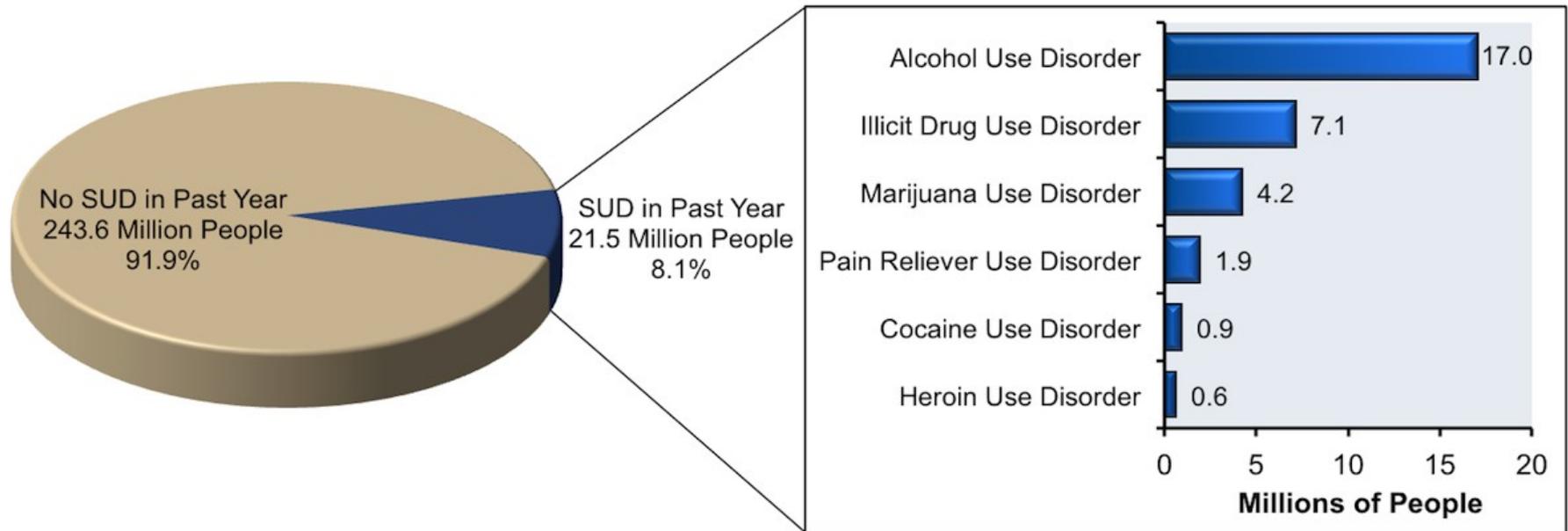


Advanced Clinical Assessment and Diagnosis

Substance-Related and Addictive
Disorders

Prevalence

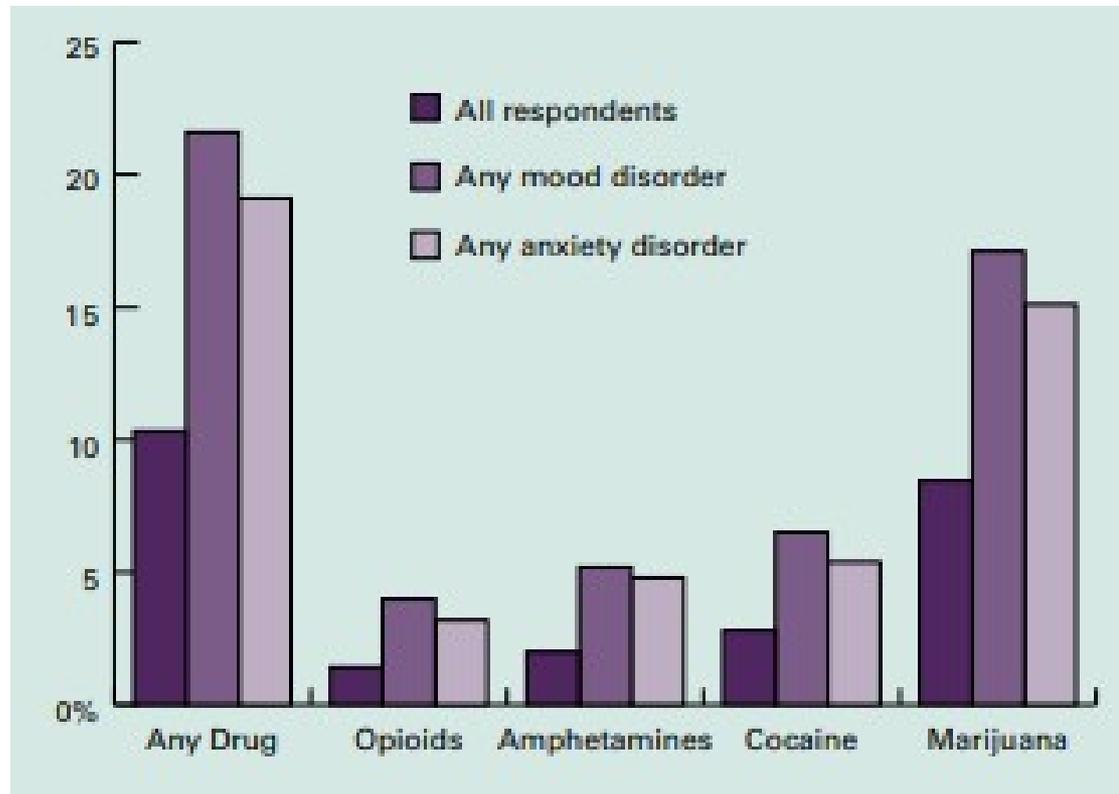
Number of Persons Age 12 and Older with a Past Year Substance Disorder, United States, 2014



Kinney & Merrill
(2017)

Comorbidity

High Prevalence of Drug Abuse and Dependence Among Individuals With Mood and Anxiety Disorders



NIDA (2010)

ER Visits

- 660K: alcohol
- 425K: cocaine
- 380K: marijuana
- 210K: heroin
- 93K: stimulants
- 1.2M: non-medical use of pharmaceuticals



NIDA

(2011)

History of Substance-Related Disorder

Category	DSM-I	DSM-II	DSM-III
Terminology	Alcoholism; Drug Addiction	Alcoholism; Drug Dependence	Substance Use Disorders; Substance Abuse, Substance Dependence
Categorization	Sociopathic Personality Disturbance	Personality Disorder and Certain other Non-psychotic Mental Disorders	Classified Independently
Role of Personality Disorders (PD) in relation to SUD	Primary. Alcoholism and drug addiction considered a "reaction" (secondary diagnosis)	Primary. Although Alcoholism is secondary, additional/separate diagnosis encouraged	Personality disturbance is listed as "Associated features" which are often present, and may be intensified by the SUD ^b
Main Sub-categories	Not applicable ^d	Excessive drinking (Episodic, Habitual) Alcohol addiction	Substance Abuse, Dependence
Course Specifiers	Not specified	Not specified	Continuous ^e , Episodic ^f , In remission ^g , Unspecified
Severity Specifiers	Not specified	Not specified	Not specified
