

FACT SHEET FIFTEEN

IDENTIFYING DEPENDENCY

(Cucumbers and Gherkins)

Some alcohol specialists believe that alcohol dependency can happen to anyone who drinks enough alcohol frequently enough. Others will tell you that a certain proportion of the population is genetically pre-disposed to 'alcoholism'.

For front-line practitioners, the debate is academic and irrelevant. What matters is that anyone who is dependent stops drinking and stays stopped. (People who have a problematic relationship with alcohol but are not actually dependent may be able to learn how to bring their drinking back to sensible levels).

(The vegetable patch analogy refers to the pickling process. If you're a cucumber you can become a gherkin, but once you're a gherkin you can never go back to being a cucumber!)

So how can you tell the difference?

Physical dependency is relatively easy to identify. It is worth bearing in mind that the word 'dependence' came into vogue after 1972 when the World Health Organisation decided to drop the word 'addiction' which they considered to be pejorative. So by 'physical dependence' we mean addiction. Addictions are identified by classic withdrawal symptoms. When the addicted person cannot obtain a regular supply they go 'cold turkey'. When the drinker's blood alcohol level falls (usually overnight) they experience typical symptoms, i.e. the shakes, and anxiety states. Severe symptoms are epileptiform fitting, visual and/or auditory hallucinations, delirium tremens. Such symptoms are often accompanied by heavy sweating at night and peripheral neuropathy (tingling in the fingers and toes). Dependent drinkers often experience a sense of urgency in obtaining the first drink of the day.

Physical dependency is not normally seen in men until they are drinking in excess of 100 units of alcohol per week, although it may be seen at lower levels. (Physical dependency at lower levels may indicate liver damage; although the intake is less, the blood alcohol remains high as the liver cannot metabolise it.) It takes the average male heavy drinker 8-11 years to develop physical dependency. In women physical dependency is typically seen if they drink in excess of 70 units per week, but again it may be seen at lower levels. Women can develop a dependency in as little as two to three years.

Anyone who is physically dependent should be referred for specialist assessment as sudden withdrawal can be unpleasant and potentially fatal.

Psychological dependency normally precedes and accompanies physical dependency. It would be unusual to find a person who was physically dependent but wasn't also psychologically dependent. However, there are people who are psychologically dependent without having any symptoms of addiction. They may be binge drinkers or they may be regular heavy drinkers who use alcohol to self-medicate or socialise. They will typically see life without alcohol as boring or unfulfilling, but they may deny that their drinking is problematic. They may claim that they can stop drinking or that they have days when they do not drink, but they are unable or unwilling to consistently control their drinking within sensible limits and will typically persist in heavy drinking despite the fact that it is having serious negative consequences for them. They may tell you that although they can go for days without a drink, once they start drinking they cannot stop. Psychologically dependent drinkers also need to stop drinking and stay stopped.

If you are unsure whether a relative, friend, patient or client is dependent or not, please consider referring them to **apas** (or contact us to enquire about locally accessible services). We can give the person a thorough assessment, including psychometric testing which circumvents denial and, where appropriate, can supply you with a verbal or written account of the assessment findings. To refer, simply telephone our advice line between 9.00 am and 7.00 pm any weekday or 9.00 am and 1.00 pm and Saturdays and ask for 'shared-care' working, alternatively, you may wish to email us.

Alcoline: 0115 941 4747 or **Lo-call** 0845 762 6316 or email: apas@apas.org.uk

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