

Substance-Related Disorders DSM-V

Many people use words like “alcoholism,” “drug dependence” and “addiction” as general descriptive terms without a clear understanding of their meaning. What does it really mean to think of someone as a “drunk,” “junkie” or “smoker”?

Well, we can all have our own views and definitions, until we become family leaders, advisors and trustees and are confronted with problematic behavior that may be related to alcohol, drug use or other disorders. Then we must become familiar with standards used by professionals to assess and categorize these behaviors.

To begin, the experts – the American Society of Addiction Medicine – in their latest edition of the DSM-V, changed the name from alcohol and drug dependence to “substance use disorder.”

There are now 10 categories of substance use disorders. We will be discussing their common criteria later on, as well as the criteria for one of the categories – alcohol use disorder – as an example of how the general criteria are applied to one of the 10 categories. However, before we examine these criteria, it is helpful to understand several common overarching attributes.

A. Brain Changes Due to Substance Use

1. Autonomic/Limbic System Responses

An important characteristic of substance use disorders are *underlying changes in brain circuits* that often persist beyond detoxification (meaning after the substance is no longer in the body).

- These changes are prominent in individuals with severe disorders, but also occur at the mild or moderate level.

One set of critical circuits modified are in the limbic system – the fight or flight response area – a primitive section of the brain. Another significant change is that using the substance or engaging in a negative behavior becomes a learned autonomic (automatic) action beyond the control of the executive control or frontal area of the brain.

2. Activating the reward system

All drugs taken in excess have in common the direct activation of the brain reward system. This system is involved in the reinforcement of behaviors and the production of memories.

- Drugs produce such an intense activation of the reward system that normal activities may be neglected.

Instead of achieving normal reward activation by engaging in pursuits such as exercise, reading or interesting conversations with friends, drugs of abuse directly activate the reward pathways and produce feelings of pleasure, often referred to as a “high.”

Drugs are attractive because they work to change mood every time. Unlike interactions with friends, books or a game of tennis, the outcome is predictable and reliable. Problems begin when using substances begin to take over a person's life. When the brain circuits are becoming rewired, then it's not so pleasant, because one begins to lose control over how much and when to drink or take a drug. For the reader who has trouble understanding this concept, try not drinking or using Ambien or Xanax for a month. Record your reactions in a diary, particularly when there is a regular time of day when you are accustomed to pouring that glass of wine or taking your prescription.

3. Cross Addiction (Cross Substance Use Disorders)

With 10 categories of substance use disorders, a person's behavior might meet the criteria for a category for one or two – say alcohol and cocaine, but not marijuana. Therefore, this person could argue that it is fine to use marijuana due to lack of a finding regarding that substance. But this argument fails to consider the fact that the both the brain reward system and limbic/autonomic area respond to all substances in much the same way, regardless of their category.

- Essentially, it makes no difference whether the substance is alcohol, cocaine, Xanax, Ritalin, heroin, marijuana or an herb-based stimulant – to the brain its all the same.

This used to be called “cross addiction,” in that a person who is addicted to one substance will also have symptoms indicating an addictive relationship with other substances. So don't buy the argument that the treatment center said, “I only had a problem with cocaine, the treatment center said it is fine to drink beer.”

One reason for emphasizing this fact is that medical marijuana and narcotic prescriptions are taken by people with defined substance use disorders in other categories, such as alcohol, cocaine and pain medications. This “medication management” of substance use disorders is not “recovery” as defined in Appendix A.

- The DSM describes prescribing medications to help someone stop using one substance as “on maintenance therapy” to indicate recovery is conditional and not complete.

This is also one important reason why our model language requires all prescribed medications to be approved by ASAM-certified prescriber.

We do not subscribe to the view that it is OK to use other medications fitting into DSM-V categories and also meet our definition of recovery.

B. Behavioral Effects of Substance Use Disorders Due to Brain Changes

The **behavioral effects** of brain changes due to substance use may be exhibited in repeated relapses and intense drug craving. In other words, without a reliable brain scan to prove someone's circuits are altered by use, we need to examine observable symptoms. The essential features are a group of cognitive, behavioral, and physiological symptoms

indicating that the individual continues using the substance despite significant substance-related problems

- Overall, the diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to use of the substance.

These behaviors fall into 11 criteria with overall groupings of *impaired control*, *social impairment*, *risky use*, and *pharmacological criteria*. For some substances symptoms are less prominent, and in a few instances not all symptoms apply. We will now look at the criteria in these groupings, as discussed in the DSM-V

Impaired Control

Impaired Control over substance use is the first criteria grouping (Criteria 1-4).