Duration	Not specified	Not specified	At least one month ^h

History of Substance-Related Disorder

Category	DSM-III-R	DSM-IV	DSM-5
Terminology	Psychoactive Substance Use Disorders; Substance Dependence, Substance Abuse	Substance-Related Disorders; Substance Use Disorders, Substance Dependence and Substance Abuse	Substance-Related and Addictive Disorders ^a
Categorization	Classified Independently	Classified Independently	Classified Independently
Role of Personality Disorders (PD) in relation to SUD	Personality disturbance is listed as “Associated features” which are often present, and may be intensified by the SUD ^c	Antisocial and Borderline PD are listed as “associated mental disorders” which are often co-morbid with and can complicate SUDs	SUDs are commonly seen in individuals with antisocial PDs which are associated with poorer prognosis
Main Sub-categories	Psychoactive Substance Abuse, Dependence	Substance Abuse, Dependence	Substance Use Disorders with Severity/Specifiers
Course Specifiers	Partial ^h and Full Remission ⁱ	Early Full Remission ^j ; Early Partial Remission ^k ; Sustained Full Remission ^l ; Sustained Partial Remission ^m ; On Agonist Therapy; In a Controlled Environment	Early remission ⁿ ; Sustained remission ^o ; On maintenance therapy; In a controlled environment
Severity Specifiers	Mild, Moderate, Severe ^p	With, Without Physiological Dependence ^q	Mild, Moderate, Severe ^r
Duration	At least one month ^t	Within a 12-month period ^t	Within a 12-month period

