



ASSESSMENT AND TREATMENT OF SUBSTANCE-RELATED AND ADDICTIVE DISORDERS

DSM-5 Diagnosis of Substance Use Disorders

DSM-5 establishes nine types of Substance-Related Disorders:

1. Alcohol
2. Caffeine*
3. Cannabis (e.g., marijuana)
4. Hallucinogens
5. Inhalants
6. Opioid (e.g., heroin)
7. Sedatives, Hypnotics, or Anxiolytics (e.g., valium, "qualudes")
8. Stimulants (cocaine, methamphetamine)
9. Tobacco

*Substance use disorder does not apply to caffeine.

Regardless of the particular substance, the diagnosis of a substance use disorder is based upon a pathological set of behaviors related to the use of that substance. These behaviors fall into four main categories:

1. Impaired control
2. Social impairment
3. Risky use
4. Pharmacological indicators (tolerance and withdrawal)

Let's review each of these key diagnostic criteria in greater detail.

1.A. Impaired control:

Impaired control may be evidenced in several different ways:

1) Using for longer periods of time than intended, or using larger amounts than intended; 2) Wanting to reduce use, yet being unsuccessful doing so; 3) Spending excessive time getting/using/recovering from the drug use; 4) Cravings that are so intense it is difficult to think about anything else.

2.B. Social impairment

Social impairment is one type of substantial harm (or consequence) caused by the repeated use of a substance or an activity.

5) People may continue to use despite problems with work, school or family/social obligations. This might include repeated work absences, poor school performance, neglect of children, or failure to meet household responsibilities.

6) Addiction may also be indicated when someone continues substance use despite having interpersonal problems because of the substance use. This could include arguments with family members about the substance use; or, losing important friendships because of continued use.

7) Important and meaningful social and recreational activities may be given up or reduced because of substance use. A person may spend less time with their family, or they may stop playing golf with their friends.

3.C. Risky Use

The key issue of this criterion is the failure to refrain from using the substance despite the harm it causes.

8) Addiction may be indicated when someone repeatedly uses substances in physically dangerous situations. For instance, using alcohol or other drugs while operating machinery or driving a car.

9) Some people continue to use addictive substances even though they are aware it is causing or worsening physical and psychological problems. An example is the person who continues to smoke cigarettes despite having a respiratory disorder such as asthma or COPD.

4.D. Pharmacological indicators: Tolerance and Withdrawal

For many people, tolerance and withdrawal are the classic indicators of advanced addiction. As such, these are particularly important concepts. This criterion refers to the adjustment the body makes as it attempts to adapt to the continued and frequent use of a substance. This adjustment is called maintaining homeostatic balance.

10) Tolerance occurs when people need to increase the amount of a substance to achieve the same desired effect. Stated differently, it is when someone experiences less of an effect using the same amount. The "desired effect" might be the desire to avoid withdrawal symptoms. On the other hand, it may be the desire to get high. People experience tolerance differently; i.e., people vary in their sensitivities to different substances. Specific drugs will vary in terms of how quickly tolerance develops and the dose needed for tolerance to develop.

11) Withdrawal is the body's response to the abrupt cessation of a drug, once the body has developed a tolerance to it. The resulting cluster of (very unpleasant and sometimes fatal) symptoms is specific to each drug. We discuss these specific symptoms in each substance category. Although withdrawal is very unpleasant, it does not usually require medical assistance. However, withdrawal from some drugs can be fatal. Therefore, consult with a medical professional before attempting to stop drug use after a period of heavy and continuous use. This will ensure that quitting is as safe and comfortable as possible.

If a person is experiencing withdrawal symptoms at the time they are being evaluated for treatment, they will be diagnosed with both substance use and substance withdrawal.

A person needs to meet at least 2 of these criteria to be diagnosed with a substance-use disorder. The severity of addiction is determined by the number of criteria met.

The Diagnostic Criteria of Substance-Induced Disorders

The DSM-5 category called Substance-Related and Addictive Disorders includes two sub-categories: substance use disorders and substance-induced disorders. It is unfortunate these two terms sound so similar because they are quite distinct. Substance use disorders catalog the negative consequences of continued and frequent use of substances. These consequences are not immediate but occur over time as addiction progresses. In contrast, substance induced disorders refer to the immediate effects of substance use, called intoxication; and the immediate effects of discontinuing a substance, called substance withdrawal.