1. The individual may take the substance in larger amounts or over a longer period than was originally intended.
2. The individual may express a persistent desire to cut down or regulate substance use and may report multiple unsuccessful efforts to decrease or discontinue use.
3. The individual may spend a great deal of time obtaining the substance, using the substance, or recovering from its effects.

In some instances of more severe substance use disorders, virtually all of the individual's daily activities revolve around the substance. In other instances, use is confined to limited time periods – a few hours per day, or a day or two per week or a weekend every few weeks.

4. Craving is manifested by an intense desire or urge for the drug that may occur at any time but is more likely when in an environment where the drug previously was obtained or used.

Craving has also been shown to involve classical conditioning and is associated with activation of specific reward structures in the brain. (Think Palov's dog.) (Current craving is often used as a treatment outcome measure because it may be a signal of impending relapse.)

Social Impairment

Social Impairment is the second grouping of criteria (Criteria 5-7).

5. Recurrent substance use may result in a failure to fulfill major role obligations at work, school, or home.
6. The individual may continue substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
7. Important social, occupational, or recreational activities may be given up or reduced because of substance use. The individual may withdraw from family activities and hobbies in order to use the substance.

Risky Use

Risky Use of the substance is the third grouping of criteria (Criteria 8-9).

8. This may take the form of recurrent substance use in situations in which it is physically hazardous. (Driving while intoxicated.)

9. The individual may continue substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been cause or exacerbated by the substance. (Anger issue or liver damage.)

The key issue in evaluating this criterion is not the existence of the problem, but rather the individual's failure to abstain from using the substance despite the difficulty it is causing.

Tolerance and Withdrawal

Tolerance and Withdrawal are the final grouping (Criteria 10-11).

10. Tolerance is signaled by requiring a markedly increased dose of the substance to achieve the desired effect or a markedly reduced effect when the usual dose is consumed.

- The degree to which tolerance develops varies greatly across different individuals as well as across substances and may involve a variety of central nervous system effects (such as coordination and passing out).

Tolerance may be difficult to determine by history alone, and laboratory tests may be helpful (e.g., high blood levels of the substance coupled with little evidence of intoxication suggest that tolerance is likely).

11. Withdrawal is a syndrome that occurs when blood or tissue concentrations of a substance decline in an individual who had maintained prolonged heavy use of the substance. After developing withdrawal symptoms, the individual is likely to consume the substance to relieve the symptoms.

- Withdrawal symptoms vary greatly across the classes of substances, and separate criteria sets for withdrawal are provided for the drug classes.

Marked and generally easily measured physiological signs of withdrawal are common with alcohol, opioids, sedatives, hypnotics, and anxiolytics. Withdrawal signs and symptoms with stimulants (amphetamines and cocaine), as well as tobacco and cannabis, are often present but may be less apparent.

Note that neither tolerance nor withdrawal is necessary for a diagnosis of a substance use disorder.

However, for most classes of substances, a past history of withdrawal is associated with a more severe clinical course (i.e., an earlier onset of a substance use disorder, higher levels of substance intake, and a greater number of substance-related problems).

Alcohol Use Disorder - Diagnostic Criteria

As mentioned, there are 11 criteria for determining an Alcohol Use Disorder. (Formerly alcohol abuse or dependence.) See the end of Appendix A for these criteria.

C. Medications Prescribed for Pain Reduction or Other Conditions

This part covers the problem that occurs when patients are prescribed painkillers for injuries or surgeries and when young adults prescribed medications for ADD and other learning disorders. When does use “as prescribed” cross over to “substance use disorder”?

The DSM states the following:

The appearance of normal, expected pharmacological tolerance and withdrawal during the course of medical treatment has been known to lead to an erroneous diagnosis of “addiction,” even when these were the only symptoms present.

Symptoms of tolerance and withdrawal occurring during appropriate medical treatment with prescribed medications (e.g., opioid analgesics, sedatives, stimulants) are specifically *not* counted when diagnosing a substance use disorder.

Individuals whose *only* symptoms are those that occur as a result of medical treatment (i.e., tolerance and withdrawal as part of medical care when the medications are taken as prescribed) should not receive a diagnosis solely on the basis of these symptoms.

