

## **PASSAGE III**

This passage discusses alcohol abuse and alcoholism in a clinical context.

Alcohol abuse and dependence are serious problems affecting 10 percent of adult Americans, and the toll is high: 3 out of 100 deaths in the United States can be linked directly to alcohol. In addition to traffic crashes, injuries in the home and on the job, and serious long-term medical consequences, alcohol abuse has been implicated in aggression and crime. The cost of alcohol abuse and alcohol dependence is estimated to be as bigh as \$1 trillion annually.

Although patterns vary, it is possible to classify drinkers as social drinkers, alcohol abusers, and alcohol-dependent persons. While alcohol consumption is never entirely a risk-free activity, these categories represent a range from relatively benign to extremely problematic.

An evaluation of treatment for any alcohol-related disorder must be situated historically. For nearly two hundred years, the explanation of alcoholism as a disease competed with explanations in which character or moral defects were believed to lead to drinking behavior. It wasn't until the 1930s that serious consideration was given to the concept of alcoholism as a disease with psychological, biochemical, endocrinological, and neurological implications. Even as late as the 1960s, some researchers still defined alcoholism broadly to include any drinking behavior that had harmful consequences.

Evidence accumulated, however, suggesting that alcohol abuse and alcohol dependence are distinguishable. "Alcohol abuse" refers either to transitory or long-term problems in accomplishing basic living activities in which alcohol is implicated, and "alcohol dependence" describes a severe disability in which dependence brings about a reduction in the individual's ability to control the drinking behavior. This delineation was endorsed in 1987 by the Institute of Medicine, which defined alcohol abuse as "repetitive patterns of heavy drinking associated with impairment of functioning and/or health" and discussed alcoholism (dependency) as a separate phenomenon. Alcohol dependence is associated with additional symptoms such as craving, tolerance, and physical dependence that bring about changes in the importance of drinking in the individual's life and impaired ability to exercise behavioral restraint.

The distinction has important clinical implications. For some nondependent alcohol abusers, drinking patterns may be modified by exhortations or by societal sanctions. For alcohol-dependent persons, exhortations and sanctions are insufficient, and the goal of modified drinking inappropriate. The goal for these people is abstinence, and a range of treatment options is available, including pharmacologic interventions, psychotherapy, and counseling. But even alcohol-dependent persons do not constitute a homogeneous group. They are not identical in personality, life experiences, family characteristics, or social status. Knowledge of the differences among alcohol-dependent persons is important because research shows that alcoholism treatment methods are differentially effective according to patient characteristics.