The Spectrum of Alcohol Use & Misuse

1) Abstinence

- *Lifetime:* never having consumed alcohol-containing beverages
- *Current:* no longer consuming alcohol-containing beverages
- For epidemiologic purposes, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines abstinence as drinking fewer than 12 drinks per year and not drinking over daily or weekly limits. (See NIAAA Maximum Limits below.)

2) Low-risk Drinking

- Drinking within limits set out, typically, by one of the following guidelines.
- The risk of future alcohol-related harm is low for individuals drinking at this level.

US Dietary Guidelines[1]
"Those who choose to drink alcoholic beverages should do so sensibly and in moderation—defined as the consumption of up to one drink per day for women and up to two drinks per day for men."

NIAAA Maximum Limits[2]
According to epidemiologic research, individuals who drink above the following limits are at increased risk for alcohol-related problems.[3]

For healthy men up to age 65
no more than 4 drinks in a day ***AND***
no more than 14 drinks in a week

For healthy women (and healthy men over age 65)
no more than 3 drinks in a day ***AND***
no more than 7 drinks in a week

3) Risky, hazardous, or at-risk drinking

- Drinking in excess of guidelines, but without experiencing physical, mental, social or legal harm or problems.
- Research indicates elevated risk, *i.e.*, future harm more likely than #2 above.
- Risk increases with how much and how often a person drinks above the guidelines.
- Drinking in excess of the daily maximum limit is called binge drinking.
- The risk associated with drinking can increase under certain circumstances, e.g., while driving, operating machinery, or when less-than-optimal performance might endanger oneself or others.
- Because individual responses to alcohol vary, even lower levels may be problematic depending on many factors, such as weight, age, medical conditions, and use of medication. It is not known whether any amount of alcohol is safe during pregnancy, so the Surgeon General urges abstinence for women who are or may become pregnant.[4]

4) Intoxication

- Drinking at a level that results in "disturbances in level of consciousness, cognition, perception, affect or behaviour, or other psycho-physiological functions and responses. The disturbances are directly related to the acute pharmacological effects of the substance and resolve with time, with complete recovery, except where tissue damage or other complications have arisen"[5]
- Mild intoxication unaccompanied by physical, mental, social, or legal harm could be considered hazardous drinking. When accompanied by harm, however, it is considered harmful use. (See #5 below.)
- Whether merely hazardous or actually harmful, intoxication (even repeated) should not be mistaken for alcohol dependence, or alcoholism, a diagnosis of which requires other symptoms. (See #6 below.)

5) Harmful Drinking

- Drinking at a level that causes physical mental, social, or legal harm
- This category is similar to the DSM diagnosis of alcohol abuse.[6]
- The distinction between hazardous and harmful drinking is not based on different amounts and frequency of alcohol consumption but on the association between alcohol use and negative consequences.

6) Dependence Syndrome (alcoholism)

- "A cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state"[5]
- Dependence can vary considerably in severity and the symptoms involved. However, diagnosis requires the experience of three (or more) of the following symptoms within the same 12-month period:
  1) tolerance, 2) withdrawal or drinking to relieve withdrawal, 3) impaired control, i.e., persistent desire or unsuccessful attempts to cut down, 4) drinking more or longer than intended, 5) giving up or reducing important activities because of alcohol use, 6) a great deal of time spent in obtaining, using, or recovering from use of alcohol, and 7) continued use despite recurrent psychological or physical problem.[6]

figure and text below from NIAAA guide[2]

Many people don't know what counts as a standard drink and so they don't realize how many standard drinks are in the containers in which these drinks are often sold. Some examples:

For **beer,** the approximate number of standard drinks in

- 12 oz. = 1
- 16 oz. = 1.3
- 22 oz. = 2
- 40 oz. = 3.3

For **malt liquor,** the approximate number of standard drinks in

- 12 oz. = 1.5
- 16 oz. = 2
- 22 oz. = 2.5
- 40 oz. = 4.5

For **table wine,** the approximate number of standard drinks in

- a standard 750-mL (25-oz.) bottle = 5

For **80-proof spirits,** or "hard liquor," the approximate number of standard drinks in

- a mixed drink = 1 or more*
- a fifth (25 oz.) = 17
- a pint (16 oz.) = 11
- 1.75 L (59 oz.) = 39

***Note:** It can be difficult to estimate the number of standard drinks in a single mixed drink made with hard liquor. Depending on factors such as the type of spirits and the recipe, a mixed drink can contain from one to three or more standard drinks.

1) U.S. Department of Health and Human Services and U.S. Department of Agriculture. Dietary Guidelines for Americans, 2005. 6th Edition, Washington, DC: U.S. Government Printing Office, January 2005. Available at http://www.health.gov/dietaryguidelines/dga2005/document/pdf/DGA2005.pdf **2)** Helping Patients Who Drink Too Much; A Clinician's Guide, Updated 2005 Edition, NIH Publication No. 05-3769, Reprinted May 2007. Available at http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide5_help_p.htm **3)** Dawson DA, Grant BF, Li TK. Quantifying the risks associated with exceeding recommended drinking limits. Alcohol Clin Exp Res. 29(5):902-908, 2005. **4)** U.S. Surgeon General releases advisory on alcohol use in pregnancy [press release]. Washington, DC. U.S. Department of Health and Human Services. February 21, 2005. Available at: www.hhs.gov/surgeongeneral/pressreleases/sg02222005.html **5)** The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines. Geneva, Switzerland: World Health Organization; 1992. **6)** American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington, DC: the Association, 1994