However, prescription medications can be used inappropriately, and a substance use disorder can be correctly diagnosed when there are other symptoms of compulsive, drug-seeking behavior. Users substitute one drug for another, trying to regulate their use by finding a new substance that allows for better control: Xanax for alcohol, Ritalin for cocaine, methadone for heroin. However, often these are temporary, with the user returning to the favorite drug.

Three comments:

- We find that many people who assert they are using medications as prescribed and exhibiting questionable behavioral symptoms are in fact obtaining medications from multiple doctors, over the Internet or from dealers.
- There is more misuse and overuse of prescription medications than illegal drugs.
- Spiritual healers, medical marijuana dispensers and shamans are increasingly promoting use of curative and mood altering herbs and remedies that do in fact lead to behavior that fits substance use disorder criteria.

Family leaders and trustees will find themselves with increasing numbers of next-generation members exhibiting suspect behaviors and being blissfully unaware of how their actions might be connected to drug use.

D. Severity of the Substance Disorders

Substance use disorders are described as:

- **Mild:** Presence of 2-3 symptoms
- **Moderate:** Presence of 4-5 symptoms
- **Severe:** Presence of 6 or more symptoms

Substance use disorders occur in a broad range of severity, from mild to severe, with severity based on the number of symptom criteria, as assessed by the individual's own report, report of knowledgeable others, clinician's observations, and biological testing.

The important point here is that evaluating problematic behavior when it first comes to the attention of parents, family members and trustees promotes an early intervention strategy if there is a finding of a mild substance disorder. Similar standards apply to other behavioral disorders and mental health conditions.

E. Definitions of Remission and Controlled Environment

Once a substance use has been determined, what about recovery? The DSM uses the term "remission". Remission means the person with the disorder meets *none* of the 11 criteria three months after last meeting any of the criteria.

- Therefore recovery or remission does not even begin until three months after last use of the substance.

Because relapse is so common, the DSM considers the first three months as a period when an attempt is made at abstaining.

Additional qualifications are:

In early remission: 3 to 12 Months

After full criteria for alcohol use disorder were previously met, none of the criteria for alcohol use disorder have been met for at least three months but for less than 12 months (with the exception that Criterion A4, "Craving, or a strong desire or urge to use alcohol," may be met). This early stage reflects the unstable nature of recovery – relapse is common during the first year.

In sustained remission: After 12 Months

After full criteria for alcohol use disorder were previously met, none of the criteria for alcohol use disorder have been met at any time during a period of 12 months or longer (with the exception that Criterion A4, "Craving, or a strong desire or urge to use alcohol," may be met).

In a controlled environment

This additional qualification is used if the individual is in an environment where access to alcohol is restricted. In other words, in a treatment center, halfway house, sober home, wilderness or similar supervised residential setting. This is why in our model language we state that the time period for recovery begins when the beneficiary leaves a controlled environment.

In concluding this section, we now hope the reader has a thorough understanding of how professionals determine that someone with alcohol or drug problems meets the definition of a substance use disorder and how easy it is to misperceive the perniciousness of the disease – both by the user and family/friends.

Alcohol Use Disorder DSM-V

As defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition – DSM 5 (p. 490)

Diagnostic Criteria

A. A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

1. Alcohol is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
4. Craving, or a strong desire or urge to use alcohol.
5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
8. Recurrent alcohol use in situations in which it is physically hazardous.
9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
 - b. A markedly diminished effect with continued use of the same amount of alcohol.
11. Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for alcohol (refer to Criteria A and B of the criteria set for alcohol withdrawal, pp. 499-500).
 - b. Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

Specify if:

In early remission: After full criteria for alcohol use disorder were previously met, none of the criteria for alcohol use disorder have been met for at least 3 months but for less than 12 months (with the exception that Criterion A4, “Craving, or a strong desire or urge to use alcohol,” may be met).

In sustained remission: After full criteria for alcohol use disorder were previously met, none of the criteria for alcohol use disorder have been met at any time during a period of 12 months or longer (with the exception that Criterion A4, “Craving, or a strong desire or urge to use alcohol,” may be met).

Specify if:

In a controlled environment: This additional specifier is used if the individual is an environment where access to alcohol is restricted.

Specify if:

305.00 (F10.10) Mild: Presence of 2-3 symptoms

303.90 (F10.20) Moderate: Presence of 4-5 symptoms

303.90 (F10.20) Severe: Presence of 6 or more symptoms

Because the first 12 months following a Substance Use determination is a time of particularly high risk for relapse, this period is designated Early Remission