Substance-Related Disorder and Addictive Disorders in DSM-5

- 1) Alcohol related disorders
- 2) Caffeine-related disorders
- 3) Cannabis-related disorders
- 4) Hallucinogen-related disorders
- 5) Inhalant-related disorders
- 6) Opioid-related disorders
- 7) Sedative-, hypnotic, or anxiolytic-related disorders
- 8) Stimulant-related disorders
- 9) Tobacco-related disorders
- 10) Other (or unknown) substance-related disorders
- 11) Non-substance-related disorders: Gambling disorders

Changes in DSM-5

- No longer separates the diagnoses of *abuse* and *dependence*
- Currently Substance Use Disorder is a main diagnosis of substance-related disorders except for caffeine-related disorders
- Criteria include 10 symptoms or 10 plus withdrawal symptoms depending on the presence of withdrawal (i.e., Hallucinogen and Inhalant)

Changes in DSM-5

- Besides Substance Use Disorder, Intoxication, withdrawal, substance induced disorders, and unspecified substance related disorders were included in each substance
- Gambling disorder is added

Substance classes

- Alcohol
- Caffeine
- Cannabis
- Hallucinogens
 - PCP (Phencyclidine)
 - others
- Inhalants
- Gambling
- Opioids
- Sedatives, hypnotics, and anxiolytics
- Stimulants
- Tobacco
- Other

Substance-Related Disorders

1. Substance Use Disorders

- Previously divided into two: abuse and dependence
- Four groups in criteria
 - a. Impaired control- criteria 1-4
 - b. Social impairment: criteria 5-7
 - c. Risky use: criteria 8,9
 - d. Pharmacological symptoms: criteria 10, 11

Substance-Related Disorders

2. Substance-Induced Disorders

- Intoxication

- Withdrawal

- Psychotic Disorder

- Bipolar Disorder

- Depressive Disorder

- Anxiety Disorder

- Sleep Disorder

- Delirium

- Neurocognitive

- Sexual Dysfunction

1. Substance Use Disorders

Criteria

- Problematic pattern of substance use leading to problems including **2 or more of the following symptoms** within **12-month period**:
 1. Taking the substance in larger amounts or over a longer period than you're meant to.
 2. Persistent desire to cut down or stop using the substance but fail to manage.
 3. Spending much time getting substance, using substance, or recovering from use of the substance.
 4. Cravings and urges to use the substance.
 5. Substance use causes not being able to manage what you should do at work, home, or school

1. Substance Use Disorders

Criteria

6. Continuing to use, even when it causes social or interpersonal problems
7. Important social, occupational, or recreational activities were given up because of substance use
8. Recurrent substance use , even when it puts you in physically hazardous situations
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or exacerbated by the substance
10. Needing more of the substance to get the effect you want which can be described as tolerance
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

1. Substance Use Disorders

Specifiers

- Remission is judged on the duration without meeting criteria
 - Early remission- at least 3 months but less than twelve months without meeting substance use disorder criteria except craving
 - Sustained remission- at least 12 months without meeting criteria except craving
- Specify if “in a controlled environment”
- Severity is judged on the number of criteria met.
 - Mild: 2-3 symptoms
 - Moderate: 4-5 symptoms
 - Severe: 6 or more

2. Substance-Induced Disorders

Intoxication

- Development of a reversible substance- specific syndrome due to recent ingestion of a substance
- Behavioral/psychological changes during or after ingestion: assaultiveness, impulsiveness, unpredictability, psychomotor, agitation and impaired judgement
- Not due to another medical condition
- Not apply to tobacco
- Each substance shows different symptoms

