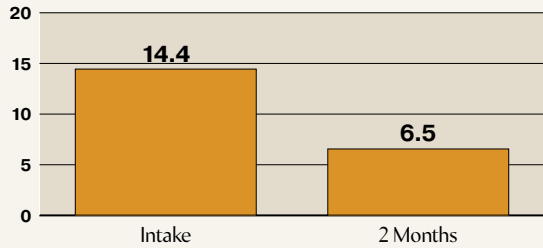
# We are proud to report our 2021 YTD Outcomes

Our YTD results demonstrate significant reductions in alcohol use.

All of our results are statistically significant at the 0.01 level. This indicates that, if by chance these results are spurious (meaning that they are specific to *this* particular sample of members and would be unlikely to be found on replication), then, in that case, we would only see changes this large or larger *less than 1% of the time*. By logical extension, we are comfortable concluding that it is very unlikely that our results are spurious, and hence we are confident that we can generalize this finding to other members of Tempest that share the same characteristics as our sample.

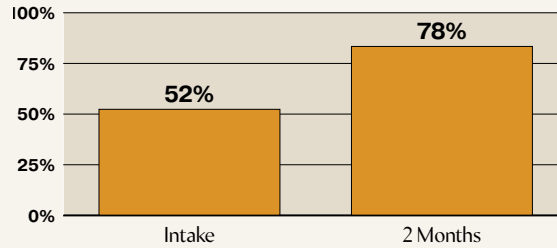
# 2 month program outcomes

## Drinking days in the past 30 days



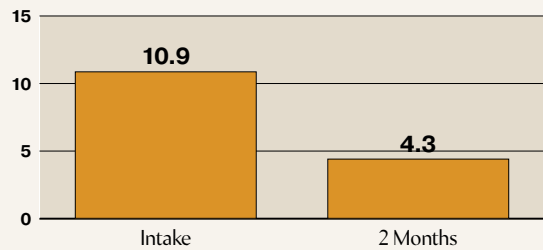
Average number of drinking days over the past 30 days declined from 14.4 days to 6.5 (n=224).

## % days abstinent



Average percent of days abstinent in the past 30 days increased from 52% to 78% (n=224).

## Binging days in the past 30 days



Average number of binge drinking days over the past 30 days declined from 10.9 days to 4.3 (n=224).

## Additional insights

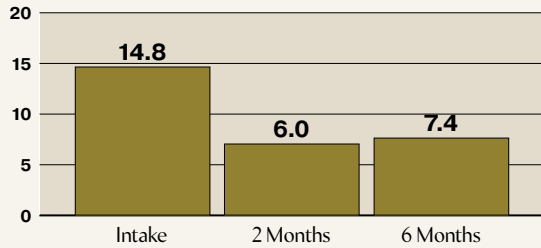
Although there is no requirement to be abstinent during the program, 50% of members reported over a month of consecutive sobriety at month 2.

We also asked members how much alcohol has impacted their ability to be productive at work on a scale of 1-5 with 1 being “Not at all” and 5 being “Extremely.” At intake, the average was 2.3. These same members reported an average of 1.5 after completing two months of the program, indicating a 36% improvement in productivity losses due to alcohol.

Of those who had the largest reductions in drinking (20-30 fewer drinking days over the past month), the average number of support groups attended over the past month was 6 groups. And the most popular lesson was the one on Addiction & the Brain—how addiction rewires our brains and how we can begin to reverse some of those changes and create sustainable recovery.

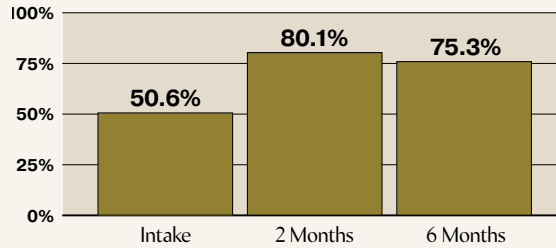
# 6 month program outcomes

## Drinking days in the last 30 days



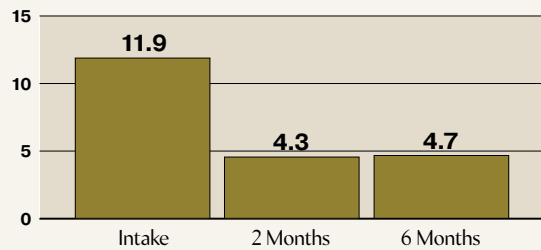
Average number of drinking days over the past 30 days declined from 14.8 drinks at intake to 6.0 at two months and 7.4 at six months (n=52).

## % days abstinent



Average percent of days abstinent in the past 30 days increased from 50.6% at intake to 80.1% after two months and settled at 75.3% at six months (n=52).

## Binging days in the past 30 days



Average number of binge drinking days over the past 30 days declined from 11.9 days at intake to 4.3 after two months and 4.7 days at six months (n=52).

## Additional insights

These outcomes are from members that have spent at least 6 months at Tempest. You will notice that the reductions in drinking are consistent with the 2 month data, implying that individuals are able to maintain their reductions over time.

The reductions in alcohol use are coupled with a 22% decrease in cravings and a 36% improvement in productivity.

# Conclusion: Excessive drinking is something that we can no longer afford to ignore.

The costs to people's health and productivity are too high, and individuals have not been properly educated about the harms of excessive drinking. While inpatient and outpatient rehabs, as well as AA, offer valuable services, the truth is that they are only helping a very small fraction of the people whose health and productivity are being significantly affected by their alcohol use. Tempest is able to offer a clinically-proven, modern recovery platform to engage individuals who would otherwise continue to struggle with excessive drinking.



# Stay in touch with Tempest

[Jointempest.com](https://jointempest.com)

@jointempest on social media

Reach out to [hello@jointempest.com](mailto:hello@jointempest.com)

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If you have any questions, please contact us at [hello@jointempest.com](mailto:hello@jointempest.com).

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