

## APPENDICES

### APPENDIX 1: DSM-IV CRITERIA FOR PSYCHOACTIVE SUBSTANCE USE DISORDERS

**Table 1: Criteria for Substance Abuse from the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)***

A.	A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:
(1)	recurrent substance use resulting in a failure to fulfil major role obligations at work, school or home (e.g. repeated absences or poor work performance related to substance use, substance-related absences, suspensions or expulsions from school; neglect of children or household)
(2)	recurrent substance use in situations in which it is physically hazardous (e.g. driving an automobile or operating a machine when impaired by substance use)
(3)	recurrent substance-related legal problems (e.g. arrests for substance-related disorderly conduct)
(4)	continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g. arguments with spouse about consequences of intoxication, physical fights)
B.	The symptoms have never met the criteria for Substance Dependence for this class of substance.

Source: American Psychiatric Association. <sup>1</sup>

**Table 2: Criteria for Substance Dependence from the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)***

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

- (1) tolerance, as defined by either of the following:
  - (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect
  - (b) markedly diminished effect with continued use of the same amount of the substance
- (2) withdrawal, as manifested by either of the following:
  - (a) the characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for Withdrawal from the specific substances)
  - (b) the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms
- (3) the substance is often taken in larger amounts or over a longer period than was intended
- (4) there is a persistent desire or unsuccessful efforts to cut down or control substance use
- (5) a great deal of time is spent in activities necessary to obtain the substance (e.g. visiting multiple doctors or driving long distances), use of the substance (e.g. chain-smoking), or recover from its effects
- (6) important social, occupational or recreational activities are given up or reduced because of substance use
- (7) the substance 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 the substance (e.g. current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption)

Source: American Psychiatric Association. <sup>1</sup>

## **APPENDIX 2: CRITERIA FOR SUBSTANCE USE DEPENDENCE IN ICD-10**

Three or more of the following must have been experienced or exhibited at some time during the previous year:

1. A strong desire or sense of compulsion to take the substance
2. Difficulties in controlling substance-taking behaviour in terms of its onset, termination or levels of use
3. A physiological withdrawal state when substance use has ceased or been reduced, as evidenced by: the characteristic withdrawal syndrome for the substance; or use of the same (or a closely related) substance with the intention of relieving or avoiding withdrawal symptoms
4. Evidence of tolerance, such that increased doses of the psychoactive substance are required in order to achieve effects originally produced by lower doses
5. Progressive neglect of alternative pleasures or interests because of psychoactive substance use, increased amount of time necessary to obtain or take the substance or to recover from its effects
6. Persisting with substance use despite clear evidence of overtly harmful consequences, such as harm to the liver through excessive drinking, depressive mood states consequent to heavy substance use, or substance-related impairment of cognitive functioning. Efforts should be made to determine that the user was actually, or could be expected to be, aware of the nature and extent of the harm.

Source: World Health Organization. <sup>2</sup>

## **REFERENCES**

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 4th ed. Washington, DC: American Psychiatric Association, 1994.
2. World Health Organization. The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines. Geneva: World Health Organization, 1992.