2. Substance-Induced Disorders

Withdrawal

- Substance-specific syndrome problematic behavioral change due to stopping or reducing prolonged and heavy use
- Impairment in physiological & cognitive components
- Significant distress in social, occupational or other important areas of functioning
- Not due to another medical condition or mental disorder
- No withdrawal: PCP; other hallucinogens; inhalants

1) Alcohol intoxication

One (or more) of the following signs, developing during, or shortly after, alcohol use:

- (1) slurred speech
- (2) incoordination
- (3) unsteady gait
- (4) nystagmus
- (5) impairment in attention or memory
- (6) stupor or coma

1) Alcohol Withdrawal

B. Two (or more) of the following, developing within several hours to a few days after Criterion A:

- (1) autonomic hyperactivity (e.g., sweating or pulse rate greater than 100)
- (2) increased hand tremor
- (3) insomnia
- (4) nausea or vomiting
- (5) transient visual, tactile, or auditory hallucinations or illusions
- (6) psychomotor agitation
- (7) anxiety
- (8) grand mal seizures

2) Caffeine Intoxication

Five (or more) of the following signs, developing during, or shortly after, caffeine use:

- (1) restlessness
- (2) nervousness
- (3) excitement
- (4) insomnia
- (5) flushed face
- (6) diuresis
- (7) gastrointestinal disturbance
- (8) muscle twitching
- (9) rambling flow of thought and speech
- (10) tachycardia or cardiac arrhythmia
- (11) periods of inexhaustibility
- (12) psychomotor agitation

2) Caffeine Withdrawal

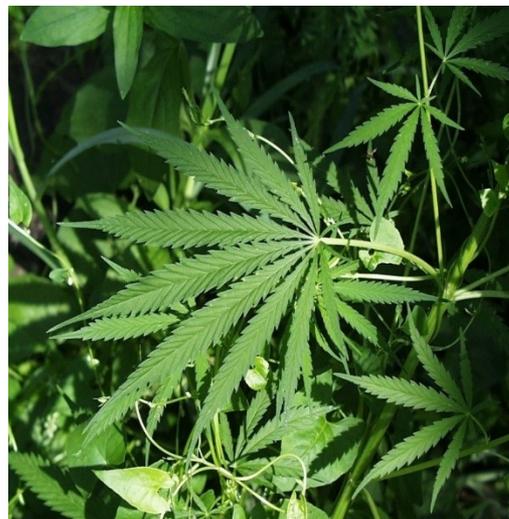
Within 24 hours of reduction or stop, at least 3 following signs or symptoms:

- (1) headache
- (2) marked fatigue or drowsiness
- (3) dysphoric mood, depressed mood, or irritability
- (4) difficulty concentrating
- (5) flu-like symptoms (nausea, vomiting, or muscle pain)

3) Cannabis Intoxication

Two (or more) of the following signs, developing within 2 hours of cannabis use:

- (1) conjunctival injection
- (2) increased appetite
- (3) dry mouth
- (4) tachycardia



3) Cannabis Withdrawal

At least three of the following symptoms, developing within one week of ceasing (or reducing) cannabis use that has been heavy and prolonged.

- (1) Irritability; anger or aggression
 - (2) Nervousness or anxiety
 - (3) Sleep difficulty \Decreased appetite or weight loss
 - (4) Restlessness
 - (5) Depressed mood
 - (6) Somatic symptoms causing significant discomfort

4) Hallucinogens



PCP (Phencyclidine)



LSD

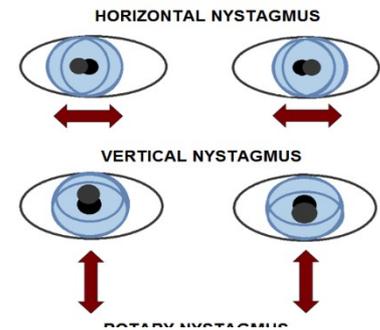


Ketamine (club drug: "K" "special K"
"Vitamin K")

4) PCP Intoxication

Within an hour (less when smoked, "snorted," or used intravenously), two (or more) of the following sig

