What Is Alcohol Abuse and Dependence?

**Alcohol abuse** is when an individual experiences one or more of the following in a one year period:
- Recurrent use resulting in failure to fulfill role obligations at home, school, or work.
- Recurrent use in dangerous situations, such as continuing to drink heavily despite having frequent “blackouts.”
- Recurrent alcohol-related legal problems such as convictions for driving while intoxicated (DWI).
- Continued use despite social and interpersonal problems caused or worsened by alcohol.

**Alcohol dependence** is a more severe and less frequent diagnosis which is given when a person experiences three or more of the following in a one year period:
- Tolerance—increased amounts are needed to achieve the desired effect or a diminished effect from the same amount of alcohol.
- Withdrawal—symptoms includes, sweating, increased heart rate, shaking, nausea/vomiting, or even more severe symptoms such as seizures and/or hallucinations.
- A great deal of time is spent trying to obtain alcohol, using it, or recovering from its effects.
- Important activities are given up or reduced because of alcohol.
- Drinking more or longer than intended.
- Persistent desire to drink or unsuccessful efforts to cut down or control alcohol use.
- Continued use despite diagnosis of a mental health disorder such as depression that is caused by or worsened by alcohol.

College students should talk to a mental health professional about their alcohol intake if they:
- Drink everyday.
- Binge drink to get drunk.
- Think alcohol is interfering with school work and relationships.

What Causes Alcohol Abuse and Dependence?

Similar to many other mental health disorders, alcohol abuse and dependence are likely due to a wide variety of environmental and biological factors. The cultural traditions surrounding the use of alcohol in family, religious, and social settings, especially during childhood, can affect both alcohol use and the likelihood that alcohol problems may develop.

How Are Alcohol Abuse and Dependence Treated?

Treatment depends on the severity of the alcohol problem and the treatment resources that are available at an individual's higher education institution or in the local community. Treatment may include:
- Alcohol detoxification, the procedure of safely getting alcohol out of a person’s system by treating withdrawal symptoms.
- Prescription medications such as acamprosate, disulfiram, and naltrexone that have been shown to help prevent a relapse to drinking once drinking has stopped.
- Some types of counseling teaches alcohol abusers to identify situations and emotions that typically trigger the desire to drink and find new ways to cope that do not include alcohol use. These treatments are usually provided on an outpatient basis, and many are offered through university counseling centers throughout the country.
- Support of family members is important to the recovery process. Many people with alcohol problems have disturbed many of their closest relationships, and these have to be rebuilt.
- Free community and government programs, such as group support meetings, legal assistance or job training.

It is important to work with a psychiatrist or other mental health care providers to:
- Consider the positive benefits of stopping an unhealthy drinking pattern.
- Set a specific drinking goal. You may choose to abstain from alcohol or limit the amount that you drink in order to avoid negative legal and social consequences.
- Examine the situational triggers for unhealthy drinking patterns and determine new ways of tackling those trigger situations.

Students of legal age (>21) who consume alcohol should do so responsibly and in moderation. Unfortunately, many students engage in underage, risky drinking that could lead to long term alcohol problems. These patterns include binge drinking and heavy drinking on a regular basis. The health and social effects of alcohol misuse can be extremely serious and even life threatening both to the individual and to others.
One in a series of brochures designed to reduce stigmas associated with mental illnesses by promoting informed factual discussion of the disorders and their psychiatric treatments. This brochure was developed for educational purposes and does not necessarily reflect opinion or policy of the American Psychiatric Association. For more information, please visit www.healthyminds.org.

© Copyright 2006 American Psychiatric Association