

**SUBSTANCE DEPENDENCE AND ABUSE
REVIEW OF DSM-IV CRITERIA**

Worksheet for SA Priority Population Form

Place a check mark next to any of the drug types that the consumer reports having used in the past year.

- _____ Alcohol
- _____ Cocaine/crack
- _____ Marijuana/hashish
- _____ Heroin or other opioids (e.g., codeine, Dilaudid, morphine, Demerol, opium, methadone, pain medications, sleeping medications, and any other drug with morphine-like effects)
- _____ Hallucinogens (e.g., PCP, LSD, DMT, STP, mescaline, psilocybin, peyote, etc.)
- _____ Inhalants (e.g., glue, chloroform, nitrous oxide, gasoline, paint thinner, etc.)
- _____ Amphetamines or other stimulants (e.g., Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs)
- _____ Sedatives/hypnotics/anxiolytics (e.g., benzodiazepines, barbiturates, anti-anxiety medications and related drugs)

EVALUATION FOR A SUBSTANCE DEPENDENCE DIAGNOSIS

The following questions take you through the seven criteria used by DSM-IV to determine whether the consumer meets Substance Dependence criteria for that drug. Use a clinical interview and/or other information to make your judgment about the consumer's status on each criterion.

A Substance Dependence diagnosis requires that three of the following seven criteria, occurring at any time during a 12-month period, be present for that drug. For clinical purposes, however, all criteria should be evaluated.

Criteria	Examples
<p>Criterion 1: Tolerance</p> <p>_____ Yes</p> <p>_____ No</p>	<p>Need for markedly increased amounts of the substance to achieve intoxication or desired effect - or - markedly diminished effect with continued use of the same amount of the substance.</p> <p>Drug Type (s): _____</p>
<p>Criterion 2: Withdrawal</p> <p>_____ Yes</p> <p>_____ No</p> <p>Criterion 2 applies to only five drug groups: alcohol,</p>	<p>For question 2b: If the consumer acknowledges any 2 of the symptoms for a given drug, the criteria for withdrawal are met for that drug.</p> <p>Exception: For cocaine/crack, consumer must acknowledge "Feeling blue or down" <u>and</u> any 2</p>

<p>cocaine/crack, heroin/opioids, amphetamines/stimulants, and sedatives/hypnotics/anxiolytics. Criteria for withdrawal are met if the consumer answers “Yes” to either question 2a or question 2b. Please check:</p> <p>2a: Use of the same, or closely related, drug to relieve or avoid withdrawal symptoms</p> <p>_____ Yes</p> <p>_____ No</p> <p>Drug Type (s): _____</p> <p>2b: Characteristic withdrawal symptoms experienced</p> <p>_____ Yes</p> <p>_____ No</p> <p>Drug Type (s): _____</p>	<p>additional symptoms to meet the criteria for withdrawal.</p> <p><u>Alcohol</u></p> <ul style="list-style-type: none"> Sweating or feeling that your heart was beating fast Having your hands tremble Having trouble sleeping Vomiting or feeling nauseous Seeing, hearing, or feeling things that weren’t really there Feeling like you couldn’t sit still Feeling anxious Having seizures or fits <p><u>Cocaine/crack</u></p> <ul style="list-style-type: none"> Feeling blue or down Feeling tired or exhausted Having bad dreams Having trouble sleeping or sleeping more than normally Feeling hungry more often than usual Feeling either very slowed down or like you couldn’t sit still <p><u>Heroin/other opioids</u></p> <ul style="list-style-type: none"> Feeling blue or down Vomiting or feeling nauseous Having cramps or muscle aches Having teary eyes or a runny nose Feeling sweaty, having enlarged pupils, or having body hair stand up on the skin Having diarrhea Yawning Having a fever Having trouble sleeping <p><u>Amphetamines or other stimulants</u></p> <ul style="list-style-type: none"> Feeling tired or exhausted Having bad dreams Having trouble sleeping or sleeping more than normally Feeling hungry more often than usual Feeling either very slowed down or like you couldn’t sit still <p><u>Sedatives/hypnotics/anxiolytics</u></p> <ul style="list-style-type: none"> Sweating or feeling that your heart was beating fast Having your hands tremble Having trouble sleeping or sleeping more than normally Vomiting or feeling nauseous Seeing, hearing, or feeling things that weren’t really there Feeling like you couldn’t sit still Feeling anxious Having seizures or fits
<p>Criterion 3: Excessive/extended use</p> <p>_____ Yes</p> <p>_____ No</p>	<p>The substance is often taken in larger amounts or over a longer period than was intended.</p> <p>Drug Type (s): _____</p>
<p>Criterion 4: Efforts to cut down/control</p> <p>_____ Yes</p> <p>_____ No</p>	<p>There is a persistent desire or unsuccessful efforts to cut down or control substance use.</p> <p>Drug Type (s): _____</p>

<p>Criterion 5: Preoccupation</p> <p>_____ Yes</p> <p>_____ No</p>	<p>A great deal of time is spent in activities necessary to obtain the substance (e.g., multiple doctor visits, driving long distances), use the substance, or recover from its effects.</p> <p>Drug Type (s) :</p> <p>_____</p>
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<p>Criterion 6: Diminished role functioning</p> <p>_____ Yes</p> <p>_____ No</p>	<p>Important social, occupational, or recreational activities are given up or reduced because of substance use.</p> <p>Drug Type (s): _____</p>
<p>Criterion 7: Use in spite of consequences</p> <p>_____ Yes</p> <p>_____ No</p>	<p>Use is continued despite knowledge of a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance. For instance, current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by drinking.</p> <p>Drug Type (s): _____</p>

EVALUATION FOR A SUBSTANCE ABUSE DIAGNOSIS

“*Substance abuse*” is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by any one (or more) of the criteria listed below, occurring within a 12 month period. Consider the following factors in making a substance abuse diagnosis:

- All substance abuse criteria refer to behaviors associated with “recurrent” or “continued” substance use. Use your best clinical judgment in determining whether the consumer’s substance use reaches the level of “recurrent” or “continued” for each criterion.
- DSM-IV requires that a diagnosis of Substance Abuse be made only when the consumer’s symptoms have never met the criteria for Substance Dependence in the same class of drug.
- For every abuse diagnosis, a specific drug or drugs must be identified for which the criteria are met.

Criteria	Operationalization/Examples
<p>Criterion 1: Interference with home, school, or work functioning</p> <p>_____ Yes _____ No</p>	<p>Repeated absences or poor work performance related to substance use</p> <p>Absences, suspensions, or expulsions from school related to substance use</p> <p>Neglected family responsibilities</p> <p><i>If <u>any</u> of these are “Yes,” mark Criterion 1 “Yes.”</i></p> <p>Drug Type (s): _____</p>

<p>Criterion 2: Use in physically hazardous situations</p> <p>_____ Yes _____ No</p>	<p>Use of alcohol or other drugs in situations in which it is physically hazardous, for instance, while driving an automobile or operating a machine</p> <p>Drug Type (s): _____</p>
<p>Criterion 3: Substance-related legal problems</p> <p>_____ Yes _____ No</p>	<p>Legal problems related to use of alcohol or other drugs, such as arrests for disorderly conduct or drunk driving</p> <p>Drug Type (s): _____</p>
<p>Criterion 4: Substance-related interpersonal conflict</p> <p>_____ Yes _____ No</p>	<p>Continued substance use, despite having repeated problems with other people (such as arguments with family members about substance use or physical fights) which are caused or made worse by substance use</p> <p>Drug Type (s): _____</p>