

Alcohol Dependence

In general, problems associated with alcohol use have been characterised as those relating to:

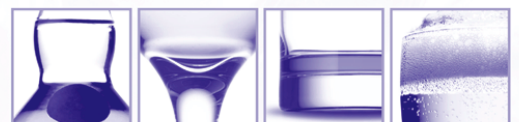
- **Dependence**, which is associated with features such as withdrawal symptoms, loss of control, and social disintegration;
- **Regular, heavy drinking**, which is associated with chronic conditions such as cirrhosis of the liver, cognitive impairment, pancreas damage, heart and blood disorders, and ulcers; and
- **Intoxication (including what has been called binge drinking)**, which is associated with immediate consequences such as alcohol-related violence, risky behaviours, road trauma, and falls.

These three types of alcohol misuse can occur independently, or overlap with each other in various combinations. Drinking alcohol can also be a problem for those people with a serious health problem that is made worse by alcohol, such as cirrhosis, pancreatitis or hepatitis C.

Key features of alcohol dependence

Dependence on alcohol is not an all-or-none phenomenon, but exists on a continuum from mild to severe:

- A slight degree of dependence is not uncommon in the Australian population: for example, finding it a little difficult to stop drinking after two or three standard drinks every day. Dependence at a low level may not, of itself, be a problem, but there is a tendency in some people for the level of dependence to increase slowly over time.
- While the risk of dependence is not easy to calculate, it is higher for people drinking more frequently and at higher levels, but very small for people drinking within the guideline limits. One of the earliest and most common signs of dependence is a difficulty with limiting drinking to a moderate amount on any single occasion – a few drinks begin invariably to lead to many.
- **Thus, the ability to stay within guideline limits for a single occasion can be an important indication of whether total abstinence might be necessary.**
- More severe dependence is associated with both physical symptoms (including increased tolerance and withdrawal symptoms, such as tremors, sweating, anxiety, vomiting) and psychological symptoms (including subjective awareness of a compulsion to drink, and continued drinking after severe consequences). For people who are severely dependent, drinking to ease these symptoms gradually begins to control their lives, taking precedence over everything else. It leads to social disintegration, affecting relationships and work, and may be associated with a range of other social and health consequences of heavy drinking. Recent research has found that, in its more severe form, alcohol dependence was the most widely prevalent substance use disorder in Australia.
- *The guidelines proposed by the NHMRC for people with a health or social problem that is related to alcohol, or made worse by alcohol (including alcohol dependence) are that they:*
 - should consider not drinking at all;
 - are strongly advised to stop drinking for at least several weeks or months;
 - might then try drinking at well below the levels set out in the guidelines for the general population (in the ‘What is a standard drink’ Fact Sheet) under professional supervision;



ALCOHOL DEPENDENCE IS ASSOCIATED WITH A RANGE OF HEALTH AND SOCIAL PROBLEMS

- should not drink if they have developed severe alcohol dependence;
- should never drink if they have a severe health problem made worse by alcohol (such as cirrhosis, and pancreatitis);
- should consider drinking only infrequently and well below the levels recommended for the general population, if they have hepatitis C or other forms of chronic viral hepatitis.
- A number of professional, medical and voluntary agencies can help people who have problems with their drinking. Most States and Territories have an alcohol and drug telephone helpline, which can provide information on specialist services available.
- It is crucial that the impact of such problems on families and partners be recognised, and their needs supported. At the same time, families offer a key resource in helping people with a drinking-related problem, and are often the first to acknowledge such problems.

Factors influencing alcohol dependence

People with a family history of alcohol-related problems, including alcohol dependence are also more at risk of becoming alcohol dependent.

- There may be a genetic susceptibility: The rewarding and reinforcing effects of drinking may explain part of the progression from low risk to risky or high risk levels of drinking, and people who are genetically predisposed generally feel these effects more strongly, and at lower levels of drinking, than people not predisposed.
- There are also strong social and environmental reasons why alcohol-related problems can run in families, such as the powerful effects of modelling particular drinking styles and exposure to a wider culture that is accepting of heavy drinking and intoxication.
- The guidelines proposed by the NHMRC for people with a relative who has, or has had, a problem with alcohol are, therefore, that they:

- are advised to be careful about how much they drink;
- should take particular care to have regular alcohol-free days (one or two days per week);
- might consider not drinking at all.

Alcohol dependence may gradually develop from heavy and regular daily drinking that comes to be associated with physical and psychological distress if the drinker attempts to abstain for even a few hours. The development of such dependence involves adaptation by the body to alcohol's presence in the central nervous system, combined with the drinker learning to keep on drinking to avoid discomfort.

Regular periods of not drinking (that is, alcohol-free days) interrupt both the body's adaptation and the habit development associated with the development of increasing dependence on alcohol.

Other relevant Fact Sheets:

Drinking patterns and levels of risk: defines what is counted as regular heavy drinking and as intoxication

Harms associated with alcohol: lists the consequences of regular heavy drinking and of intoxication

What is a standard drink?

Alcohol and mental health

Principal source

National Health and Medical Research Council (NHMRC) (2001). *Australian Alcohol Guidelines: Health Risks and Benefits*. NHMRC, Canberra.

Other sources

Laslett A, Donath S, and Dietze P (2002). Long-term consequences of alcohol consumption. In: *National Alcohol Research Agenda*. Commonwealth Department of Health and Ageing, Canberra.

