#### Traditional Definitions

Traditionally:

Chronic self-destructive behaviors that include a pharmacological component

Very strict definition of addiction: Must include a physiological component (i.e. tolerance and/or withdrawal)

**Examples?** 

#### Traditional Definitions

- More recently:
- Some have expanded the scope to include any behavior that
- 1. Has an appetitive nature
- 2. Is self-destructive
- 3. Has a compulsive or repetitive quality
- 4. Is experienced as difficult to modify or cease

Examples?

#### **Traditional Definitions**

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Examples?

Even some labeled Positive Addictions (e.g. running; meditation)

#### Concerns

Very Traditional definitions may be too strict and fail to capture to scope of the problems.

For example, not everyone with a substance problem shows tolerance and withdrawal. In fact, vast majority do not.

The broad definitions are too broad, and render the terms such as "addiction" meaningless.

In this class, try to find a "happy medium" but retain a pharmacological component.

#### DSM-5 Substance Use Disorders

- Overview
  - Note: substance <u>use</u> disorders

- A cluster of cognitive, behavioral and physiological symptoms indicating that the individual continues using the <u>substance</u> despite significant substance-related problems. (p. 483 DSM-5)
- Diagnosis of SUD can be applied to 9 categories (but not 10<sup>th</sup>— caffeine).

## 10 Categories of Substances listed in DSM-5

Alcohol Opioids

Caffeine Sedatives, Hypnotics or Anxiolytics

Cannabis Stimulants

Hallucinogens Tobacco

Phencyclidine

Other Hallucinogens Other (or unknown)

**Inhalants** 

# DSM-5 Important Characteristics

Underlying change in brain circuitry is posited

May persist beyond detoxification, especially if severe

Behavioral effects of brain changes exhibited in <u>repeated relapses</u> and <u>intense drug craving</u> when exposed to drug-related stimuli.

11 Criteria, divided into categories

Except caffeine (as noted above), they follow this example for Alcohol Use Disorder:

-A problematic pattern of alcohol use leading to clinical significant impairment or distress, as manifested by at least 2 of the following occurring within a 12-month period:

Category A: Impaired control

- 1. Alcohol is often taken in larger amounts or over a longer period than was intended.
  - 2. There is a persistent desire to cut down or control alcohol use.
- 3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol and recover from its effects.
  - 4. Craving, or a strong desire or urge to use alcohol

Category B: Social Impairment

- 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 by or exacerbated by the effects of alcohol.
- 7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use

Category C: Risky Use of Substance

- 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.

#### Category D: Physiological Criteria

- 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;
- b. Alcohol (or a closely related substance such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

Code based on severity:

*Mild:* presence of 2 - 3 symptoms

*Moderate:* presence of 4 – 5 symptoms

Severe: presence of 6 or more symptoms

Also, specify if early remission (3 to 12 months), sustained remission (12 months of more) and if in a controlled environment