

Patient information from BMJ

Last published: Jan 26, 2024

Alcohol-use disorder

Alcohol-use disorder is a term doctors use for when someone finds their alcohol drinking hard to control, or when their alcohol drinking causes difficulties or distress.

If you would like help with stopping or reducing your use of alcohol, or if you are concerned about someone you know, you can use this leaflet to talk to your doctor about the options.

What is alcohol-use disorder?

Many people enjoy drinking alcohol without any unwanted effects. And even people who sometimes drink more than they would like to don't have a problem with alcohol.

But some people struggle to control their drinking. Their drinking habits, or their behaviour when drinking alcohol, might also cause them problems at home, work, or school. Or the alcohol they drink might be affecting their physical or mental health.

When someone's drinking reaches this stage, doctors call it alcohol-use disorder.

The causes of alcohol-use disorder are complicated. The causes also vary from person to person. But they tend to fall into several groups.

- Genetic causes (passed down from your family). Some people's genes make them less able to control how they deal with alcohol and other things that cause addictions.
- Social causes. Some people's drinking causes them problems because they spend a lot of time around alcohol or with other people who are drinking a lot of alcohol. For example, their family or friends might have problems with controlling the amount of alcohol they drink. Or they might work for a company where after-work drinking is common.
- Psychological causes. People with mental-health conditions such as anxiety, post-traumatic stress disorder (PTSD), or schizophrenia are more likely to develop alcohol-use disorder and problems with other addictions. Alcohol can make people feel as if it improves their mental health problems for a short while. But over a longer time alcohol can cause depression and make these conditions worse.
- Environmental causes (things around you). Events in your life can lead you to drink more alcohol. These events could be things like struggling to find work, having money worries, coping with the death of a loved one, or having relationship problems.

Alcohol-use disorder

Health authorities in many countries recommend certain limits for drinking alcohol. They advise that drinking above those limits can be bad for your health.

For example, in the UK, the government recommends that you shouldn't drink more than 14 units of alcohol a week. That's about six pints of beer or six large (175 ml) glasses of wine.^[1]

But alcohol-use disorder isn't only about how much you drink. And drinking a little more than the recommended amount doesn't mean that you have alcohol-use disorder. Alcohol-use disorder is an illness that you are not in control of.

What are the symptoms?

Alcohol-use disorder is an illness, but not in the same way as, say, an infection or asthma. So the symptoms tend to be changes in the way you behave rather than physical things like fever or pain.

People with alcohol-use disorder might have symptoms such as:

- Drinking more alcohol than they mean to, over a longer amount of time
- Regularly trying to reduce the amount of alcohol they drink, or trying to stop altogether
- Spending a lot of time or effort trying to get hold of alcohol
- Needing a lot of time to recover from the effects of drinking
- Choosing drinking alcohol over their family, work, friends or hobbies
- Regularly missing work, school, or family commitments because of the effects of drinking alcohol
- Continuing to drink alcohol regularly despite the problems it causes
- Continuing to drink regularly despite knowing that it is harming their physical or mental health
- Developing a tolerance for alcohol over time. This means that they need to drink more alcohol in order to feel its effects
- Having withdrawal symptoms when they don't drink alcohol, such as shaking, sweating, and feeling unwell.

There are no medical tests that can tell if you have alcohol-use disorder. But if your doctor thinks that the alcohol you are drinking may be causing you harm, he or she might want to do some blood tests, usually to see if your liver has been damaged.

What treatments work?

Treatments for alcohol-use disorder depend on how severely you are affected. In general, alcohol-use disorder can be either mild, moderate, or severe.

These categories are partly about how much alcohol you drink, but they also reflect:

- How much you depend (rely) on alcohol, and
- How badly your need for alcohol and your drinking affect your life.

Alcohol-use disorder

Mild alcohol-use disorder

If you have mild alcohol-use disorder, you may not be drinking very large amounts of alcohol. It may just be that you struggle to control how much you are drinking once you start, or that your behaviour causes problems when you are drinking.

