



Alcohol Dependence

Regular use of alcohol can result in alcohol dependence. When a person is alcohol dependent they feel a strong desire to drink and drinking is given priority over important commitments. Dependence ranges from mild to severe. People with severe dependence drink regularly at high-risk levels and often find it hard to limit how much they drink. Alcohol is strongly linked with anxiety and depression in those with alcohol dependence, and this increases the risks of violence and self-harm. Alcohol dependence is a major risk factor for suicide.

Key features of alcohol dependence

- **A slight degree of dependence is not uncommon in the Australian population:** for example, finding it a little difficult to go a day without consuming some alcohol or finding it difficult to stop before consuming several drinks (even when there seem to be good reasons to drink less or not at all on a particular 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 low-risk amount on any single occasion—a few drinks can often lead to many more.
- **More severe dependence** is associated with:
 - physical symptoms including increased **tolerance to the effects of alcohol** (that is, needing more alcohol to get the same degree of effect; for example, now needing four drinks to feel relaxed rather than one or two drinks as previously) and **withdrawal symptoms**, such as tremors, sweating, anxiety and vomiting when suddenly ceasing drinking (severe withdrawal can be life-threatening and needs to be medically supervised);
 - psychological symptoms (including: a sense of compulsion to drink or not being fully in control of one's drinking; depression and/or anxiety; several weeks of abstinence from alcohol often results in a marked reduction in depression and anxiety); and
 - social, relationship and vocational problems.

Mental health conditions

- People who use alcohol to cope with their mental health conditions have a tendency to become dependent. Studies have shown that when people with significant alcohol dependence stop drinking entirely, their mood usually worsens over the first few hours and days, but after two to three weeks it is greatly improved.
- Anyone at risk of, or under treatment for, a mental health condition should discuss their alcohol intake with a health professional. Recommendations about drinking will vary depending on the presenting mental health condition and medication regimes. In many instances, temporary or permanent abstinence may be necessary.
- Carers can encourage people with a mental health condition to stay within guideline levels, or to abstain if necessary.

Family history of alcohol problems

- People with a family history of alcohol-related problems, including alcohol dependence, are more at risk than the general population of being unable to control their level of drinking.
- Anyone with first (biological parents, full siblings and off-spring) or second-degree (biological aunts, uncles, grandparents, grandchildren and half-siblings) relatives with alcohol dependence should consider reducing their drinking to below Guideline 1 and 2 levels and also discuss their alcohol intake with a health professional.

Supports

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.

Recommended consumption levels for low-risk drinking

Guideline 1

For healthy men and women, **drinking no more than two standard drinks on any day** reduces the **lifetime risk of harm** from alcohol-related disease or injury.

Guideline 2

Drinking **no more than four standard drinks on a single occasion** reduces the risk of alcohol-related **injury** arising from that occasion.

For children and young people under 18 years of age, not drinking alcohol is the safest option.

For women who are pregnant, planning a pregnancy, or breastfeeding, not drinking is the safest option.

Further reductions in the lifetime risk of alcohol-related disease or injury can be achieved by reducing the number of occasions of drinking across a lifetime, for example through regular alcohol-free days. Alcohol-free days also help to avoid the development of alcohol dependence.

You can find more information on the recommended levels of alcohol consumption in the Guidelines for Alcohol Consumption Fact Sheet.

Adapted from

Australian Department of Health and Ageing, Australian Alcohol Guidelines Fact Sheets www.alcoholguidelines.gov.au

Guidelines source

National Health and Medical Research Council (NHMRC) (2009). *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, Commonwealth of Australia, Canberra.

Other sources

Allsop, S. (Ed) (2008). *Drug Use and Mental Health*. Melbourne, IP Communications.

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.

Severe alcohol dependence is associated with a range of health and social problems.

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