- (1) vertical or horizontal nystagmus
- (2) hypertension or tachycardia
- (3) numbness or diminished responsiveness to pain
- (4) ataxia
- (5) dysarthria
- (6) muscle rigidity
- (7) seizures or coma
- (8) hyperacusis



4) Other Hallucinogen Intoxication

Two (or more) of the following signs, developing during, or shortly after, hallucinogen use:

- (1) pupillary dilation
- (2) tachycardia
- (3) sweating
- (4) palpitations
- (5) blurring of vision
- (6) tremors
- (7) incoordination

5) Inhalants



5) Inhalant Intoxication

Two (or more) of the following signs, developing during, or shortly after, inhalant use or exposure:

- (1) dizziness
- (2) nystagmus
- (3) incoordination
- (4) slurred speech
- (5) unsteady gait
- (6) lethargy
- (7) depressed reflexes
- (8) psychomotor retardation
- (9) tremor
- (10) generalized muscle weakness
- (11) blurred vision or diplopia (double vision)
- (12) stupor or coma
- (13) euphoria

6) Opioid



© 2008 GS



Heroin



6) Opioid Intoxication

Constricted pupils will be accompanied by one of the following during or shortly after use of an Opioid:

- (1) Drowsiness or loss of consciousness
 - (2) Slurred speech
 - (3) Deficits in attention or memory.

6) Opioid Withdrawal

3 or more of the following within minutes to several days after reducing opioid use or/and taking an opioid antagonist

- (1) dysphoric mood
- (2) nausea or vomiting
- (3) muscle aches
- (4) lacrimation or rhinorrhea
- (5) pupillary dilation, sweating
- (6) diarrhea
- (7) yawning
- (8) fever
- (9) insomnia

7) Sedative, Hypnotic, or Anxiolytic Drugs



Xanax (Benzodizepine)



7) Sedative, Hypnotic, or Anxiolytic Intoxication

One (or more) of the following signs, developing during, or shortly after, sedative, hypnotic, or anxiolytic use:

- (1) slurred speech
- (2) incoordination
- (3) unsteady gait
- (4) nystagmus
- (5) impairment in attention or memory
- (6) stupor or coma

7) Sedative, Hypnotic, or Anxiolytic Withdrawal

- Two (or more) of the following, developing within several hours to a few days after the cessation of (or reduction in)
- (1) Autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bpm).
 - (2) Hand tremor
 - (3) Insomnia
 - (4) Nausea or vomiting
 - (5) Transient visual, tactile, or auditory hallucinations or illusions
 - (6) Psychomotor agitation
 - (7) Anxiety
 - (8) Grand mal seizures

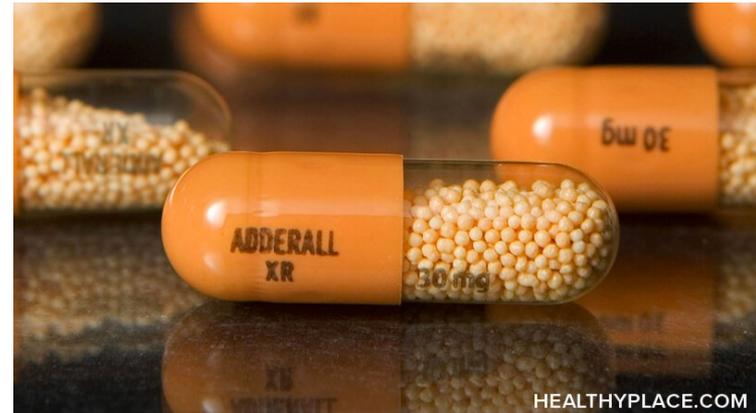
8) Stimulants



Crystal meth/ice, glass



Ecstasy



8) Stimulant (Amphetamine)

Intoxication

Two (or more) of the following, developing during, or shortly after, use of amphetamine or a related substance:

- (1) tachycardia or bradycardia
- (2) pupillary dilation
- (3) elevated or lowered blood pressure
- (4) sweating or chills
- (5) nausea or vomiting
- (6) evidence of weight loss
- (7) psychomotor agitation or retardation
- (8) muscular weakness, respiratory depression, chest pain, or cardiac arrhythmias
- (9) confusion, seizures, dyskinesias, dystonia, or coma