If you have mild alcohol-use disorder, or just occasional problems caused by alcohol, the first treatment may simply be a talk to a doctor or nurse.

Talks like this may happen during a routine health check. Or it may be when you are visiting a health centre for another reason, for example during pregnancy, or if you require a new prescription. You might first talk to doctors or nurses about your drinking when you need treatment for another health problem that may be related to alcohol. For example, depression, liver disease, or high blood pressure. For some people these talks first happen in emergency departments when they are being treated for accidents or injuries related to drinking alcohol.

After your first talk, you may be offered several sessions with a doctor or counsellor. He or she will suggest that you develop a plan together, with the aim of reducing or stopping how much alcohol you are drinking.

For some people, these talks are all they need to start thinking about their behaviour. They may not have realised that the way they were drinking alcohol, or how much they were drinking was a problem. Or they may have wondered if they had a problem but had never discussed it with anyone who could help.

Moderate to severe alcohol-use disorder

People who have moderate to severe alcohol-use disorder usually have obvious health problems caused by their drinking, such as:

- Seizures (fits) caused by drinking, or
- Unpleasant symptoms when they don't drink, because their body is used to the alcohol. This is called having withdrawal symptoms. People may notice shaking, confusion, sweating, and an irregular heartbeat.

Many people will also have problems not related to their health, such as:

- Relationship problems
- Problems at work, and
- Getting in serious trouble with the law, for example by drink-driving.

If you have moderate to severe alcohol-use disorder your doctor will want to help you to stop drinking completely.

Treatment for moderate to severe alcohol-use disorder might include:

- Detoxification or 'detox'. This means getting your body alcohol-free and helping you through any withdrawal symptoms. Some people need to stay in hospital for this stage of treatment.

Alcohol-use disorder

- Rehabilitation ('rehab') and aftercare. This involves help to stop you from taking up drinking again. Your personal plan can include medical treatments, help with your mental health, and help with social issues (e.g., distancing yourself from friends who drink alcohol at levels that may cause you problems).

Rehabilitation might include sessions once or twice a week with a counsellor over several weeks or months, or longer. The counsellor will try to help you with ways to avoid drinking alcohol. These may include:

- Coping with stress
- Talking about other things in your life that make you want to drink alcohol
- forming positive friendships and relationships that don't revolve around drinking alcohol.

Your counsellor might also suggest that you look into self-help groups, such as Alcoholics Anonymous (AA). But AA isn't for everyone. And you should make a plan with your doctor or counsellor that is best for you.

Medicines

Some medicines can help people to not drink. Your doctor might suggest that one of these medicines might help as part of your treatment. These medicines work in various ways, including:

- Reducing cravings (the urge you have to drink alcohol)
- Reducing the enjoyment that you get from drinking alcohol, and
- Making you feel unwell if you drink alcohol.

Like all medicines, these treatments can cause side effects in some people. Your doctor should discuss them with you carefully, especially if there is a chance that you might take any recreational ('street') drugs.

Some street drugs can have a dangerous interaction when taken with these prescription medicines.

What will happen?

Your doctor will probably want to monitor you for a while after you stop drinking, to check that you are sticking to your plan, and to ask how you are feeling.

Stopping drinking is hard. Doctors understand this, and they will want to support and encourage you as much as possible.

If you have been given medicine to take, your doctor will also want to check on how the medicine is affecting you, and do some tests. Regular alcohol use can cause long-term damage to your liver, heart, and other parts of your body. So health checks are a good idea.

The treatment for alcohol-use disorder isn't a cure. Staying away from alcohol is a struggle many people with alcohol problems will have all their lives. And many people need several attempts, and a lot of help, before they stop drinking alcohol for good.

Alcohol-use disorder

Stopping drinking alcohol by yourself is especially hard. So you might find it useful to get support from AA or one of the other alcohol support groups. Your doctor might be able to help you find one, or you can find them easily online.

References

1. NHS: alcohol units.

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2025. All rights reserved.

What did you think about this patient information guide?

Complete the [online survey](#) or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.



BMJ Group