Understanding Substance Use Disorder

We have adopted a new language when we talk about Substance Use and Substance Misuse. It was 6 years ago in May of 2013, when the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition DSM-5 was released with the changes to language regarding Substance Misuse. It takes a long time to adopt language and change associated patterns, for all of us. The terms Substance Abuse and Dependence are now referred to as Substance Use Disorder. This is not only a shift in the way we view the continuum of substance use, it is a significant change aimed to eradicate the stigma associated with substance use problems. The former terms of abuse or abuser and dependence are stigmatizing.

In an article, DSM-IV to DSM 5 Diagnostic Criteria for Substance Use Disorders, Elizabeth Hartney, PhD explains why these terms are stigmatizing. Dr. Hartney clarifies, “Let’s start with the word abuse. The term is associated with cruelty, maltreatment, and harm, and is commonly associated with physical abuse or violence, emotional abuse, and most commonly, with sexual abuse. In fact, the shorthand "child abuse" is often used and understood to mean childhood sexual abuse. So how can this be related to substance use? A substance cannot be abused, because as an inanimate object, it cannot be hurt. So the "abuse" in the term "substance abuse," which was a diagnostic label in the DSM-IV, referred to the use of substances as a form of self-abuse, with the substance as the means of that abuse. But is the intention of users of substances to cause themselves harm? Perhaps not.

In fact, for many people, the opposite is true. When asked why they use substances, they give reasons such as helping them to socialize or connect with others, providing themselves with positive, pleasurable experience, and helping them to relax. Then there’s the term, dependence. This is based on a now stereotypical view of addiction that "addicts" are helplessly enslaved by their addictions, and are unable to function without their drug or addictive behavior. This extreme view is now known to be inaccurate, and has caused a lot of stigma and distress for people with substance use problems.

The language of substance use is more accurate, and less stigmatizing to people who have substance use disorders, and represents an important shift in the thinking about addiction.”

To view this article: DSM-IV to DSM 5 Diagnostic Criteria for Substance Use Disorders

To learn more about Language:

Substance Use Disorder is Official Term in Maine

Substance Use Disorders: A Guide to the Use of Language

Words Matter: How language Choice Can Reduce Stigma

Using Person First Language across the Continuum of Care for Substance Use Disorders & Other Addictions: Words Matter to Reduce Stigma

Language and Addiction: Choosing Words Wisely
Diagnosing a Substance Use Disorder considers many factors:

The DSM-5 explains that a Substance –Induced disorder would consist of intoxication, withdrawal, and other substance / medication induced mental disorders (psychotic disorders, bipolar and related disorders, depressive disorders, anxiety disorders, obsessive –compulsive and related disorders, sleep disorders, sexual dysfunction, delirium, and neurocognitive disorders).

“A Substance Use Disorder consists of a cluster of cognitive, behavioral and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems” (American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association 2013).

Substance Use Disorders range from mild to severe based on the number of symptom criteria endorsed (column at the left).

0 to 1 criteria- **No Diagnosis**

Mild-2 to 3 symptoms

Moderate-4 to 5 symptoms

Severe-6 or more symptoms

A review of the Criteria:

**Criteria 1-4 signifies Impaired Control**-

1. Use in larger amounts or longer than intended
2. Desire or unsuccessful effort to cut down
3. Great deal of time using or recovering
4. Craving or strong urge to use

**Criteria 5-7 signifies Social Impairment**

5. Role obligation failure
6. Continued use despite social/interpersonal problems
7. Sacrificing activities to use or because of use
Criteria 8-9 signifies Risky Use

8. Use in situations where it is hazardous

9. Continued use despite knowledge of having physical or psychological problem caused or exacerbated by use

Criteria 10-11 demonstrates Pharmacological-Criteria

10. Tolerance

11. Withdrawal

Substance Use Disorder in Severe Designation—The “Big Five”

- Wanting to cut down/unable to do so
- Craving with compulsion to use
- Sacrifice activities to use
- Failure at role fulfillment due to use
- Withdrawal symptoms

Substance Use Disorder in Mild and Moderate Designation

- Unplanned use
- Time spent using
- Medical/psych. consequences of use
- Use where impairment is dangerous
- Interpersonal conflicts
- Legal problems and use to relieve emotional distress similar in distribution to these

Most individuals in the “mild” designation can probably benefit from moderation and related harm reduction strategies

Those in the “severe” designation will require more intensive and extended services where abstinence is essential to recovery

The “moderate” group may contain cases that fit the mild or severe characteristics

(Information gathered from Norman G. Hoffmann, Ph.D. President, Evince Clinical Assessments-evinceassessment@aol.com and DSM-5-The Diagnostic and Statistical Manual of Mental disorders (Fifth Edition)
Substance Use Disorders or Substance Induced Disorders can be difficult to untangle and diagnose. Some individuals have both a substance use disorder and a mental health condition. This is referred to a Co-Occurring Disorder.

To learn more:

Mental Health and Substance Use Disorders

Anxiety Disorders Substance/Medication – induced Anxiety Disorder

NAMI: [Dual Diagnosis also referred to as Co-occurring Disorder] is a term for when someone experiences a mental illness and a substance use disorder simultaneously. Either disorder—substance use or mental illness—can develop first. People experiencing a mental health condition may turn to alcohol or other drugs as a form of self-medication to improve the mental health symptoms they experience. However, research shows that alcohol and other drugs worsen the symptoms of mental illnesses.

It is important for all of us to remember, no one sets out to develop a problem and no one plans to have a substance use disorder. We can be Ally’s for those with a substance use problem, mental health problem or both.

Clinicians at University Health and Counseling are here to help.

ScreenU, an anonymous screening tool is available on the University Health and Counseling and The Recovery Oriented Campus Center (ROCC) website.

ScreenU can help an individual discover if they are at risk for developing a substance use disorder. ScreenU, provides prevention and intervention services for those who may be at risk through education and resources that are accessible on campus and in the community.

处方药: ScreenU Rx

酒精: ScreenU Alcohol

大麻: ScreenU Marijuana

For Comments on this, newsletter or suggestions for future articles please contact:

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