8) Stimulant (Amphetamine) Withdrawal

Dysphoric mood and 2 (or more) of the following physiological changes, developing within a few hours to several days

- (1) fatigue
- (2) vivid, unpleasant dreams
- (3) insomnia or hypersomnia
- (4) increased appetite
- (5) psychomotor retardation or agitation

8) Stimulant (Amphetamine) Withdrawal

Dysphoric mood and 2 (or more) of the following physiological changes, developing within a few hours to several days

- (1) fatigue
- (2) vivid, unpleasant dreams
- (3) insomnia or hypersomnia
- (4) increased appetite
- (5) psychomotor retardation or agitation

8) Tobacco Withdrawal

Within 24 hours of reduction or stop, at least 4 following signs or symptoms:

- (1) irritability, frustration, or anger
 - (2) anxiety
 - (3) difficulty concentrating
 - (4) increased appetite
 - (5) restlessness
 - depressed mood
 - (7) insomnia
- (6)

Assessment

Social workers should assess

- Onset, progression, patterns, context, and frequency of use of all
- Tolerance or withdrawal symptoms
- Major life events
- Other disorders, including the relationship between the onset and progression of the symptoms and substance use
- Triggers and context of use
- Perceived advantages and disadvantages of use
- Motivations and goals for treatment

Assessment

- # of attempts to quit and the strategies used
- Financial and legal status
- Education and employment status
- Condition of health
- Social support networks
- Coping skills

Corcoran, J., & Walsh, J.

(2010)

Treatment planning

1) Reducing or eliminating the substance use

- For adolescents, abstinence of substance is recommended
- For adults with alcohol-related disorder, controlled use may be a possibility in some cases

2) Harm reduction

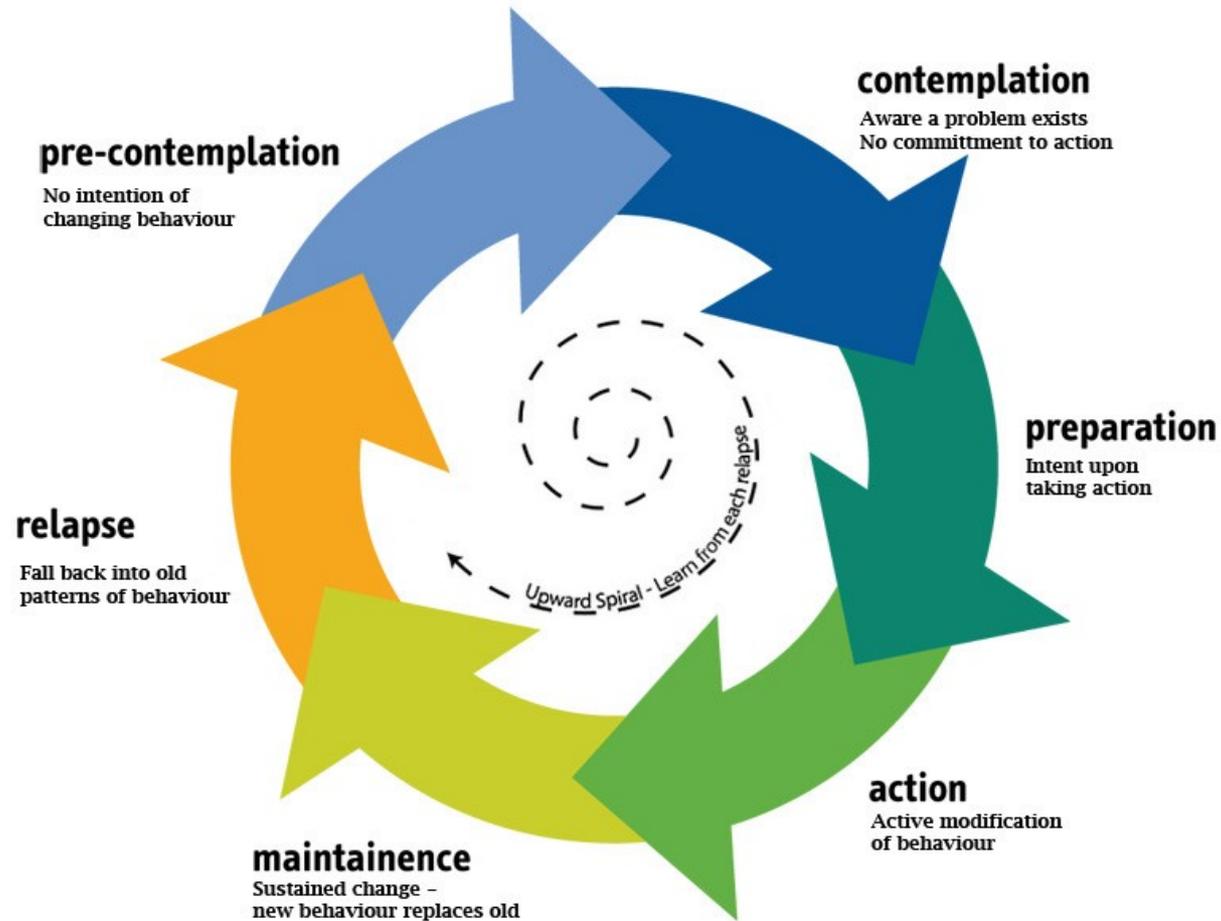
- Advice on the risks of substance use and less risky injection techniques
- Encourage and offer testing for blood-borne viral illnesses
- Offer treatment for complications of drug use and other medical and psychiatric problem

