

Glossary

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Standard drink The Australian standard drink contains 10 grams of alcohol (equivalent to 12.5 ml of pure alcohol).

The following terms are used as specific diagnostic terms in accordance with the DSM-IV-R or ICD-10 definitions (see Appendix 2 for the full diagnostic criteria):

- Alcohol abuse** A maladaptive pattern of alcohol use manifested by recurrent and significant harmful consequences related to repeated use of alcohol (in the absence of the diagnosis of dependence syndrome) (DSM-IV-R).
- Alcohol dependence or alcohol dependence syndrome** A cluster of cognitive, behavioural and physiological characteristics indicating that the patient continues using alcohol despite significant alcohol-related problems (DSM-IV-R; ICD-10; see Appendix 2 for details).
- Harmful alcohol use** A pattern of alcohol use that is causing damage to health. The damage may be physical or mental (in the absence of the diagnosis of dependence syndrome) (ICD-10).

It should be noted, that 'alcohol-related harm' and 'problems related to alcohol consumption' are regarded as equivalent terms and usually have wider meaning than harm to the drinker's health. In practice they usually refer to a range of health and social problems to the drinker and to others, since they affect both the individual and society at various levels (WHO 2007). Therefore, these guidelines use a broader definition, namely:

Alcohol-related harm Adverse health and social outcomes resulting from consumption of alcohol.

A number of terms are commonly used in the research literature to describe the levels of drinking that reflect the previous set of guidelines (NHMRC 2001). These guidelines recognised three levels of alcohol consumption (low risk, risky and high risk) in terms of short-term harm (such as risk of accidents and injuries occurring immediately after drinking) and long-term-harm (such as risk of developing alcohol-related disease). These terms include:

- Low risk levels** A level of drinking at which there is minimal risk of harm, and for some the likelihood of health benefits.
- Risky levels** Levels at which risk of harm is significantly increased beyond any possible benefits.
- High risk levels** Levels at which there is substantial risk of serious harm, and above which risk continues to increase rapidly.

A number of terms have been traditionally used in clinical practice and professional literature to describe levels and patterns of alcohol consumption. The terms – binge drinking, hazardous drinking, heavy drinking, problematic drinking and risky drinking – are difficult to accurately define as they usually reflect the period of time in which the literature was published or indicate the levels and patterns of drinking specific to a particular publication.

Binge drinking	Usually refers to the pattern of heavy episodic drinking that can result in significant harm to the drinker and others.
Hazardous drinking	Indicates a level of consumption or pattern of drinking that is likely to result in harm if current drinking pattern continues.
Heavy drinking	Usually closest in meaning to harmful and high risk drinking levels defined above.
Problematic drinking	Usually refers to the level of drinking at which the person develops some alcohol-related problem or is at risk of developing such problems but has no diagnosis of dependence.
Risky drinking	Is close in its meaning to drinking at risky levels defined above.

Some of these terms are used in these guidelines where recommendations or statements are based on evidence that includes such terminology.