

**Addiction and Recovery:
Understanding the Differences Between Use, Abuse, and Addiction
By Peggy L. Ferguson, Ph.D.**

When teaching about chemical dependency it is imperative to begin with a brief discussion of the differences between substance "use", "abuse", and "addiction". "Use" consists of the "appropriate" consumption of alcohol or some other mood altering drug. Appropriate usage of a chemical means that the consumer is using the chemical at the appropriate time, in an appropriate place, and in the proper quantity. It involves the application of a drug in a way that it was meant to be utilized, and by persons defined as appropriate consumers.

When minors use alcohol (or any other non-prescribed mood/mind altering drug) it is considered abuse. The consumption of alcohol (or any other non-prescribed mood/mind altering drug) by minors is considered abuse. Any consumption of an illegal drug is considered abuse. When someone consumes a prescription medication that was prescribed for someone else, it is considered abuse. It constitutes using the chemical in a manner that is inconsistent with its intended purposes). That could include taking a prescription drug in a manner not prescribed -- in terms of quantity, form, or frequency. It could mean consuming the chemical at an improper time or place. It could involve drinking alcohol to get drunk. Consumption is also considered abusive when the chemical takes on elevated importance in the lives of the consumer.

"Abuse" also involves continued consumption of alcohol despite adverse consequences. A person who drinks too much or too often could still be abusing alcohol, rather than being considered alcohol dependent or alcoholic. Diagnostic criteria for abuse include a set of symptoms that do not satisfy criteria for dependence, but does include symptoms such as these: continued drinking despite problems in varying areas of a drinker's life, impaired ability to take care of one's roles and responsibilities, and recurrent drinking in situations that are dangerous (e.g., drunk driving).

Alcohol or other drug consumption is considered addiction or dependence if the aforementioned criteria are present, along with the following symptoms:

- 1) Taking alcohol or other drugs in larger amounts over a longer time than intended,
- 2) Having tried and failed to reduce use or stop,
- 3) Spending a considerable amount of time trying to get the chemical (alcohol included), use it, and recover from using it,
- 4) Abandoning or reducing important life activities such as social, job, or leisure activities because of the chemical,
- 5) Tolerance to the effects of the alcohol or other drugs,
- 6) Emergence of withdrawal symptoms when quitting or cutting back.

Tolerance is a need for more of the chemical to get the same result or the effects of the same amount of the chemical have a reduced effect. Withdrawal involves physical and psychological symptoms that arise when the chemical is stopped or significantly reduced.

Although the previous descriptions serve as usual criteria for clinical diagnostic purposes, thinking of use, abuse, and dependency as finite, discrete categories is problematic when you think about addiction as a chronic, progressive illness. The progression of addiction from first consumption to end stage may involve some or all the previous descriptors at one point, beginning with "use", progressing to "abuse", then to "dependence" or "addiction". For some people, "use" won't progress into the subsequent stages. For others, consumption may get to the next level and stop. Alcoholics or addicts progress from use to dependence. The progression can be quick or slow. With denial, an alcoholic can exhibit symptoms of alcoholism (as identifiable by a professional) for a decade, before having an awareness of their own addiction.

Once the consumption becomes an addiction, it cannot go back to "abuse". For some the progression to addiction begins at the first use of alcohol and other drugs (AOD). For others, there might be a period of responsible consumption of alcohol (or prescription drugs) that persists over time, before that pattern progresses to subsequent stages, and ultimately into addiction. Some people experience a genetic predisposition to addiction. Others do not, but become addicted over time and behavior. Some people who experience alcohol and other drug dependence (AOD) in their families of origin, and in their genetic predispositions, do not get addicted.

While it seems appropriate to distinguish between and among use, abuse, and addiction, a warning is also appropriate. "Use" may not be simply "use", if you have genetic and other environmental, emotional, and behavioral risk factors. "Use" could be the beginning stage of the progression of addiction.

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