3) Functional improvement and relapse prevention

Ways to Discuss Substance Use

- Engage the individual in a discussion about benefits and potential harms of his or her substance use
- Lead the discussion towards a balanced evaluation (pros vs. cons) by challenging person's over or understated view
- Avoid arguing if it meet resistance- seeking to find understanding
- Encourage the person to make a decision on their own
- Find out readiness of reducing or stopping substance use
- If not ready, encourage them to discuss with people who are close to them

Stages of change



Transtheoretical Model of Change
Prochaska & DiClemente

Interventions

 Very good evidence treatment  Good evidence  Promising

Psychosocial Interventions	Effectiveness
<p>Transtheretical stages of change model Help CT understand their readiness and move from a cognitive to a behavioral process Can be used with other interventions</p>	
<p>Motivational Interviewing A client-centered, collaborative, empathy, discussing discrepancies between CT's behaviors and goals; Self-efficacy, developing change plan</p>	
<p>CBT Self-monitoring, avoiding stimulus cues, changing reinforcement patterns, coping skills, substance refusal skills, problem-solving skills</p>	

Interventions

 Very good evidence treatment  Good evidence  Promising

Psychosocial interventions	Effectiveness
Family Interventions Al-anon, Use family members as helper Good for adolescents	
Alcoholics Anonymous Approaches Group support, straightforward advice and encouragement about abstinence, substance-free social events and interaction, 12-step model, self-determined, coping with increased craving and emotional distress	

Interventions

 Very good evidence treatment  Good evidence  Promising

Medications	Effectiveness
For Alcohol Acamprosate- reduce symptoms of withdrawal; Naltrexone- reduce craving; Disulfiram- cause unpleasant symptoms after consuming alcohol	
For Tobacco Nicotine replacement meds (patch, gum, lozenges)- reduce withdrawal symptoms Bupropion (antidepressant), nicotine inhaler and nasal spray	
For Opioid opioid agonist- Methadone, buprenorphine (Suboxone)- reduce withdrawal and cravings; care is needed when the person is prescribed other sedative drugs Naltrexone- good for people in a controlled setting	

Interventions

Medications- no other FDA-approved medication for other substance use disorders

Other drug withdrawal (amphetamines, cannabis, cocaine)

- Manage withdrawal symptoms by anti-emetics (treating nausea), analgesics (pain) and light sedatives (insomnia)
- Maintain hydration
- Avoid restraining the person
- Alert depressive symptoms and the risk of suicide
- Let the person leave if he or she wish

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