Substance Intoxication

Substance Intoxication occurs when a person develops a reversible set of symptoms due to the recent use of (or exposure to) a substance. Symptoms of substance intoxication will vary according the substance. These specific symptoms are discussed within each substance-specific section. Intoxication occurs because chemical substances (such as drugs) directly affect the central nervous system. This leads to behavioral and/or psychological effects. Substance intoxication applies to all classes of drugs except tobacco. Typically, clinicians diagnose substance intoxication when someone arrives in an emergency room under the influence of alcohol or another drug.

Substance withdrawal

Substance withdrawal is diagnosed based upon the behavioral, physical, and cognitive symptoms that occur due to the abrupt reduction or cessation of substance use. Like substance intoxication, these symptoms vary according to each specific substance. Therefore, these symptoms will be discussed within each substance-specific section. The use and discontinuation of some drugs do not result in withdrawal. Diagnosing the severity of addictive disorders

In the substance-use section, we reviewed the 11 diagnostic criteria that may warrant a substance-use diagnosis. Withdrawal is one of the 11 criteria. Certain drugs do not have a significant withdrawal pattern associated with

cessation or reduction of use. Drugs that do not cause withdrawal will have only 10 diagnostic criteria. In either case, to receive a diagnosis, person must have at least two of these 10 or 11 symptoms.

The DSM-5 uses a dimensional scale to estimate the severity of addiction. This scale based upon the total number of symptoms matching the diagnostic criteria. The scale ranges from mild-to moderate-to severe. Clinicians include this severity code as part of the diagnosis. In general, two to three symptoms indicate a mild substance use disorder. Four to five symptoms would ordinarily be called a moderate substance use disorder. If six or more symptoms are present, this would be classified as a severe substance use disorder.

Alcohol-Related Disorders

The diagnostic criteria for a substance use disorder were reviewed above. These criteria apply to alcohol use disorder.

Alcohol is the most widely used (and overused) drug in the United States. The majority of people who drink are able to drink in moderation. We might call these people occasional, light, or moderate drinkers. They have never met the criteria for an alcohol use disorder. However, in the United States 13% of the people age 12 and over DO meet these diagnostic criteria (APA, 2013). In addition, about 20% of men and 10% of women drink more than the recommended moderation guidelines.

The identification of problematic or "risky" drinking is a complex one. This is because individual drinking patterns change over time. Moreover, many of the people in the "high risk" category do not consider themselves "alcoholic." Therefore, they falsely conclude they do not need to pay attention to their drinking. Note that the DSM-5 (APA, 2013) does not use the word alcoholic. As such, it has no diagnostic meaning. Nonetheless, most people are familiar with the term "alcoholic." It is often used to describe severe cases of alcohol addiction. Risky or problematic drinking occurs long before this level of severity and most certainly does require attention.

Most people who develop alcohol use disorders do so by their late 30s. However, an alcohol use disorder may emerge at any time during the lifespan. Genetics heavily influence whether someone develops problems with alcohol. In fact, genetics account for about 50% of the variance. If you have several relatives with severe alcohol problems, your genetic risk may be quite high (APA, 2000). Different people respond to alcohol differently. Some people require more alcohol to produce intoxication. Some of this difference seems to be genetically determined.

The repeated use of alcohol by pregnant women may lead to fetal alcohol syndrome (FAS). FAS is characterized by devastating, physical and behavioral defects in infants such as intellectual disabilities, stunted growth; limb malformation; heart problems; and delayed motor development. These defects are usually not reversible. Heavy alcohol use often leads to tolerance and withdrawal.

Alcohol Withdrawal

Alcohol withdrawal begins 4-12 hours after stopping or reducing heavy use. Symptoms of alcohol withdrawal are often extremely unpleasant. Symptoms may include sweating; tremor; insomnia; nausea/vomiting; hallucinations; agitation; anxiety; and even seizures. In severe cases, alcohol withdrawal may result in death. Consulting with a physician is important before a heavy drinker discontinues alcohol use.

Effects of Alcohol: Alcohol Intoxication

Alcohol intoxication is indicated by behavioral and psychological symptoms. This includes poor judgment and difficulty getting along with other people. Alcohol affects the cerebral cortex. This makes it difficult to inhibit impulsive urges. Impulsivity can lead to aggression and risky sexual behavior. Alcohol intoxication causes observable symptoms. These symptoms include slurred speech; unsteady gait; a lack of coordination; impaired memory/attention; involuntary rapid eye movements (nystagmus); and even coma. Heavy alcohol use can cause many health problems. These problems often involve the gastrointestinal, cardiovascular, and nervous systems. In addition, the interaction between alcohol and other drugs can be fatal. This is especially true with other drugs that depress the central nervous system such as sedatives, hypnotics, and anxiolytics.

Resource

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author.