

# NEBRASKA LICENSEE ASSISTANCE PROGRAM

A SERVICE OF BEST CARE EAP

## Alcohol Use Disorder – A Problematic Pattern, Part I

How does the NE LAP know when a health care professional has a dependence on alcohol? According to the American Psychiatric Association's (APA) fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), an alcohol use disorder is "a problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following (eleven criteria), occurring within a 12-month period." The presence of number of symptoms (criteria) indicate the diagnosis and severity of the disorder, 2 – 3 symptoms indicate a Mild Alcohol Use Disorder, 4 – 5 symptoms indicate a Moderate Alcohol Use Disorder, and 6 or more indicate a Severe Alcohol Use Disorder. The NE LAP, other alcohol/drug use professionals, and treatment programs determine if criteria have been met, and thus, if there is an alcohol use disorder diagnosis. Appropriate treatment recommendations are made based on the severity of the disorder. Typical recommendations will be either education, outpatient counseling, intensive outpatient treatment or residential or inpatient treatment.

The following are the first six criteria for DSM-5 Alcohol Use Disorder, (formerly termed Alcohol Dependence in the APA's prior DSM editions, and commonly known as alcoholism). The NE LAP has added common examples of each criteria.

- 1. Alcohol is often taken in larger amounts or over a longer period than was intended.*  
**NE LAP:** The individual plans to just have one or two drinks, but ends up having many. Or, the individual plans to only drink for a short period of time, but continues drinking and comes home late or misses a scheduled event.
- 2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.*  
**NE LAP:** The individual wants to cut down or control the use of alcohol to reduce or prevent alcohol-related problems, i.e. "it would be better for me and others if I didn't drink so much or so often."
- 3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.*  
**NE LAP:** There is pervasive drinking involved in the lifestyle of the individual. There is a focus or drive to make sure alcohol is available to drink. There are hangovers that have ill effects and preclude the individual from meeting personal, family, work or community obligations.
- 4. Craving, or a strong desire or urge to use alcohol.*  
**NE LAP:** (This is a new alcohol use disorder criteria for the DSM) The individual's desire to use alcohol goes beyond just wanting to use alcohol. The strength of the desire compels them to drink.
- 5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.*  
**NE LAP:** Due to being under the influence of alcohol, or recovering from the use of alcohol (hangovers), home, school or work obligations are neglected, missed or left undone. Example: repeated incidents of calling in sick for work, especially after social events or weekends.
- 6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.*  
**NE LAP:** The individual has damaged relationships with spouse or partner, children, parents, siblings, friends, coworkers, neighbors or others due to alcohol use.

The conclusion to Alcohol Use Disorder – A Problematic Pattern, Part II will be in the NE LAP's September 2014 newsletter.

*If you are a licensed health or health-related service professional wanting more information about alcohol/drug abuse or addiction, please contact the NE LAP at (800) 851-2336 or (402)354-8055 or visit our web site at [www.lapne.org](http://www.lapne.org). If you would like to consult with the NE LAP, or schedule an assessment or an educational presentation, please ask for Judi Leibrock, NE LAP Coordinator or Michelle Hruska, NE LAP Counselor.*

*June 2014*